



November 2009

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY
Integrated Waste Management Board (CIWMB)

**LOCAL GOVERNMENT WASTE TIRE CLEANUP AND
AMNESTY EVENT GRANT PROGRAMS**

APPLICATION

TCA6 Cycle – FISCAL YEAR (FY) 2009/10



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Mailed applications must be postmarked no later than **January 29, 2010**. Hand delivered applications must be received and date stamped by CIWMB Staff no later than 3:00 p.m. on **January 29, 2010**. Late applications will be disqualified. Emailed or faxed applications will not be accepted.

Please follow instructions in the Application Guidelines and Instructions when completing this application. The Application Guidelines and Instructions are critical to properly completing and submitting this application.

Applications become the property of the CIWMB and are subject to disclosure under the Public Records Act. Do not submit confidential information.

Applications sent by U.S. Postal Service or a commercial delivery service should be sent in a manner that allows for tracking by the sender and that provides an addressed and dated receipt. Failure to do so is at the risk of the applicant and if delivery is delayed or the application is lost by the Post Office or delivery service, the burden is on the applicant to demonstrate timely mailing or delivery of the application.

**LOCAL GOVERNMENT WASTE TIRE CLEANUP AND AMNESTY EVENT
 GRANT PROGRAMS – TCA6 (FY 2009/10)**

Complete and submit all sections.

APPLICANT / ORGANIZATION INFORMATION			
APPLICANT / ORGANIZATION NAME: El Dorado County Environmental Management Dept.		CLEANUP PROJECTS AMOUNT:	
PARTICIPATING JURISDICTIONS (FOR REGIONAL PROGRAMS ONLY):		AMNESTY EVENTS AMOUNT:	\$41,140.00
		REQUESTED TOTAL AMOUNT: <small>(ROUND AMOUNTS TO THE NEAREST WHOLE DOLLAR)</small>	\$41,140
MAILING ADDRESS: 2850 Fairlane Ct.		PROJECT ADDRESS:	
CITY: Placerville		CITY:	
COUNTY: El Dorado	ZIP CODE: 95667	COUNTY:	ZIP CODE:
PRIMARY CONTACT NAME: Jeff Rusert	SIGNATURE AUTHORITY NAME: <small>(AS AUTHORIZED IN RESOLUTION)</small> Gerri Silva	AUTHORIZED DESIGNEE NAME: <small>(IF APPLICABLE, AS AUTHORIZED IN LETTER OF DESIGNATION-LOD, SEE APPENDIX A FOR MORE INFO.)</small>	
TITLE: Senior Env. Health Specialist	TITLE: Director	TITLE:	
TELEPHONE NUMBER: 530-621-6654	TELEPHONE NUMBER: 530-621-6653	TELEPHONE NUMBER:	
FAX NUMBER: 530-626-7130	FAX NUMBER: 530-626-7130	FAX NUMBER:	
EMAIL ADDRESS: jeff.rusert@edcgov.us	EMAIL ADDRESS: gerri.silva@edcgov.us	EMAIL ADDRESS:	
INDICATE WHICH TYPE OF ENTITY YOU ARE (CHECK ONLY ONE):			
<input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> CITY & COUNTY <input type="checkbox"/> QUALIFYING INDIAN TRIBE <input type="checkbox"/> OTHER (LIST TYPE) _____			
LEGISLATIVE DISTRICT NUMBERS (TO FIND YOUR DISTRICT, USE MAILING ADDRESS ABOVE AND GO TO www.ciwmb.ca.gov/Profiles/Juris/)		FEDERAL TAX IDENTIFICATION NUMBER:	
ASSEMBLY: 4	SENATE: 1		

ENVIRONMENTAL JUSTICE CERTIFICATION	
<p><i>CIWMB Grantees must in the performance of the Grant Agreement conduct their programs, policies, and activities that substantially affect human health or the environment in a manner that ensures the fair treatment of people of all races, cultures, and income levels, including minority populations and low-income populations of the State. (Govt. Code §65040.12(e) and Public Resources Code §71110(a))</i></p>	
Must check box	
<input checked="" type="checkbox"/>	We acknowledge that our organization will comply with these principles of Environmental Justice.

RESOLUTION REQUIREMENT

Submit either an approved Resolution, valid up to 5 years, with your application or the following acknowledgement

(If applicable, submit a current Letter of Designation (LOD) for signature designee)

Note: See Application Guidelines & Instructions for Resolution and Letter of Designation(LOD) information and examples

Must check one	
	We acknowledge that an approved Resolution and, if applicable, LOD designating additional signature authority is enclosed in the application.
X	We acknowledge that our approved Resolution must be received by the CIWMB no later than February 26, 2010 . We further acknowledge that if our Resolution is received after this date, our application will be disqualified.

ENVIRONMENTALLY PREFERABLE PURCHASES AND PRACTICES POLICY

Acknowledgement that your organization has an Environmentally Preferable Purchases & Practices Policy

Must check one	
<i>Note: See Application Guidelines & Instructions for Environmentally Preferable Purchases and Practices Policy example and Notification</i>	
X	Yes, our organization has an Environmentally Preferable Purchases and Practices Policy. Date adopted: _____
<input type="checkbox"/>	No, our organization does not have an Environmentally Preferable Purchases and Practices Policy. We acknowledge that our organization must adopt one by February 26, 2010 and send notification (see Application Guidelines & Instructions for Notification) to the CIWMB of such adoption by February 26, 2010 or our application will be disqualified.

ACCEPTANCE OF GRANT PROVISIONS

X	By checking this box, Applicant acknowledges that submittal of this application constitutes acceptance of all Grant Agreement provisions as contained in the Terms and Conditions and Procedures and Requirements. To download these documents see: (insert grant program link here)
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APPLICATION CERTIFICATION

Certification: I declare, under penalty of perjury under the laws of the State of California, that all information submitted for CIWMB's consideration for award of grant funds is true and accurate to the best of my knowledge.

X

*Signature Authority - as authorized in Resolution; or
 Authorized Designee - as authorized in submitted Letter of Designation*

Date

Gerri Silva

Director

Print Name

Print Title

WASTE TIRE CLEANUP PROJECT(S) DESCRIPTION

Provide the location, parcel number and a description of each site, which includes proximity to populated areas or sensitive environments, number of tires, proposed method of remediation, and end use. Photographs should also be included. If there are more than 500 tires on private property and the owner is not responsible for the illegal disposal of the tires, then an affidavit for each site must be included with the application. *See Application Guidelines and Instructions for the affidavit form.*

NA

WASTE TIRE AMNESTY EVENT(S) DESCRIPTION

Provide a description of the amnesty event(s), including the estimated cost per tire for each event (grant amount divided by number of tires to be collected). Please include a quote from a registered waste tire hauler to justify the estimated cost per tire.

El Dorado County Environmental Management Department is proposing to collect 8500 waste tires at two Materials Recovery Facilities operated by franchised waste haulers, who also are registered waste tire haulers. Waste Tire Amnesty Days will be established on a once per month basis where County residents will be permitted to bring up to 9 waste tires per trip. Local newspaper advertising, and MRF operator notifications will publicize the event days.

Is there a current Waste Tire Enforcement Grant awarded that covers applicant's jurisdiction? Yes No

Work Plan
FY 2009/10 LOCAL GOVERNMENT WASTE TIRE CLEANUP PROJECT(S)

GRANT APPLICANT NAME:	PROPOSED PROJECT NAME(S):
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Task #	Description of Task(s)	Budget	Product/Results	Staff/Contractor	Time Period (Dates)
NA					

Work Plan
FY 2009/10 LOCAL GOVERNMENT WASTE TIRE AMNESTY EVENT(S)

GRANT APPLICANT NAME: El Dorado County Environmental Management Department	PROPOSED EVENT NAME(S): Waste Tire Amnesty Days
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Task #	Description of Task(s)	Budget	Product/Results	Staff/Contractor	Time Period (Dates)
1	Renew current contracts for invoicing with MRF operators for receiving and disposal of waste tires.	\$4000.00	Renewed Contracts for receiving and disposal of waste tires	Jeff Rusert & MRF Operators	June 30, 2010 – July 30, 2010
2	Designate Amnesty Days at each MRF for term of grant.		Designated Amnesty Days	Jeff Rusert & MRF Operators	July 2010
3	Place advertising in local newspapers, Depart. Web site, and at MRFs. Reprint Tire Flyer.		Public Outreach	Jeff Rusert	July 2010
4	Create logs for counting waste tires		Tire Collection and Disposal	Jeff Rusert	July 2010
5	Begin Amnesty Day Collections			MRF Operators	July 2010 – June 30, 2011
6	Report Preparation Period		Final Report and Payment Request	Jeff Rusert	July 1, 2011 – September 30, 2011

Budget
FY 2009/10 LOCAL GOVERNMENT WASTE TIRE CLEANUP PROJECT(S)

GRANT APPLICANT NAME:

Line Item	Title/Classification	No. Of Hours	Salary Rate	Benefit %	Total	Total Funds
Personnel						
Contracts (removal, transportation, disposal)	Description:					
Materials & Supplies	Description:					
Equipment Rental	Description:					
PROJECT GRAND TOTAL:						\$

Budget
FY 2009/10 LOCAL GOVERNMENT WASTE TIRE AMNESTY EVENT(S)

GRANT APPLICANT NAME: El Dorado County Environmental Management Department							
Line Item	Title/Classification	No. Of Hours	Salary Rate	Benefit %	Match \$	Grant \$	Total \$
Personnel (project/grant oversight)*	Department Analyst (contracts)	10	\$47.05	34%		\$470.50	\$470.50
	Sr. REHS (oversight)	10	\$56.06	40%		\$560.60	\$560.60
Labor (handling tires)	MRF Laborer(STR)	100	\$12.60	30%		\$1,638.00	\$1,638.00
	MRF Laborer (EDDS)	100	\$15.78	30%		\$2,051.00	\$2,051.00
Contracts (removal, transportation, disposal) South Tahoe Refuse El Dorado Disposal	Description: Loading, transportation, disposal 2000 tires <19" x \$3.15/tire 500 tires >19" x \$12.60/tire 5000 tires <19" x \$2.17/tire 1000 tires >19" x \$7.47/tire					\$6,300.00 \$6,300.00 \$10,850.00 \$7,470.00	\$6,300.00 \$6,300.00 \$10,850.00 \$7,470.00
Equipment Rental NA	Description:						
Materials & Supplies NA	Description:						
Education & Advertising* Advertise in three local papers	Description: Advertise in three local papers several weeks before begin of grant term					\$2,500.00	\$2,500
Totals:						\$41,140.00	\$41,140.00
Grant Amount	/	Estimated Number of Tires to be Collected			=	Cost Per Tire	
\$41,140.00	/	8500			=	\$4.84	

Project oversight and education, outreach and advertising expenses, combined, are only reimbursable up to 25% of the total amount that is reimbursed for amnesty events.

GENERAL CHECKLIST OF BUSINESS PERMITS, LICENSES AND FILINGS

CIWMB 669 (Revised 9/07)

GRANT APPLICANT/GRANTEE NAME EI Dorado County Environmental Management Department		
GRANT NAME AND CYCLE Local Govt. Waste Tire Cleanup and Amnesty Event TCA6	GRANT NUMBER, IF APPLICABLE	DATE SUBMITTED/UPDATED

Mark (✓ or X) appropriate box on each line below. All lines must be completed.

Note: This list is not all-inclusive. Grant Applicant/Grantee must list other critical permits/licenses/filings not identified below.

Grant Applicant/Grantee currently holds this valid permit/license/filing			Grant Applicant/Grantee will modify and/or obtain this permit/license/filing		This permit/license/filing is not applicable for this grant project or business	
			LOCAL PERMITS, LICENSES & FILINGS		REGULATOR OR ISSUER	
<input type="checkbox"/>	<input type="checkbox"/>	X	Authority to Construct/Permit to Operate			Air Quality Management District
<input type="checkbox"/>	<input type="checkbox"/>	X	Building Construction Permit			City or County
<input type="checkbox"/>	<input type="checkbox"/>	X	Business License			City or County
<input type="checkbox"/>	<input type="checkbox"/>	X	Fictitious Business Name Filing			County
<input type="checkbox"/>	<input type="checkbox"/>	X	Land Use Permit/Zoning Clearance/Conditional Use Permit			City or County
<input type="checkbox"/>	<input type="checkbox"/>	X	Permit By Rule (PBR) for Permanent HHW Facilities or Temporary Collection Events			City, County or Cal/EPA-DTSC
<input type="checkbox"/>	<input type="checkbox"/>	X	Waste Hauler Permit			City or County
			STATE PERMITS, LICENSES & FILINGS			
<input type="checkbox"/>	<input type="checkbox"/>	X	Antifreeze, Battery, Oil & Paint (ABOP) Notification			CUPA or Cal/EPA-DTSC
<input type="checkbox"/>	<input type="checkbox"/>	X	Corporate, Company or Partnership Filings			Ca. Secretary of State
<input type="checkbox"/>	<input type="checkbox"/>	X	Hazardous Waste Haulers Permit			Cal/EPA – DTSC
<input type="checkbox"/>	<input type="checkbox"/>	X	Industrial Activities Storm Water General Permit			Cal/EPA – SWRCB
<input type="checkbox"/>	<input type="checkbox"/>	X	Non-Profit Organization 501 (C) (3)			Ca. Secretary of State
<input type="checkbox"/>	<input type="checkbox"/>	X	Prop. 65 Safe Drinking Water & Toxic Enforcement Act			Cal/EPA – OEHHA
<input type="checkbox"/>	<input type="checkbox"/>	X	Solid Waste Facilities Permit			Cal/EPA – CIWMB
<input type="checkbox"/>	<input type="checkbox"/>	X	State EPA Identification Number			Cal/EPA – DTSC
<input type="checkbox"/>	<input type="checkbox"/>	X	Waste and Used Tire Hauler Registration			Cal/EPA – CIWMB
<input type="checkbox"/>	<input type="checkbox"/>	X	Waste Discharge Requirements			Cal/EPA – SWRCB
<input type="checkbox"/>	<input type="checkbox"/>	X	Waste Tire Facilities Permit			Cal/EPA – CIWMB
			FEDERAL PERMITS, LICENSES & FILINGS			
<input type="checkbox"/>	<input type="checkbox"/>	X	US EPA – Identification Number			US EPA
<input type="checkbox"/>	<input type="checkbox"/>	X	US EPA – NPDES and/or NSR Permits			US EPA
			OTHER PERMITS, LICENSES & FILINGS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

DO NOT submit copies of the permits/licenses/filings with this form. Please retain all permits/licenses/filings in grant file for audit purposes.

GENERAL CHECKLIST OF BUSINESS PERMITS, LICENSES AND FILINGS

CIWMB 669 (Revised 9/07)

Comments/Notes:

Mark (✓ or X) appropriate box below.

<input type="checkbox"/>	<p>PRIVATE ENTITY CERTIFICATION: I declare under penalty of perjury under the laws of the State of California that the proposed grantee: 1) is in good standing and qualified to do business in the State; and 2) has or will comply with all applicable state, federal, and local laws, ordinances, regulations, license and permit requirements necessary for the proper performance of this grant; and 3) where compliance has not been met, I have attached a letter describing what has been done to achieve full compliance.</p>
<input checked="" type="checkbox"/>	<p>PUBLIC ENTITY CERTIFICATION: I declare under penalty of perjury under the laws of the State of California that the proposed grantee: 1) has or will comply with all applicable state, federal, and local laws, ordinances, regulations, license and permit requirements necessary for the proper performance of this grant; and 2) where compliance has not been met, have attached a letter describing what has been done to achieve full compliance.</p>

Executed at: Placerville, CA. on _____
 City and State Date

X	_____	_____
	<i>Signature Authority / Authorized Designee</i>	<i>Date</i>
	<i>(as authorized in Resolution or Letter of Designation-LOD)</i>	
	Gerri Silva	Director
	<i>Print Name</i>	<i>Print Title</i>

Note: Falsification under penalty of perjury may result in criminal and civil penalties. In addition, pursuant to the terms of the grant agreement, any misrepresentations in the above certification shall constitute a breach of contract that could result in non-payment of grant funds to the grantee; relinquishment by the grantee of funds previously paid; termination of the grant; and/or placing the grantee on the CIWMB's Unreliable Contractors List.

APPLICATION CHECKLIST

This application checklist is provided for your convenience and is not intended to be all inclusive. You are responsible for completing and submitting all required documentation.

Grant Application Form	
X	All applicable information and documents are provided; applicable boxes are checked.
X	Application Certification is signed by the: <ol style="list-style-type: none"> 1) Signature Authority as authorized in Resolution, or 2) Authorized Designee. <p style="margin-left: 40px;"><i>Authorized Designee may sign only if the Letter of Designation has been submitted to the CIWMB.</i></p>
X	A registered waste tire hauler quote is included
<input type="checkbox"/>	If applicable, Property Access Authorization and Responsibility Affidavit For Private Property is included. <i>See Application Guidelines & Instructions for more information.</i>
Environmental Justice Certification	
X	Box is checked.
Resolution or Requirement—	
<i>See Application Guidelines & Instructions for Resolution, and Letter of Designation (LOD) information and examples</i>	
X	Approved Resolution is included with Application; box is checked, or
<input type="checkbox"/>	If applicable, approved Resolution not submitted with Application but will be submitted to the CIWMB for receipt by February 26, 2010 ; box is checked.
<input type="checkbox"/>	If applicable, Letter of Designation (LOD) is included with Application.
<input type="checkbox"/>	<i>A LOD is not required to be submitted with the Application; however, it must be submitted prior to Designee's exercise of his/her authority.</i>
Environmentally Preferable Purchases and Practices Policy—See Application Guidelines & Instructions for example & notification	
X	Signature Authority has certified that Applicant has an Environmentally Preferable Purchases and Practices Policy (EPPP Policy); box is checked, or
<input type="checkbox"/>	Applicant does not have an EPPP Policy but will adopt one by February 26, 2010 and submit a Notification to the CIWMB for receipt by February 26, 2010 ; box is checked.
Certification of Completion of General Checklist of Business Permits, Licenses and Filings (CIWMB669)	
X	CIWMB 669 form is completed.
Acceptance of Grant Provisions	
X	Box is checked.
Application Format & Submittal	
<input type="checkbox"/>	Copies: One application with original signature (blue ink preferred), and two copies
<input type="checkbox"/>	Paper: 8½ X 11, printed double-sided, single spaced, on 100% post consumer fiber, and numbered consecutively
<input type="checkbox"/>	Stapled, not bound: upper left-hand corner
<input type="checkbox"/>	Font: Comparable to 12 pt. Times New Roman
<input type="checkbox"/>	Addressed to the appropriate mailing address of the CIWMB