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City of Long Beach Fresno County Orange County El Dorado County San Mateo County

PO Box 2017 Cameron Park, CA 95682-2017

www.calcupa.org

CUPA FORUM BOARD

GRANT APPLICATION

1. ENTITY INFORMATION

You must submit one (1) application per project. All applications will be scored as one complete application and not divided up. Your application will be accepted or denied as a whole. Grant applications must be from agencies implementing one or more of the Unified Programs (UP) or from entities other that a UP, if a majority of the Trustees agree that the proposal benefits UP implementation and enforcement. The department director or designee must sign this grant application.

Project Name: MX908-c Emergency Response Analyzer

Name of UPA or Other Entity: El Dorado County EMD

Name of Department Head, Director or Designee: Jeffrey Warren

Address: 2850 Fairlane Ct. Building "C"

City, State, Zip Code: Placerville, CA 95667

Phone: (530) 621-5300

Fax: (530) 642-1531

E-Mail Address: aron.faria@edcgov.us

Name of Grant Contact: Aron Faria

Address: 2850 Fairlane Ct. Building "C"

City, State, Zip Code: Placerville, CA 95667

Phone: (530) 621-6656

Fax:(530) 642-1531

E-mail Address: aron.faria@edcgov.us

Number of UP Staff: 6

Number of Regulated Facilities: 1014

Please describe your agency's participation in CUPA Forum meetings to include regional or workgroup meetings.

I have personally attended (virtually) some meetings, and my supervisor Mark Moss has been a Norcal representative on the board for the last three years.

Programs UPA Implemented.

HW

Ø HM Ø UST

⊠ AST

2. EXECUTIVE SUMMARY

Provide a brief description of the purpose and benefits of the grant proposal.

This grant proposal is for additional emergency response equipment for our Hazmat emergency response team. The MX908 would allow first responders to identify unknowns in the field during emergency response activities. The El Dorado County EMD (EDC EMD) hazmat staff are the only individuals in the county trained to the California Specialized Training Institute (CSTI) Hazmat Responder Technician and Specialist levels. EDC EMD Hazmat staff is on-call 24 hours a day, 7 days a week.

3. GRANT AMOUNT

Grant Amount Requested: \$ 106,663.81

4. HAS YOUR AGENCY RECEIVED ENFORCEMENT PENALTY MONEY IN THE LAST 3 YEARS AND IF SO, WHAT HAS BEEN PURCHASED?

Items Purchased: Nothing new purchased, just the regular maintenance and calibrations necessary for existing hazmat incident response equipment.

Amount: \$ 30,418 awarded

5. OTHER GRANTS RECEIVED

Y OR N / WHO FROM AND FOR WHAT OPP10 & 11 for the implementation of a used oil and oil filter outreach program. This program provides disposal options and education for the proper disposal of used oil and used oil filters in El Dorado County. HD31 for small projects in EDC EMD's HHW collection program. Funds from HD31 were used to hold temporary HHW collection events throughout the county, purchase PPE and HHW collection equipment for HHW events, and to purchase safety equipment for the HHW program. An HMEP grant was awarded to EDC for assisting with the updating of the EDC Hazardous Materials Area Plan.

6. WORK PLAN: (SCOPE OF WORK)

The grant applicant shall develop a work plan as part of this grant application that describes the objective of the project, sustainability, anticipated goals, benefits to the UP and performance measures or measures of success in 1500 words or less. The scope of work could be as simple as describing equipment, purchase date, proposed use and benefit or as complex as a description of implementation activities, tasks and equipment to be purchased (or both). The work plan shall include a detailed timeline that delineates critical and completion dates of the activities and tasks. The work plan shall include a brief narrative summary for each activity and task that clearly describes the activity or task and depicts the steps that will be taken or the methods to be used for completion. The description(s) should include as much detail as necessary to depict the overall implementation efforts through the period of the grant. If applicable, the description should also include the degree of applicability to all elements of the UPs, e.g. hazardous waste, underground storage tanks, etc. and the degree that the proposal could be used by other agencies or replicated.

◆ Please Attach Work Plan to Application ▶

7. PROJECTED BUDGET

Describe in line item detail, the expenditures, the appropriate Sales Tax and costs necessary to complete the project described in the Work Plan. The grant award must be used to pay for costs listed in this budget. The Trustees will consider "like for like" substitutions for approved grants, but the use of the grant award to pay for other costs not specified in the budget will likely be

denied. The applicant will be required to provide evidence to verify that the grant allocation was used as specified in this budget.

◆ Please Attach Projected Budget to Application ▶

8. REIMBURSEMENT OPTIONS
If more than one option is selected, then the option(s) must be specified in the line item detail in
the projected budget.
Received approved grant monies up front (in July of the year grant approved)
Submit invoice for reimbursement
Have CFB Trust pay supplying entity directly (subject to discretion of Trustees)
A CRANTEE ARRIVANT CREEK CONTRACTOR CONTRACT
9. GRANTEE APPLICANT SPECIFIC CERTIFICATIONS
These criteria are mandatory. Please read and initial that you understand and will comply:
This grant will be used to supplement the annual budget of the Grantee. It will not be used to reduce or supplant the annual operating budget of the Grantee.
The grant applicant maintains an accounting system that is sufficient to track the use of
Trust Fund monies and to report on these transactions as required under the terms of the
grant.
Successful applicants acknowledge the Trust Fund's right to conduct an audit of
purchase(s) made with Trust Fund monies.
Grant funds must be expended for the purposes approved in the grant within two years or
repaid to the Trust Fund, unless otherwise stipulated in the grant award.
For equipment, please read and initial that you understand and will comply. I further certify
that I am authorized to receive money for procurement of the items herein.
Grant applicants requesting equipment purchases must certify that their organization
maintains a fixed asset tracking system and a periodic inventory of equipment is
performed.
A copy of the invoice and a picture of equipment purchased with these funds must be
submitted to the Trustees after the purchase.
10. FOR EMERGENCY VEHICLES AND/OR EQUIPMENT, PLEASE ANSWER
THESE QUESTIONS:
Have you attempted to obtain any grants such as the HMEP, Homeland Security, or other grant?
⊠ YES □ NO
If yes, what did your agency get? How much?
Homeland Security Grant - \$15,000, for upgrading emergency response equipment. HMEP - \$10,000, for
updating the EDC Hazmat Area Plan.
If no, please explain why not: Click here to enter text.
Click here to enter text.
Vehicles: To be eligible for consideration, the vehicle shall be used to support activities of the Unified
Program, no more than 2 every 10 years can be purchased and vehicles cannot exceed number of UPA
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inspectors.

11.) CERTIFICATION

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge and that I am an employee of the applicant authorized to submit the application. I further certify that I am authorized to receive money for procurement of the items herein. All procedures and mandates have been followed in the preparation of this application, including financial procurement and when approvals are necessary from the governing body. I further understand that any false, incomplete, or incorrect statements may result in the disqualification of this application. By signing this application, I waive any and all rights to privacy and confidentiality of the proposal on behalf of the applicant.

Director/Department Head or Authorized Designee

Signature:

Printed name of Director/Department Head or Authorized Designee:

Click here to enter text.

Date: Click here to enter text. 3/29/22

Send completed application to:

Sheryl Baldwin, Grant Manager PO Box 2017 Cameron Park, CA 95682-2017

Phone: (530) 676-0815 Fax: (530) 676-0515

email to: Sheryl@calcupa.org

CUPA Trust Grant Application