

Household Hazardous Waste Grant 2003-04

APPLICATION COVER SHEET

Applicant:	
Department or Agency:	
Street Address:	
Mailing Address (if different from street address):	
City & Zip Code:	County:

Regional Participants (if applicable):

Primary Contact (Name & Title):

Phone:	Fax:
Email Address:	

Signature Authority (Name & Title):

Phone:	Fax:
Email Address:	

Consultant if applicable (Name & Title):

Phone:	Fax:	Email Address:
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Brief Description of Project (3-5 Sentences):

Total Grant Request: \$ _____

Certification:

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

Signature of person as authorized in the resolution: _____ Date: _____

Type or print name and title: _____

_____ - (Check the box and initial.) Applicant certifies that if awarded a grant it shall in the performance of the Grant Agreement conduct its 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.

INSTRUCTIONS FOR APPLICATION COVER SHEET

Applicant

This is name of the Applicant submitting the proposal (e.g. City of Anaheim, or Santa Clara County, etc.).

Department or Agency

List specific department or agency (e.g., Department of Public Works Agency, Fire Department, or Environmental Management Department).

Regional Participants

List jurisdictions participating in a regional application. Regional, Co-Operative, and/or JPA participants must expressly authorize participation through the lead jurisdiction in one of three ways:

- 1) an authorization letter signed by an agency representative with decision-making program authority for the participating jurisdiction, who is authorized to execute such documents on behalf of the jurisdiction; OR
- 2) an approved resolution from the governing authority; OR
- 3) a Memorandum of Understanding (MOU).

Please note: These documents must specifically name the regional lead as applicant and grant administrator, and be specific to the HD12 Grant. Documents must have current dates. Blanket authorizations are not acceptable in any of these documents. See Application, Section III, Regional and JPA Programs.

Primary Contact

This person is responsible for carrying out the day-to-day management and implementation of the grant. All CIWMB correspondence will be directed to this individual (e.g., Recycling Analyst, Environmental Technician, Solid Waste Engineer, etc.). **The Primary Contact must be a local government employee.**

Signature Authority

The Signature Authority is authorized and empowered, pursuant to resolution, to execute in the name of the applicant all grant related documents (e.g., application, Grant Agreement, Payment Requests, and amendments) to implement the Block Grant. The authorizing resolution should include the job title of the Signature Authority. **The Signature Authority must be a local government employee** (except if the Signature Authority is an employee of an applicant-Joint Powers Authority (JPA) involved in solid and/or hazardous waste management).

If expressly authorized in the resolution, a Signature Authority may designate, by job title, another person to sign on his/her behalf, upon submission of a letter to the CIWMB, signed by the Signature Authority. **Without resolution authorization and a signed letter from the Signature Authority, only the Signature Authority will be authorized to sign grant-related documents.**

Brief Description of Project

Include a three to five sentence summary of the proposed project. This summary may be distributed by the CIWMB to the public.

Total Grant Request

The total number of dollars being requested from the CIWMB rounded to the nearest dollar. Do not include applicant contributions or in-kind services.

Certification: Sign, check, and initial.