

**August 2004**

**CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY**  
**INTEGRATED WASTE MANAGEMENT BOARD**

**WASTE TIRE AMNESTY DAY GRANT PROGRAM**  
**APPLICATION**  
**FISCAL YEAR 2004/2005**



This grant is available to the following California jurisdictions including: cities, counties, special districts, other political subdivisions and jurisdictions joined together by formal agreements, as well as Qualifying California Indian Tribes. Only one application may be submitted per jurisdiction or group of jurisdictions joined together by a formal agreement.

Draft Terms and Conditions for this grant program can be viewed at  
<http://ciwmb.ca.gov/Tires/Grants/>

**Applications can be mailed or hand delivered, but must be received on or before  
4:00 p.m., on Friday, October 15, 2004.**

Late, Faxed or E-mailed applications will not be accepted.

Applications sent by U.S. Postal Service or a commercial delivery service should be sent by a means that permits tracking by the sender and that guarantees delivery on or before the application deadline. Failure to do so is at the applicant's risk; delayed delivery or loss of an application by the Post Office or a delivery service will not be justification for a late application.

Maximum Points: 100  
Applicants Must Score 70% (70 of 100 Points)  
To Be Considered For Funding

Waste Tire Grant Program  
(916) 341-6441

## GRANT APPLICATION INSTRUCTIONS

Please complete the following sections in the application package:

- Applicant & Project Information
- Environmental Justice Certification
- General Checklist of Business Permits, Licenses, and Filings Form (CIWMB 669)
- General and Program Criteria
- Resolution, and Joint Powers Authority (JPA) Agreement and/or Memorandum of Understanding (MOU), if applicable

*Note: If your resolution is not approved by the application submittal deadline, your approved resolution must be received no later than November 19, 2004 for your project to be considered for funding.*

Upon completion of the application package, submit a signed original and three copies to the California Integrated Waste Management Board (CIWMB) at the appropriate address below. Mark the original as "original" and the three copies as "copy." The original and all copies must be double-sided and printed on one hundred percent (100%) recycled-content paper (unless 100% recycled-content paper is not appropriate, such as where many full color photographs will be used, then paper with a minimum of fifty percent (50%) recycled-content may be used), and fastened in the upper left-hand corner. Please do not bind. Missing information, excluding the resolution, received after the deadline listed below, will not be accepted. The application must be signed by the person whose title is/will be designated in the resolution, JPA, or MOU.

### APPLICATION SUBMITTAL

Applications may be mailed or hand-delivered to the appropriate address listed below, but must be received by the CIWMB on or before **4:00 p.m., October 15, 2004**. Applications that are E-mailed or faxed will not be accepted. Late applications will be returned and not considered for funding.

#### Applications that are hand-delivered:

California Environmental Protection Agency Headquarters Building  
California Integrated Waste Management Board  
Waste Tire Amnesty Day Grant Program  
Financial Assistance Branch, Grants Administration Unit  
ATTN: Phil Poon  
1001 "I" Street  
Sacramento, CA 95814

#### Applications delivered by U.S. Postal Service:

California Integrated Waste Management Board  
Waste Tire Amnesty Day Grant Program  
Financial Assistance Branch, Grants Administration Unit  
ATTN: Phil Poon  
P.O. Box 4025, MS 10  
Sacramento, CA 95812-4025

#### Applications delivered by commercial carrier:

California Integrated Waste Management Board  
Waste Tire Amnesty Day Grant Program  
Financial Assistance Branch, Grants Administration Unit  
ATTN: Phil Poon  
1001 "I" Street, 19th Floor, MS 10  
Sacramento, CA 95814

## WASTE TIRE AMNESTY DAY GRANT PROGRAM APPLICATION COVER SHEET

### APPLICANT & PROJECT INFORMATION

NAME:

MAILING ADDRESS:

CITY:

COUNTY:

ZIP CODE:

PROJECT NAME/LOCATION:

PRIMARY CONTACT/TITLE:

E-MAIL ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

SECONDARY CONTACT/TITLE:

E-MAIL ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

LEGISLATIVE DISTRICT NUMBERS:

ASSEMBLY:

SENATE:

FEDERAL TAX IDENTIFICATION NUMBER:

*If a consultant completed the application, provide the following information:*

COMPANY NAME:

CONSULTANT NAME:

COMPANY ADDRESS:

PHONE:

#### APPLICANT TYPE: (CIRCLE OR CHECK ONE)

#### FUNDING INFORMATION:

- City       County       City & County  
 College or University       Special District  
 Public School District       Park District  
 State Owned Recreational Facilities  
 Qualifying California Indian Tribe  
 Other:

Grant Funds Requested:

\$

Matching Funds  
(At least 25% of the grant requested)

\$

Total Sum of Grant plus Match:

\$

**Provide a brief description of the project below (limit 5 sentences):**

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

**X**

*Signature (as authorized in Resolution)*

*Date*

*Type or Print Name and Title*

### **Environmental Justice**

Public entities that receive grant funding from CIWMB for this grant program must comply with the following principles of Environmental Justice. Environmental Justice is defined in Government Code Section 65040.12(c) as: "...the fair treatment of people of all races, cultures, and incomes with respect to the development, adoption, implementation, and enforcement of environmental laws, regulations, and policies." Public Resources Code Sections 72000(a) and & 72001 broadly require all California Environmental Protection Agency boards, departments, and offices to 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."

***Certification: 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.***

**X**

*Signature (as authorized in Resolution)*

*Date*

*Type or Print Name and Title*

**GENERAL CHECKLIST OF BUSINESS PERMITS, LICENSES AND FILINGS**

GRANT APPLICANT/GRANTEE NAME

GRANT NAME AND CYCLE

GRANT NUMBER

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			
		<b>LOCAL PERMITS, LICENSES &amp; FILINGS</b>	<b>REGULATOR OR ISSUER</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Authority to Construct/Permit to Operate	Air Quality Management District
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Building Construction Permit	City or County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Business License	City or County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fictitious Business Name Filing	County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Land Use Permit/Zoning Clearance/Conditional Use Permit	City or County
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Permit By Rule (PBR) for Permanent HHW Facilities or Temporary Collection Events	City, County or Cal/EPA-DTSC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Waste Hauler Permit	City or County
		<b>STATE PERMITS, LICENSES &amp; FILINGS</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Antifreeze, Battery, Oil & Paint (ABOP) Notification	CUPA or Cal/EPA-DTSC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Corporate, Company or Partnership Filings	Ca. Secretary of State
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hazardous Waste Haulers Permit	Cal/EPA – DTSC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Industrial Activities Storm Water General Permit	Cal/EPA – SWRCB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Non-Profit Organization 501 (C) (3)	Ca. Secretary of State
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prop. 65 Safe Drinking Water & Toxic Enforcement Act	Cal/EPA – OEHHA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Solid Waste Facilities Permit	Cal/EPA – CIWMB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> State EPA Identification Number	Cal/EPA – DTSC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Waste and Used Tire Hauler Registration	Cal/EPA – CIWMB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Waste Discharge Requirements	Cal/EPA – SWRCB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Waste Tire Facilities Permit	Cal/EPA – CIWMB
		<b>FEDERAL PERMITS, LICENSES &amp; FILINGS</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> US EPA – Identification Number	US EPA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> US EPA – NPDES and/or NSR Permits	US EPA
		<b>OTHER PERMITS, LICENSES &amp; FILINGS</b>	
<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**

<i>Comments/Notes:</i>

Mark (✓ or X) appropriate box below.

<input type="checkbox"/>	<p><b>PRIVATE ENTITY CERTIFICATION:</b> 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 type="checkbox"/>	<p><b>PUBLIC ENTITY CERTIFICATION:</b> 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: \_\_\_\_\_ on \_\_\_\_\_  
*City and State*
*Date*

\_\_\_\_\_  
*Print Name of Grant Applicant/Grantee (as identified in resolution)*
*Title*

\_\_\_\_\_  
*Signature of Grant Applicant/Grantee (as identified in resolution)*
*Date*

*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 Board's Unreliable Contractors List.*

**General Criteria**  
**NEED**  
**(Criterion #1 – Up to 20 points)**

**Grant proposal clearly and convincingly describes and demonstrates why the project should be funded (e.g., benefits, end products, etc.).**

(20 pts.)

- Describe and document your community or regional need for a waste tire amnesty day project.
- Include data from environmental impacts, surveys, maintenance and safety reports, studies, accident reports, etc.
- Describe the enforcement activities you will undertake to prevent waste tires from being illegally disposed of in the future.
- Discuss how your community or region will benefit environmentally and financially if you receive grant funding.

**General Criteria**  
**GOALS AND OBJECTIVES**  
 (Criterion #2 – Up to 5 points)

**Describe what you wish to accomplish by completing this grant project. Include measurable target(s) that must be met on the way to attaining your goals.**

Definitions:

Goal—an object or end one tries to obtain.

Objectives—a measurable target that must be met on the way to attaining a goal.

(3 pts.)	
<ul style="list-style-type: none"> <li>List the goals and objectives for your waste tire amnesty day project.</li> </ul>	
Goal 1	
Objective 1	
Objective 2	
Objective 3	
Goal 2	
Objective 1	
Objective 2	
Objective 3	
Goal 3	
Objective 1	
Objective 2	
Objective 3	

(2 pts.)
<ul style="list-style-type: none"> <li>Describe the desired outcome of your waste tire amnesty day project. Include reasonable measures, target dates, and the overall timelines for your waste tire amnesty day project.</li> </ul>

**General Criteria**  
**WORK PLAN DESCRIPTION**  
**(Criterion #3 – Up to 5 points)**

**Specific list of all grant eligible procedures or tasks used to complete your project.**

(2 pts.)

- Explain your overall Work Plan and include how you will report progress.
- Include how your Work Plan addresses local or regional needs and the project's goals and objectives.
- Include in your Work Plan how you will meet your obligations within the term of the grant agreement.

**General Criteria**  
**WORK PLAN TASK FORM**

(3 pts.)

- List the individual activities, tasks or subtasks, and timelines necessary to implement your Work Plan. The Work Plan Task Form must match the tasks identified in the Budget Itemization Form, Criterion #5.

*Note: If additional space is needed, the Work Plan form may be reproduced as necessary.*

Task #	Task Description	Product or Results	Staff/Contractor	Timeframe (use dates)
	Pre-Event Planning Phase			
	Education & Outreach Phase			
	Amnesty Day Event Phase			
	Post-Event Phase			

*Note: See Appendix for Work Plan Task Form example.*

**General Criteria**  
**EVALUATION**  
**(Criterion #4 – Up to 5 points)**

**Measures the outcome of the applicants project.**

(5 pts.)

- Explain how you will measure that your project has met its goals and objectives.
- Describe how you will evaluate interim progress and make adjustments to tasks, objectives, or goals.
- Describe how you will address any problems or the challenges you may encounter implementing your project.
- List who will be responsible for measuring and reporting your interim progress and your final project evaluation.

**General Criteria**  
**BUDGET ITEMIZATION FORM**  
 (Criterion #5 – Up to 10 points)

**Cost (dollar figure) associated with activities necessary to complete the project.**

(10 pts.)

- Itemize costs for each activity, task or subtask identified in your Work Plan.
- Provide any quotes, estimates, or other documents to support the costs you are claiming. Check the accuracy of your calculations. List any cost savings derived from in-kind services, recycling options, use of existing promotional materials, etc.

**Pre-Event Planning Phase**

Task #	Category	Description	Match \$	Grant \$	Total
	Personnel	\$ / Hr. X Hours; Activity			
	Contractor Bid				
	Consultants/Contractors	\$ / Hr. X Hours; Activity			
	Materials & Supplies				
<i>Sub-Total</i>					

**Education & Outreach Phase**

Task #	Category	Description	Match \$	Grant \$	Total
	Personnel	\$ / Hr. X Hours; Activity			
	Consultants/Contractors	\$ / Hr. X Hours; Activity			
	Services				
	Materials & Supplies				
<i>Sub-Total</i>					

**Amnesty Day Event Phase**

Task #	Category	Description	Match \$	Grant \$	Total
	Personnel	\$ / Hr. X Hours; Activity			
	Consultants/Contractors	\$ / Hr. X Hours; Activity			
	Hauling				
	Equipment				
	Materials & Supplies				
<i>Sub-Total</i>					

**Post-Event Phase**

Task #	Category	Description	Match \$	Grant \$	Total
	Personnel	\$ / Hr. X Hours; Activity			
	Consultants/Contractors	\$ / Hr. X Hours; Activity			
<i>Sub-Total</i>					

*Total Project Cost*

*Note: See Appendix for Budget Itemization Form example.*

- ▶ *The tasks and corresponding dollar figures in the Budget Itemization Form and the Work Plan Task Form must match.*
- ▶ *Round all amounts to the nearest whole dollar.*
- ▶ *This form may be reproduced and enlarged as necessary.*

**General Criteria**  
**APPLICATION COMPLETENESS, LETTERS OF SUPPORT AND EXPERIENCE**  
**(Criterion #6 – Up to 5 points)**

**Completeness**

(2 pts.)

- Make sure your application is clearly presented and complete.
- Check to assure that all required attachments, forms, signatures and initials are included.

**Letters of Support**

(1 pt.)

- Provide letters of support for your grant project from local governments, board members, board of supervisors, etc. (Do not include letters from people directly involved in your project.)

*Note: All letters of support must be submitted with your application packet. Do not send letters separately to CIWMB.*

**Experience**

(2 pts.)

- Discuss any relevant experience of personnel assigned to your project and include current resumes, endorsements, references, etc.

**General Criteria**  
**RECYCLED-CONTENT PURCHASING POLICY OR DIRECTIVE**  
**(Criterion #7 - Up to 15 points)**

(4 pts.)					
<ul style="list-style-type: none"> <li>• Does your organization have a recycled-content purchasing policy or directive?  <i>Note: See Appendix for Definitions and Sample Procurement Policies.</i></li> </ul>					
Check one box: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<ul style="list-style-type: none"> <li>• Date policy or directive was adopted: _____  <i>Note: The policy or directive may be adopted during the application process.</i></li> </ul>					
(2 pts.)					
<ul style="list-style-type: none"> <li>• Briefly describe your recycled-content purchasing policy or directive (do not attach your policy/directive):</li> </ul>					
(5pts.)					
<ul style="list-style-type: none"> <li>• Check the boxes that correspond with the types of recycled or re-used products you have purchased or used.</li> </ul>					
<input type="checkbox"/>	Office paper supplies	<input type="checkbox"/>	Furnishings: benches, tables, chairs	<input type="checkbox"/>	Shipping boxes
<input type="checkbox"/>	Toner cartridges	<input type="checkbox"/>	Leisure/play equipment	<input type="checkbox"/>	Finishes: paint, wall coverings
<input type="checkbox"/>	Construction/building materials	<input type="checkbox"/>	Floor coverings	<input type="checkbox"/>	Re-used concrete, asphalt, brick
<input type="checkbox"/>	Re-treaded tires	<input type="checkbox"/>	Compost/mulch	<input type="checkbox"/>	Rubberized Asphalt Concrete
<input type="checkbox"/>	Janitorial paper products	<input type="checkbox"/>	Containers/storage systems	<input type="checkbox"/>	Other (please list):
<input type="checkbox"/>	Re-refined oil	<input type="checkbox"/>	Equipment/vehicles using re-refined oil: (mowers, trucks, vans etc.)		
<ul style="list-style-type: none"> <li>• Evaluate your Recycled-Content Purchasing Policy or Directive</li> </ul>					
(2 pts.)					
<ul style="list-style-type: none"> <li>• What areas need improvement?</li> </ul>					
(2 pts.)					
<ul style="list-style-type: none"> <li>• What aspects have been successfully implemented?</li> </ul>					

*Note: Grantees will be required to provide information on the amount of recycled-content products purchased such as paper, re-refined oil, paint, compost, etc. that are used in the performance of the grant (required as part of Public Contract Code Sections 10308.5 and 10354) with every grant payment request.*

**Program Criteria**  
**RECYCLING AND SUSTAINABLE PRACTICES PROGRAM**  
**(Criterion #8 - Up to 5 Points)**

(3 pts.)

- Describe how your recycling program diverts materials from the waste stream. Include how your organization incorporates waste prevention and recycling into your workplace and special events. [PRC § 42874(d)]

(2 pts.)

- Check the boxes that correspond to the sustainable practices in your organization.

<input type="checkbox"/>	Grasscycling	<input type="checkbox"/>	Composting / Mulching	<input type="checkbox"/>	Sustainable Construction
<input type="checkbox"/>	Integrated Pest Management	<input type="checkbox"/>	Water-Efficient Landscaping	<input type="checkbox"/>	Green Operations / Maintenance
<input type="checkbox"/>	Energy Efficiency	<input type="checkbox"/>	Demolition / Debris Recycling	<input type="checkbox"/>	Renewable Energy
<input type="checkbox"/>	Other (please describe):				

**Program Criteria**  
**TIRE DISPOSITION**  
**(Criterion # 9 - Up to 10 points)**

(10 pts.)

- List where you intend to send tires collected from amnesty day events: up to ten points for reuse or recycling options; up to five points for other options if you can justify why reuse and recycling options are not currently available. [PRC § 40051]

**EXAMPLE**

**TIRE DISPOSITION CALCULATIONS TABLE**

TIRE REUSE/DISPOSAL	PERCENT	X	POINTS	=	TOTAL
Reuse/Recycling	70%	X	10 pts.	=	7 points
Other Options (*with justification - see below)	30%	X	5 pts.	=	1.5 points
Other Options (no justification)		X	0 pts.	=	
<b>Total Points:</b>					<b>8.5 Points</b>

- Using the example above, calculate the Tire Disposition in the table below.

**TIRE DISPOSITION CALCULATIONS TABLE**

TIRE REUSE/DISPOSAL	PERCENT	X	POINTS	=	TOTAL
Reuse/Recycling		X	10 pts.	=	
Other Options (*with justification - see below)		X	5 pts.	=	
Other Options (no justification)		X	0 pts.	=	
<b>Total Points:</b>					

\* If you have determined that there are no reuse or recycling options available, please provide your justification:

**Program Criteria**  
**COST PER TIRE**  
**(Criterion # 10 - Up to 10 points)**

(10 pts.)

- Based on the amount of grant funding requested, include the estimated cost per tire for collection and ultimate disposition. The (applicant with the lowest) cost per tire will receive the most points. [PRC § 42874(b)].
- Only grant funds expended for Amnesty Day Events should be included. Amnesty day costs include: cost of collection, hauling, and/or tipping fees, plus the matching funds. Cost of developing, producing, and distributing educational materials should not be included.

*EXAMPLE*  
**COST PER TIRE TABLE**

<b>Amnesty Day Cost</b>	<b>Divided by</b> <i>/</i>	<b>Number of Tires Collected</b>	<b>=</b>	<b>Total Cost Per Tire</b>
\$11,000	<i>/</i>	5,000	=	\$2.20

- Using the example above, calculate the Cost Per Tire in the table below.

**COST PER TIRE TABLE**

<b>Amnesty Day Cost</b>	<b>Divided by</b> <i>/</i>	<b>Number of Tires Collected</b>	<b>=</b>	<b>Total Cost Per Tire</b>
	<i>/</i>		=	

**Program Criteria**  
**MULTI-LINGUAL OUTREACH**  
**(Criterion # 11 – Up to 5 points)**

(5 pts.)

- Describe how you intend to reach out to diverse populations within your jurisdiction. Show that educational and outreach materials will be translated into the appropriate languages for your jurisdictions' demographics.

**Program Criteria**  
**NO PREVIOUS GRANT FUNDING**  
(Criterion # 12 – Up to 5 points)

(5 pts.)	
<ul style="list-style-type: none"> <li>Indicate if you have not received a Waste Tire Amnesty Day Grant during FY 2002/2003 and/or FY 2003/2004. *</li> </ul>	
<input type="checkbox"/>	(5 pts.) <ul style="list-style-type: none"> <li>This organization has <b>not</b> received grants from CIWMB in the past two fiscal years. (FY 2002/2003 and FY 2003/2004)</li> </ul>
<input type="checkbox"/>	(0 pts.) <ul style="list-style-type: none"> <li>This organization has received grants from CIWMB in the past two fiscal years. (FY 2002/2003 and/or FY 2003/2004)</li> </ul>

*\*Note: Previously known as Local Government and Public Education Amnesty Day Grant.*

**RESOLUTION REQUIREMENT**

- Submit an approved resolution with your application or the following acknowledgement.

<input type="checkbox"/>	An approved resolution enclosed in the application.
<input type="checkbox"/>	We acknowledge that our approved resolution must be received by the CIWMB before November 19, 2004.

*Note: See Appendix for Resolution Information and Example.*