



**August 2008**

**CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY**

California Integrated Waste Management Board (CIWMB)

## **Waste Tire Enforcement Grant Program**

### **Application**

16<sup>th</sup> Cycle (TEA 16), Fiscal Year (FY) 2008/09

Mailed Applications must be postmarked no later than October 31, 2008. Hand delivered Applications must be received and date stamped by CIWMB Staff no later than 3:00 p.m. on October 31, 2008. Late Applications will be disqualified. Applications e-mailed or faxed 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*

**WASTE TIRE ENFORCEMENT GRANT PROGRAM – 16TH Cycle, FY 2008/09**

Complete and submit all sections.

<b>APPLICANT / ORGANIZATION INFORMATION</b>			
APPLICANT / ORGANIZATION NAME: (LIST LEAD AGENCY IF A REGIONAL PROGRAM)		<b>REQUESTED GRANT AMOUNT:</b> <i>(ROUND AMOUNTS TO THE NEAREST WHOLE DOLLAR)</i>	
PARTICIPATING JURISDICTIONS (FOR REGIONAL PROGRAMS ONLY):			
MAILING ADDRESS:		PROJECT ADDRESS:	
CITY:		CITY:	
COUNTY:	ZIP CODE:	COUNTY:	ZIP CODE:
PRIMARY CONTACT NAME:	SIGNATURE AUTHORITY NAME: <small>(AS AUTHORIZED IN RESOLUTION)</small>	AUTHORIZED DESIGNEE NAME: <small>(IF APPLICABLE, AS AUTHORIZED IN LETTER OF DELEGATION-LOD, SEE APPENDIX A FOR MORE INFO.)</small>	
TITLE:	TITLE:	TITLE:	
TELEPHONE NUMBER:	TELEPHONE NUMBER:	TELEPHONE NUMBER:	
FAX NUMBER:	FAX NUMBER:	FAX NUMBER:	
EMAIL ADDRESS:	EMAIL ADDRESS:	EMAIL ADDRESS:	
INDICATE WHICH TYPE OF ENTITY YOU ARE (CHECK ONLY ONE):			
<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY & COUNTY			
LEGISLATIVE DISTRICT NUMBERS (TO FIND YOUR DISTRICT, USE MAILING ADDRESS ABOVE AND GO TO <a href="http://www.ciwmb.ca.gov/Profiles/Juris/">www.ciwmb.ca.gov/Profiles/Juris/</a> )		FEDERAL TAX IDENTIFICATION NUMBER:	
ASSEMBLY:	SENATE:		

**ENVIRONMENTAL JUSTICE CERTIFICATION**

Entities that receive Grant funding from CIWMB must comply with the principles of Environmental Justice, which is defined 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.” (Govt. Code §65040.12(e)). Public Resources Code §71110(a) broadly requires all boards, departments and offices of the California Environmental Protection Agency to conduct their 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.”

**Must check box**

We acknowledge that our organization must comply with these principles of Environmental Justice.

**RESOLUTION REQUIREMENT**

*Note: See Application Instructions–Appendix A for Resolution and Letter of Delegation (LOD) information and examples.*

Submit with your Application either an approved Resolution valid for a period of up to 5 years, or a letter of commitment, or the following acknowledgement. *(If applicable, submit a current Letter of Delegation (LOD) for signature designee.)*

**Must check one**

An approved Resolution and, if applicable, current LOD designating an additional authorized signatory is enclosed in the Application.

We acknowledge that our approved Resolution must be received by the CIWMB no later than December 31, 2008. We further acknowledge that if our Resolution is received after this date, our Application will be disqualified.

**ACCEPTANCE OF GRANT PROVISIONS**

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 <http://www.ciwmb.ca.gov/Tires/Grants/Enforcement/>

**STAFF CONTACT INFORMATION**

List field staff, program supervisors, and managers information here.

Name	Title	Phone Number	Email Address

**Regional Program - LEAD APPLICANT / PARTICIPATING JURISDICTION  
 INFORMATION**

Regional programs have one lead jurisdiction and at least one participating jurisdiction. In addition to the resolution for the lead Applicant, Applications must also include ONE of the following authorization documents for each participating jurisdiction.

Note: The inclusion of the participants' names in the lead Applicant's resolution does not take the place of the authorization document.

**Must check one if the Application is for a Regional Program**

	A resolution from each participating jurisdiction authorizing the lead Applicant to act on its behalf as both Applicant and Grant Administrator (entity that implements the Grant Program) is attached to the Application.
	A Letter of Authorization from the Town/City/County Administrator from each participating jurisdiction stating that the jurisdiction wants to participate in the regional program and authorizing the lead Applicant to act on its behalf as both Applicant and Grant Administrator is attached to the Application.
	A copy of a Memorandum of Understanding specifically for this Grant from each participating jurisdiction authorizing the lead Applicant to act on behalf of the jurisdiction both as Applicant and Grant Administrator is attached to the Application.

**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 / Authorized Designee  
 (as authorized in Resolution, or Letter of Delegation-LOD)

Date

Print Name

Print Title

## APPLICATION CHECKLIST

This checklist is provided for the Applicant's convenience and assistance to ensure a complete Application.

<b>Grant Application Form (CIWMB 243-TEA)</b>	
	Appropriate boxes are completed on the Grant Application Form (CIWMB 243-TEA).
	The Application Certification section has been signed by the Signature Authority/Authorized Designee (as authorized in your Resolution or Letter of Delegation–LOD), and the printed name, title, and date signed areas are completed.
<b>Environmental Justice Certification</b>	
	The box is checked in the Environmental Justice Certification section.
<b>Resolution Requirement— See Application Instructions–Appendix A for Resolution and Letter of Delegation (LOD) information and examples.</b>	
	The appropriate box is checked in the Resolution Requirement section.
	Attached to the Application is an approved Resolution valid for a period of up to 5 years or an acknowledgement that one will be sent by December 31, 2008.
	If applicable, a current Letter of Delegation (LOD) for signature designee is attached to the Application.
<b>Staff Contact Information</b>	
	The Staff Contact Information Section has been completed.
<b>For Regional Program ONLY - Lead Applicant / Participating Jurisdiction Information — See Application Instructions–Appendix B for Resolution and Letter of Authorization (LOA) information and examples.</b>	
	The appropriate box is checked in the Regional Program - Lead Applicant/Participating Jurisdiction Information section.
	Attached to the Application is the Appropriate Lead Applicant and Participating Jurisdiction information.
<b>Budget Worksheet — See Application Instructions–Section 3 for Budget information.</b>	
	A completed Budget Worksheet (Excel spreadsheet) is attached to the Application.
	The completed Budget Worksheet (Excel spreadsheet) has been e-mailed to the CIWMB Grant Manager at <a href="mailto:SMercado@ciwmb.ca.gov">SMercado@ciwmb.ca.gov</a> or <a href="mailto:TireEnforcement@ciwmb.ca.gov">TireEnforcement@ciwmb.ca.gov</a> .
<b>Inspection Work Plan — See Application Instructions–Section 3 for Inspection Work Plan information.</b>	
	An Inspection Work Plan (Excel spreadsheet) is attached to the Application.
	The Inspection Work Plan (Excel spreadsheet) has been e-mailed to the CIWMB Grant Manager at <a href="mailto:SMercado@ciwmb.ca.gov">SMercado@ciwmb.ca.gov</a> or <a href="mailto:TireEnforcement@ciwmb.ca.gov">TireEnforcement@ciwmb.ca.gov</a> .

**Hourly Personnel Rate** — See Application Instructions– Appendix D for Hourly Personnel Rate information and examples.

If the hourly personnel rate used in the Budget worksheet is a rate approved by the Applicant's governing body (City Council or Board of Supervisors), the following documents are also required to be attached to the Application:

	A copy of the governing body resolution approving the hourly rate used.
	A copy of the fee and/or rate schedule submitted to the governing body showing the hourly rate used. (Applicants only need to submit the cover page(s) of the schedule and the page that shows the hourly rate used. Applicants do not have to submit the entire schedule if it contains fees and rates for other groups within the organization.)
	A detailed spreadsheet which shows how the hourly rate was calculated, what components are included in the rate, and how productive hours were calculated.

If the hourly personnel rate used in the Budget worksheet was calculated by the Applicant and includes the cost of salary, wages, incentives and shift differentials, fringe benefits, and indirect/overhead costs, the following documents are also required to be attached to the Application.

	A detailed spreadsheet which shows how the hourly rate was calculated, including how productive hours were calculated.
	A detailed spreadsheet which shows how the indirect and/or overhead cost amount or percentage was calculated and what components are included in the rate

**Application Format & Submittal**

One Application with **original** signature (**blue ink preferred**), and **three (3) copies** will be submitted to the CIWMB.

The Application and all attachments were printed on 8½" x 11", 100% post consumer fiber paper and have been printed double-sided and single spaced, with each page numbered consecutively.

The Application and all attachments are stapled in the upper left-hand corner. (Please do not bind the Application and submitted documents.)

The Application and all attachments were prepared using a font comparable to 12 pt. Times New Roman.

The Application and all attachments have been mailed to the appropriate CIWMB address.