



October 2008

**CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY**  
*Integrated Waste Management Board (CIWMB)*

**TIRE-DERIVED PRODUCT (TDP) GRANT PROGRAM**  
**APPLICATION**

7<sup>th</sup> Cycle (TDP7) – Fiscal Year (FY) 2008/09



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Mailed Applications must be postmarked no later than **November 21, 2008**. Hand delivered Applications must be received and date stamped by CIWMB Staff no later than 3:00 p.m. on **November 21, 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.*

**Tire-Derived Product (TDP) GRANT PROGRAM – TDP7 (FY 2008/09)**

Complete and submit all sections.

APPLICANT / ORGANIZATION INFORMATION			
APPLICANT / ORGANIZATION NAME (MUST MATCH RESOLUTION OR LETTER OF COMMITMENT):		REQUESTED GRANT AMOUNT: (ROUND AMOUNTS TO THE NEAREST WHOLE DOLLAR)	\$
MAILING ADDRESS:		PROJECT ADDRESS: (LIST ALL LOCATIONS)	
CITY:		CITY:	
COUNTY:	ZIP CODE:	COUNTY:	ZIP CODE:
PRIMARY CONTACT NAME:	SIGNATURE AUTHORITY NAME: (AS AUTHORIZED IN RESOLUTION OR LETTER OF COMMITMENT)	AUTHORIZED DESIGNEE NAME: (IF APPLICABLE, AS AUTHORIZED IN LETTER OF AUTHORIZATION-LOA)	
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 <input type="checkbox"/> PUBLIC SCHOOL DISTRICT <input type="checkbox"/> COLLEGE OR UNIVERSITY <input type="checkbox"/> SPECIAL DISTRICT <input type="checkbox"/> PARK DISTRICT <input type="checkbox"/> QUALIFYING CALIFORNIA INDIAN TRIBE <input type="checkbox"/> FIRE DEPARTMENT <input type="checkbox"/> POLICE/SHERIFF DEPARTMENT <input type="checkbox"/> PRIVATE SCHOOL – non-profit, private K-12 school listed on the most recent California Department of Education Private School Affidavit List and defined as low income per qualification for the National School Lunch Program. <input type="checkbox"/> COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) – non-profit, low-income housing entities, currently certified as CHDOs by the California Department of Housing and Community Development (HCD)			
ARE YOU A "LARGE PUBLIC SCHOOL DISTRICT" DEFINED AS HAVING AT LEAST 43,000 STUDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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> ) ASSEMBLY:                      SENATE:		FEDERAL TAX IDENTIFICATION NUMBER:	
INDICATE WHICH TYPE OF TIRE DERIVED PRODUCT YOU ARE APPLYING FOR:			
PRODUCT / PROJECT INFORMATION – FOR PUBLIC ENTITIES & CHDOs ONLY (PRIVATE SCHOOLS NEXT PAGE)			
AGRICULTURE/LANDSCAPE: <input type="checkbox"/> MULCH OR BARK <input type="checkbox"/> WEED ABATEMENT COVERINGS <input type="checkbox"/> TREE CARE PRODUCTS <input type="checkbox"/> HORSE STALL MATS/ARENAS <input type="checkbox"/> OTHER: _____	RECREATION: <input type="checkbox"/> PLAYGROUND <input type="checkbox"/> TRACK <input type="checkbox"/> SIDEWALK/PATHWAY <input type="checkbox"/> SPORTS SURFACING <input type="checkbox"/> OTHER: _____	TRANSPORTATION: <input type="checkbox"/> GUARD RAILS OR COMPONENTS <input type="checkbox"/> RAILROAD TIES <input type="checkbox"/> SOUND BARRIERS <input type="checkbox"/> TRAFFIC SAFETY PRODUCTS <input type="checkbox"/> OTHER: _____	



<b>PROPOSED WORK PLAN</b>			
<p><b>List the individual activities, tasks or subtasks, and timelines necessary to complete the project(s).</b>  <i>Note: If additional space is needed, the Work Plan may be reproduced as necessary.</i></p>			
<b>Pre-Installation Phase</b>			
Task #	Task Description	Product or Results	Timeframe (use dates)
<b>Installation Phase</b>			
Task #	Task Description	Product or Results	Timeframe (use dates)
<b>Post-Installation Phase</b>			
Task #	Task Description	Product or Results	Timeframe (use dates)

*Note: See Application Guidelines & Instructions for example.*

**RESOLUTION or LETTER OF COMMITMENT REQUIREMENT**

**Submit either an approved Resolution or Letter of Commitment, valid up to 5 years, with your application or the following acknowledgement** (If applicable, submit a current Letter of Authorization (LOA) for signature designee)

See Application Guidelines & Instructions for Resolution, Letter of Commitment and Letter of Authorization (LOA) information and example.

<b>Must check one</b>	
<input type="checkbox"/>	<p><i>For entities with governing bodies:</i>          We acknowledge that an approved Resolution and, if applicable, LOA designating additional signature authority is enclosed in the application.</p> <p><i>For entities without governing bodies:</i>          We acknowledge that a letter bearing entity's letterhead, signed by person with authority to contractually bind entity, authorizing application and designating signature authority is enclosed in the application.</p>
<input type="checkbox"/>	<p>We acknowledge that our approved Resolution must be received by the CIWMB no later than <b>January 12, 2009</b>. We further acknowledge that if our Resolution is received after this date, our application will be disqualified.</p>

**ENVIRONMENTALLY PREFERABLE PURCHASES AND PRACTICES POLICY REQUIREMENT**

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

See Application Guidelines & Instructions for example and notification

<b>Must check one</b>	
<input type="checkbox"/>	<p>Yes, our organization has an Environmentally Preferable Purchases and Practices Policy.          Date adopted: _____</p>
<input type="checkbox"/>	<p>No, our organization does not have an Environmentally Preferable Purchases and Practices Policy. We acknowledge that our organization must adopt one, send notification to the CIWMB of such adoption, and must be received by CIWMB no later than <b>January 12, 2009</b>, or our application will be disqualified.</p>

**-FOR PRIVATE SCHOOLS ONLY-**

**PRIVATE SCHOOL ELIGIBILITY CERTIFICATION REQUIREMENTS**

<b>Must check all</b>	
<input type="checkbox"/>	Declaration of non-profit status issued by the Internal Revenue Service
<input type="checkbox"/>	Most recent Letter of Good Standing issued by the California Franchise Tax Board
<input type="checkbox"/>	Copy of the most recent Certificate of Good Standing issued by the Secretary of State
<input type="checkbox"/>	Documentation that the school is currently qualified for the National School Lunch Program by the U.S. Department of Agriculture

**APPLICATION CERTIFICATION**

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

<b>X</b>	
<i>Signature Authority - as authorized in Resolution or Letter of Commitment; or Authorized Designee - as authorized in submitted Letter of Authorization</i>	<i>Date</i>
<i>Print Name</i>	<i>Print Title</i>

Applicant/Grantee Name:	
Grant # (if applicable):	

### Tire-Derived Product (TDP) Certification

The TDP Certification form must accompany the grant application and all payment request forms. By signing this form, the signatory certifies, under penalty of perjury, that the information provided below by the product manufacturer or supplier is true and accurate.

**Procedure**

1. Applicant/Grantee: Request completion of this form by product manufacturer or supplier.
2. Product Manufacturer or Supplier: Complete and submit form, with original signature, to applicant/grantee. Supply applicant/grantee with and retain supporting documentation 100% CA waste tires were used for this grant project
3. Applicant/Grantee: Review form for completeness and submit form, with original signature, to CIWMB with your grant application and all payment request forms. Retain supporting documentation that 100% CA waste tires were used for this grant product/project.

MANUFACTURER / PRODUCT SUPPLIER NAME:	EMAIL:	
CONTACT NAME:	PHONE:	FAX:
ADDRESS:	WEBSITE:	

Product Description & Type	Product Weight in lbs. (CA Waste Tires)	/ (divided)	Passenger Tire Equivalent (PTE) (Use 12 lbs. or 20 lbs.*)	=	Number of Tires Diverted (In PTEs)	X	Cost Per Tire (CIWMB will reimburse up to \$5 per tire diverted – may include shipping & tax, not to exceed \$5)	=	Material Cost
Rubber -- Mulch	115,500 lbs.	EXAMPLE	12 lbs. = 1 tire	=	9,625 PTEs	X	\$ 3.79	=	\$ 36,478
		/		=		X	\$	=	\$
		/		=		X	\$	=	\$
		/		=		X	\$	=	\$
<b>Totals:</b>		/		=		X	\$	=	\$

\* Passenger Tire Equivalent (PTEs): If a TDP contains less than 30% (by weight) of the original fiber and steel that was in the whole tire, then use 12 lbs. to calculate the number of PTEs. If a TDP contains 30% or more (by weight) of the original fiber and steel that was in the whole tire, then use 20 lbs. to calculate the number of PTEs.

I certify, under penalty of perjury, that the quote and/or material provided to the above named grantee is manufactured from 100% California waste tires and does not include truck tire buffings. I understand that if an audit discloses the use of non-California waste tires or truck tire buffings, the California Integrated Waste Management Board may require the grantee to return funds up to the grant amount, and the grantee may seek reimbursement from the above named manufacturer, product supplier, contractor.

Signature of Product Manufacturer / Supplier	Print Name	Title	Date
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**GENERAL CHECKLIST OF BUSINESS PERMITS, LICENSES AND FILINGS**

CIWMB 669 (Revised 9/07)

GRANT APPLICANT/GRANTEE NAME		
GRANT NAME AND CYCLE	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"/>	<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
			STATE PERMITS, LICENSES & FILINGS	
<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
			FEDERAL PERMITS, LICENSES & FILINGS	
<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
			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><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

<b>X</b>		
	<i>Signature Authority / Authorized Designee</i> <i>(as authorized in Resolution or Letter of Authority-LOA)</i>	<i>Date</i>
	<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 Board's Unreliable Contractors List.*

## APPLICATION CHECKLIST

This application checklist is provided for your convenience and is not intended to be all inclusive. Prior to submitting your application, check the Q&A website at; <http://www.ciwmb.ca.gov/Tires/Grants/Product/FY200809/Apply/QandA.htm>, for additional information. You are responsible for completing and submitting all required documentation.

<b>Grant Application Form (CIWMB 243-TDP)</b>	
<input type="checkbox"/>	All applicable information and documents are provided; applicable boxes are checked.
<input type="checkbox"/>	Application Certification is signed by the: <ol style="list-style-type: none"> <li>1) Signature Authority as authorized in Resolution or Letter of Commitment, or</li> <li>2) Authorized Designee.</li> </ol> <p style="margin-left: 40px;"><i>Authorized Designee may sign only if the Letter of Authorization has been submitted to the CIWMB.</i></p>
<b>Environmental Justice Certification</b>	
<input type="checkbox"/>	Box is checked.
<b>Funding Acknowledgment</b>	
<input type="checkbox"/>	Box is checked.
<b>Acceptance of Grant Provisions</b>	
<input type="checkbox"/>	Box is checked.
<b>Project Description</b>	
<input type="checkbox"/>	A brief description of the project is provided.
<b>Proposed Work Plan</b>	
<input type="checkbox"/>	Activities, tasks or subtasks, and timelines necessary to complete the project(s) are listed.
<b>Resolution or Letter of Commitment Requirement—</b>	
<i>See Application Guidelines &amp; Instructions for information and examples</i>	
<input type="checkbox"/>	Approved Resolution or Letter of Commitment 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 <b>January 12, 2009</b> ; box is checked.
<input type="checkbox"/>	If applicable, Letter of Authorization (LOA) is included with Application. <i>A LOA is not required to be submitted with the Application; however, it must be submitted prior to Designee's exercise of his/her authority.</i>
<b>Environmentally Preferable Purchases and Practices Policy Requirement—</b>	
<i>See Application Guidelines &amp; Instructions for example &amp; notification</i>	
<input type="checkbox"/>	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 and submit a Notification to the CIWMB for receipt by <b>January 12, 2009</b> ; box is checked.
<b>FOR PRIVATE SCHOOLS ONLY – Private School Eligibility Certification Requirements</b>	
<input type="checkbox"/>	Declaration of non-profit status issued by the Internal Revenue Service
<input type="checkbox"/>	Most recent Letter of Good Standing issued by the California Franchise Tax Board
<input type="checkbox"/>	Copy of the most recent Certificate of Good Standing issued by the Secretary of State
<input type="checkbox"/>	Documentation that the school is currently qualified for the National School Lunch Program by the U.S. Department of Agriculture
<b>Tire-Derived Product (TDP) Certification Form (CIWMB 227-for TDP7 Cycle)</b>	
<input type="checkbox"/>	A completed Tire-Derived Product (TDP) Certification form (CIWMB 227-for TDP7 Cycle) is submitted with your application.
<b>General Checklist of Permits, Licenses, and Filings (CIWMB 669)</b>	
<input type="checkbox"/>	A completed General Checklist of Permits, Licenses, and Filings (CIWMB 669) is submitted with your application.
<b>Application Format &amp; Submittal</b>	
<input type="checkbox"/>	Copies: One application with <b>original</b> signature ( <b>blue ink preferred</b> )
<input type="checkbox"/>	Paper: 8½ X 11, printed double-sided, single spaced, on 100% post consumer fiber
<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