



(December 2011)

Department of Resources Recycling and Recovery (CalRecycle)

Beverage Container Recycling Grant Program

PHASE 2 – PROPOSAL APPLICATION

Fiscal Years (FYs) 2011/12 & 2012/13

Phase 2 Proposal Applications are due Tuesday, January 19, 2012.

Mailed applications must be postmarked by this date. Hand-delivered applications must be received, and date stamped by CalRecycle, no later than 3:00 p.m. on the application deadline date. Late Applications will be disqualified. Applications e-mailed or faxed will not be accepted.

Enter Phase 1 Application Number referenced from the invite letter sent by CalRecycle.

**PHASE 1 APPLICATION NUMBER:
RBC23-11-**

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Follow the Application guidelines and requirements from the solicitation to properly complete and submit this Application.

Applications become the property of CalRecycle 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

**Beverage Container Recycling Grant Program – RBC23 & RBC24
 (FYs 2011/12 & 2012/13)**

Complete and submit all sections.

APPLICANT / ORGANIZATION INFORMATION			
APPLICANT / ORGANIZATION NAME (MUST MATCH RESOLUTION OR LETTER OF COMMITMENT -- I.E., CITY OF XXXX):			
DEPARTMENT NAME (I.E., DEPARTMENT OF PUBLIC WORKS):			
REQUESTED GRANT AMOUNT:	MATCHING GRANT AMOUNT: <i>(IF APPLICABLE)</i>	TOTAL AMOUNT: <i>(ROUND AMOUNTS TO THE NEAREST WHOLE DOLLAR)</i>	
MAILING ADDRESS:		PROJECT ADDRESS:	
CITY:		CITY:	
COUNTY:	ZIP CODE:	COUNTY:	ZIP CODE:
PRIMARY CONTACT NAME:		SECONDARY CONTACT NAME:	
SALUTATION: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss.		SALUTATION: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss.	
TITLE:		TITLE:	
TELEPHONE NUMBER:	TELEPHONE NUMBER (SECONDARY):	TELEPHONE NUMBER:	TELEPHONE NUMBER (SECONDARY):
FAX NUMBER:		FAX NUMBER:	
EMAIL ADDRESS:		EMAIL ADDRESS:	
SIGNATURE AUTHORITY NAME: <i>(AS AUTHORIZED IN RESOLUTION OR LETTER OF COMMITMENT)</i>		AUTHORIZED DESIGNEE NAME: <i>(IF APPLICABLE, AS AUTHORIZED IN LETTER OF DESIGNATION)</i>	
SALUTATION: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss.		SALUTATION: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss.	
TITLE:		TITLE:	
TELEPHONE NUMBER:	FAX NUMBER:	TELEPHONE NUMBER:	FAX NUMBER:
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"/> OTHER (LIST TYPE) _____			
LEGISLATIVE DISTRICT NUMBERS (TO FIND YOUR DISTRICT, USE MAILING ADDRESS ABOVE AND GO TO http://www.calrecycle.ca.gov/Profiles/Juris/)		FEDERAL TAX IDENTIFICATION NUMBER:	
ASSEMBLY:	SENATE:		

GRANT APPLICATION FORM

CalRecycle 243- BCR (New 11/11)

RECYCLING PROGRAM HISTORY
Have you received a Beverage Container Recycling Grant within the last five (5) years?
<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what fiscal year was the grant(s) awarded?

PROJECT DESCRIPTION AND NEED
Provide a thorough overview of the project. Include the target audience and identify region where project activities will take place.
Provide a thorough explanation why the project is needed.
Explain how this project will benefit the community and the environment.
Describe the existing beverage container collection system in the area (if any) and include how the project will improve the existing system.
Identify challenges the project will address and describe how this project will provide a solution.
Describe efforts to research the project (i.e., pilot projects, research on similar programs, tonnage information, projected sales, waste audits, studies, surveys, etc.) and include documented data as evidence to prove the project is the most effective system for capturing CRV material in the targeted area. Include the potential amount of CRV material to be recycled. The estimated amount of material must be supported by reliable data to receive credit.
Identify any partners and their role(s) in implementing the project. <i>Partnerships must be evidenced by letters of commitment and/or other signed documents, which explain the relationship and outline contributions. General letters of support that do not specify financial contributions will not increase the number of points awarded.</i>

GRANT APPLICATION FORM

CalRecycle 243- BCR (New 11/11)

PROJECT GOALS AND OBJECTIVES

Identify the goal(s) and objective(s) to be achieved as a result of implementing the project.

Provide baseline data on the current system (if applicable) and identify the expected outcome once the new project is in place. Goals and objectives must be measurable and support the grant focus.

Describe the strategies that will be implemented to achieve the project goals.

BUDGET

PERSONNEL

	\$
	\$
	\$
Subtotal	\$

EQUIPMENT

	\$
	\$
	\$
	\$
	\$
	\$
Subtotal	\$

OPERATING EXPENSES

	\$
	\$
	\$
	\$
	\$
	\$
Subtotal	\$

**Total Budgeted Expenses Without
 Matched Funding or In-Kind Services**

\$

MATCHED FUNDING OR IN-KIND SERVICES

	\$
	\$
	\$
	\$
Total Leveraged Funding	\$

TOTAL BUDGETED PROGRAM EXPENSES

\$

GRANT APPLICATION FORM

CalRecycle 243- BCR (New 11/11)

Narrative explanation and justification for expenditures:

- (1) For each position, include classification, hourly rate, and total number of hours to be worked.*
- (2) Indicate the total number of units to be purchased and price per unit. Also include sales tax, shipping/delivery, and other fees.*
- (3) Vehicle travel not to exceed the current state mileage reimbursement rate. See, <http://www.dpa.ca.gov/personnel-policies/travel/personal-vehicle-mileage-reimbursement.htm> for the current state rate for mileage reimbursement. No overhead expenses are allowed.*
- (4) Identify sources of funding and dollar amount for matched/leveraged funds.*
- (5) Before making purchases of \$1,000 or more for goods (including equipment) or services authorized in the Budget, Grantee shall secure at least three competitive bids or price quotes. Grantee shall purchase such goods or services from the lowest qualified bidder or pay the difference between the low bid and the one selected, without using funds obtained pursuant to this Agreement. Grantee shall maintain documentation of the competitive bid process used.*

PERFORMANCE MEASURES

Identify how volume collected will be measured and include the methods for collecting and tracking it.

Describe how the progress/success of the project will be measured throughout the project and at the end (i.e. monthly volume reports).

Explain how evaluation findings will be used to modify or improve the project.

PROJECT SUSTAINABILITY

Provide a detailed plan for continuing the program after the grant term ends. Include all information pertaining to financial resources and commitments that will ensure long-term continuation of the program (i.e., tasks, staff, time frame, salaries and deliverables).

Describe how the program will be monitored and evaluated following the grant term. Identify who will be responsible for these tasks after the grant term ends.

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.calrecycle.ca.gov/BevContainer/Grants/BevContainer/FY20111213/Apply/QandA.htm>

for additional information. You are responsible for completing and submitting all required documentation.

Grant Application Form (CalRecycle 243-RBC)	
<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"> 1) Signature Authority as authorized in Resolution or Letter of Commitment, or 2) Authorized Designee.
<input type="checkbox"/>	Recycling Program History
<input type="checkbox"/>	Project Description
<input type="checkbox"/>	Project Need
<input type="checkbox"/>	Project Goal(s) and Objective(s)
<input type="checkbox"/>	Implementation Schedule
<input type="checkbox"/>	Budget
<input type="checkbox"/>	Performance Measures
<input type="checkbox"/>	Project Sustainability
<input type="checkbox"/>	Quality of the Proposal
<input type="checkbox"/>	Supporting Documents
Application Format & Submittal	
<input type="checkbox"/>	Submitted on the Phase 2 Proposal Application Form provided by CalRecycle and no exceed: <ul style="list-style-type: none"> • Five (5) double-sided pages (this includes page 1, Cover Page and the page 10, Checklist). (Maps, graphs, charts, letters of support, diagrams, audits or other supporting documentation are not counted as part of the maximum page requirement.)
<input type="checkbox"/>	Proposal Application Form intact from pages 1-10. (Do not remove any pages from application in lieu of providing more information.)
<input type="checkbox"/>	Copies: Submit a total of five (5) complete Proposal Application Forms. <ul style="list-style-type: none"> • One (1) original Proposal Application Form with original signature (blue ink preferred) and supporting documentation • Four (4) copies of the Proposal Application Form with supporting documentation
<input type="checkbox"/>	Paper: 8½ X 11, printed double-sided, single spaced, on 100% post-consumer fiber, and numbered consecutively
<input type="checkbox"/>	Stapled, not bound: upper left-hand corner
<input type="checkbox"/>	Font: Comparable to 10 pt. Arial
<input type="checkbox"/>	Addressed to the appropriate mailing address of CalRecycle