

# QUAD-LAKES SOLID WASTE MANAGEMENT DISTRICT

*(Bates, Benton, Cedar, Henry, Hickory, & St. Clair Counties)*

## FISCAL YEAR 2019 DISTRICT GRANT APPLICATION



**APPLICATIONS** *(One original, clipped, NOT STAPLED)* **MUST BE RECEIVED NO LATER THAN 4:00 p.m. ON March 1, 2018 AT THE FOLLOWING OFFICE:**

Kaysinger Basin Regional Planning Commission  
221 North Second Street  
Clinton, MO 64735

***\*\*There will be an application training session on January 19, 2018 at 2:00p.m.***  
***The session will be held at the Kaysinger Basin Regional Planning Commission, 221 N. Second St., Clinton, MO 64735. All interested applicants are required to attend.***  
***(Note: Attendance is required to submit a grant application)***

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT KRISTI KELLEY AT:  
PHONE: (660) 885-3393      EMAIL: [kristi@kaysinger.com](mailto:kristi@kaysinger.com)      FAX: (660) 885-4166

FY 2018 DISTRICT GRANT APPLICATION CHECKLIST	Applicant Verification (initials)	District Verification (initials)
1. Applicant Profile Sheet		
2. Executive Summary		
3. Location of Project (physical, mailing addresses)		
4. A Work Plan or Scope of Work identifying: a) project tasks and descriptions (directly related to the project intent), b) main key personnel involved in the project, and c) project manager's qualifications (why this person is qualified to manage the project).		
5. Line-item budget (independent support of items \$5,000 and over in total cost – such as a vendor quote)		
6. Intent or verification of Permits, Approvals, Licenses, Security Interest or Waivers, (i.e. UCC-1, certificate of title, or deed of trust) and Zoning. If these documents have yet to be obtained, please make an affirmative statement that they will be obtained and list each.		
7. An Evaluation Procedure describing both quantitatively and qualitatively how the success of the project will be measured.		
8. Additional Information for Projects over \$50,000 a) Demonstrate technical feasibility by submitting: 1) A preliminary project design or 2) Engineering plans and/or specifications for any facilities and equipment. b) Financial report including: 1) A three (3)-year business plan. For projects involving recycling and reuse technologies, the plan shall include a market analysis with information demonstrating that the applicant has secured the supply of and demand for recovered material and recycled products necessary for sustained business activity 2) A description of project financing, including projected revenue from the project 3) A credit history. 4) Up to three (3) years previous financial statements or reports		
9. Applicant certified all information was true and conforms to the application requirements.		
10. Authorized applicant official signature provided.		
11. Compliance with local, state, and/or federal zoning and/or permit requirements. Documentation of such submitted with application.		

Grant may be funded at less than 100% based on the priority of the district; a targeted materials list or application-scoring criteria is listed in the application guidance document; please contact Kristi Kelley at (660) 885-3393 or at [kristi@kaysinger.com](mailto:kristi@kaysinger.com) with any questions.

**PROJECT INFORMATION**

<b>Project Name:</b> <b>Brief Project Description:</b>		<b>Location of Project:</b> Physical Address (Street, City, State, Zip, and County):  Mailing Address (Street, City, State, Zip, and County):
<b>Project Type:</b> <input type="checkbox"/> Waste/Source Reduction <input type="checkbox"/> Collection/Processing <input type="checkbox"/> Research & Development/Recycling <input type="checkbox"/> Market Development <input type="checkbox"/> Education <input type="checkbox"/> Composting <input type="checkbox"/> Energy Recovery/Incineration	<b>Type of Entity:</b> <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> Public Entity <input type="checkbox"/> Non-Profit	
<b>Identify specific waste to be diverted and estimation (in tons) of how much will be diverted as a result of the proposed project. If this is an education project, please provide the number of students to be educated by the project:</b>		

**APPLICANT INFORMATION**

<b>Name of Applicant:</b>	<b>Address (Street, City, State, Zip, and County):</b>
<b>Federal ID or Social Security Number:</b>	
<b>Official Authorized (to sign for applicant) Information:</b> Authorized Official Name: Title: Address: City: State: Zip: Phone: Fax: Email:	<b>Project Manager Information:</b> Project Manager Name: Title: Address: City: State: Zip: Phone: Fax: Email:

Please check this box for review of early release of retained funds.

Please check this box for review for direct payments to the vendor for equipment:

**PREVIOUS FUNDING**

Have you received district grant funds prior to this application? If so, list project number(s) and/or names and the amount of funds that was received and/or awarded.

Project Number/Name:	Amount Received/Awarded:

**EXECUTIVE SUMMARY**  
*(ATTACH ADDITIONAL PAGES AS NEEDED)*

For the application to be complete, the following **MUST** be included:

1. Explain the project in detail.
2. Describe the availability of material. If using recovered material, is there enough volume of material available to carry out the project and have you secured an adequate source to provide material? Explain. If you have commitment from suppliers, copies of those commitments would be appreciated.
3. Explain marketing strategy, if applicable.
4. Will this project contribute to community-based economic development? Explain.
5. Will this project adversely affect existing private entities in the market segment? If yes, identify (name of business/organization/etc. and address) the entities that are within proximity of project that could be affected as a result of this project.
6. Will the funds requested in this application be used to enhance or sustain operations?
7. Can the project, if successful, be easily duplicated elsewhere?
8. Explain who the beneficiaries will be as a result of this project.
9. Explain any permits, approvals, licenses, waivers, etc. that will be required during and as a result of this project. If current permits, approvals, licenses, waivers, etc. have been obtained at time of application, submit documentation. Otherwise, please provide an affirmative statement that all permits, approvals, licenses, waivers, etc. will be obtained and a copy provided no later than the first request for reimbursement if the application should receive funding.
10. Are there or will there be any public and/or private partnerships. If partnerships have already been established, explain or submit copy of agreement of partnership, etc.
11. Explain and provide the number of jobs this project will create or retain.

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## PROJECT WORK PLAN

**Project Tasks and Description (*identify and state the tasks that will be required for project*):**

Example 1: Obtain bids for \_\_\_\_\_

Example 2: Purchase \_\_\_\_\_

Example 3: Submit quarterly or final reports

Task 1:

Task 2:

Task 3:

Task 4:

Task 5:

Task 6:

Task 7:

## PROJECT TIME TABLE

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Example 1	X											
Example 2		X										
Example 3			X			X			X			X
Task 1												
Task 2												
Task 3												
Task 4												
Task 5												
Task 6												
Task 7												
Expenditures												

*(Identify which month each task, as well as, when expenditures will be completed/incurred. )*

## PROJECT PERSONNEL INFORMATION

**Who are the key personnel that will be involved in the project?**

**How is the project manager qualified to manage this project (*Attach resume or describe education, experience (in years), relevant job history, current job duties, training received, etc.*)?**

**PROJECT BUDGET**

Budget Items	Requested Grant Funds
<b>Personnel</b> <i>(List each employee to be paid with grant funds)</i> <i>Example: John Doe, 2,080 hours @ \$15/hour</i>	
Fringe Benefits Expense (as a percentage of pay rate and by position if rate varies by position)	
<b>Contractual Services</b> <i>(List each professional service to be paid with grant funds)</i>	
<b>Equipment</b> <i>(List purchases costing over \$5,000.00 to be paid with grant funds)</i>	
<b>Supplies</b> <i>(List purchases costing less than \$5,000.00 to be paid with grant funds)</i>	
<b>Travel</b> <i>(Mileage limited to state rate or fuel to be paid with grant funds)</i>	
<b>Other</b> <i>(List all other items to be paid with grant funds)</i>	
<b>Total Budget/Amount Requested</b>	

*(Round costs to nearest dollar and include documentation of estimates, along with item specifications.)*

**APPLICATIONS REQUESTING \$50,000.00 OR MORE OF GRANT FUNDS**

**The following additional information must be submitted for applications that are requesting \$50,000.00 or more of assistance:**

- (A) Demonstrate technical feasibility by submitting:
  - a. Preliminary project design or engineering plans and/or specifications for any facilities and equipment
- (B) Financial report must include:
  - a. A three (3)-year business plan. For projects involving recycling and reuse technologies, the plan shall include a market analysis with information demonstrating you/the applicant have secured the supply of and demand for recovered material and recycled products necessary for sustained business activity
  - b. A description of project financing, including projected revenue from the project
  - c. A credit history
  - d. Up to three (3) years previous financial statements or reports

**PROJECT EVALUATION METHOD(S)**

How will the overall success of the project be measured QUANTITATIVELY? If applicable, how many tons of paper, metal, glass, and/or other materials are estimated to be diverted?

How will the overall success of the project be measured QUALITATIVELY?

How will this project directly, or indirectly, increase waste tonnage diversion from landfills?

Estimated number of jobs to be created?

Estimated number of jobs to be retained?

Estimated number of individuals to attend training?

Estimated number of individuals to be educated?

**APPLICANT CERTIFICATION**

I, \_\_\_\_\_ the undersigned, hereby certify the following:

- A. I am authorized to submit this application;
- B. All information is true and conforms to the application requirements;
- C. This project complies with local, state, and/or federal zoning, ordinance, and/or permit requirements;
- D. Any funds subsequently awarded by the solid waste program will be utilized in manner consistent with the administrative procedure and policies of the Missouri Department of Natural Resources;

Certified for submission on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 43 CFR Part 12, Section 112 510 and Missouri Department of Natural Resources Debarment Procedures #6030. For more information on these procedures, please contact the Quad Lakes Solid Waste Management District at (660) 885-3393.

The prospective grant program participant certifies, by submission of this proposal that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.

The prospective grant program participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any State or Missouri department or agency.

Where the prospective grant program participant is unable to certify to any of the statements in this certification, such prospective participant shall attached an explanation to this proposal.

\_\_\_\_\_  
Name and Title of Authorized Official (print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION, AND AFFIDAVIT OF WORK  
AUTHORIZATION**

**Business Entity Certification:**

Each subgrantee, contractor, or subcontractor must certify their current business status by completing either Box A or Box B below. Business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, grantees, subgrantees, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services or direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities, out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**BOX A – CURRENTLY NOT A BUSINESS ENTITY**

I certify that \_\_\_\_\_ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees, OR
- The company that I represent utilizes the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo

I certify that I am not an alien unlawfully present in the United States and if \_\_\_\_\_ (Company/Individual Name) is awarded a subgrant for the services requested herein under \_\_\_\_\_ (subgrant number to be filled in by solid waste district) and if the business status changes during the life of the subgrant to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, \_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Quad Lakes Solid Waste Management District and Solid Waste Management Program with all documentation required in Box B.

Authorized Representative Name (printed)	Authorized Representative Signature
Company Name (if applicable)	Date

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION, AND AFFIDAVIT OF WORK  
AUTHORIZATION**

**Business Entity Certification (continued):**

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

\_\_\_\_\_  
Authorized Business Entity  
Representative's Name (printed)

\_\_\_\_\_  
Authorized Business Entity  
Representative's Signature

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Date

As a business entity, the subgrantee must perform/provide the following. The subgrantee shall check each to verify completion/submission:

- Enroll and participate in the E-Verify federal work authorization program (Website: [http://www.dhs.gov/xprevprot/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm); Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND
  
- Provide documentation affirming said companies/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the subgrantee's name and the MOU signature page completed and signed, at minimum, by the subgrantee and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the subgrantee's name, then no additional pages of the MOU must be submitted; AND
  
- Must complete and return Box C (Affidavit of Work Authorization)

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION, AND AFFIDAVIT OF WORK AUTHORIZATION**

The subgrantee who meets the section 285.525, RSMo definition of a business entity must complete and return the following Box C - Affidavit of Work Authorization:

**BOX C – AFFIDAVIT OF WORK AUTHORIZATION**

Comes now \_\_\_\_\_ (Name of Business Entity Authorized Representative) as \_\_\_\_\_ (Position/Title) first being duly sworn on my oath, affirm \_\_\_\_\_ (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to the subgrant for the duration of the subgrant, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that \_\_\_\_\_ (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to the subgrant for the duration of the subgrant, if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to penalties provided under section 575.040, RSMo.)*

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_. I am commissioned as a notary public within the County of \_\_\_\_\_, State if \_\_\_\_\_, and my commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date