



Oregon Department of Environmental Quality
Application for
Household Hazardous Waste Facility Grant Funds



Applicant Name: _____	Type of Applicant: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other (specify): _____	
Mailing Address: _____ _____	Agency or Dept. Name (if any): _____	Federal Taxpayer ID #: _____
	State Legislative Districts:	
County: _____	House _____	Senate _____
Project Name: _____	Start/End Dates: _____ - _____	
Project Location (be specific): _____	Project Type: <input type="checkbox"/> Tier I Grant <input type="checkbox"/> Tier II Grant	
Amount of Funds Requested: \$ _____	Match Amount: \$ _____	
Contact Person Name & Title: _____	List any other participating jurisdictions, contact persons, & contact persons' phone numbers:	
Contact Phone: _____		
Contact Fax: _____		
Contact Email Address: _____	Have you received any previous DEQ grants? If so, list date & type of grant(s):	
Website Address: _____		

Project Budget

Complete all sections of the budget. **“Matching Resources”** includes cash or in-kind contributions used to support the grant project. **“In-kind contributions”** includes any documented contribution, such as real estate, goods or services, and labor and should be valued using a defensible method. For example, rates for volunteers should be consistent with those paid for similar work in other state or local government activities; donated supplies should be assigned a reasonable value not to exceed lowest fair market value. Providing **matching resources is not mandatory** but is a measure of cost effectiveness of your proposal.

(A) PERSONNEL SERVICES - List principal project personnel by name. Include salaries and costs of benefits, such as quoted payments for insurance, retirement, social security, etc. Be sure to give subtotals of funds requested, matching resources, and total costs in the spaces provided. Then, state the source of the matching resources.

(A) List Project Personnel	Hourly Rate	Est. Hours on Project	DEQ Grant Funds Requested	Matching Resources	Total Costs
1.					
2.					
3.					
4.					
5.					
6.					
SUBTOTAL					

Source of matching resources: _____

(B) PROFESSIONAL SERVICES - List consultants, contractors, etc. Be sure to give subtotals of funds requested, matching resources, and total costs in the space provided. Then, state the source of the matching resources.

(B) List Consultants or Contractors	Hourly Rate	Est. Hours on Project	DEQ Grant Funds Requested	Matching Resources	Total Costs
1.					
2.					
3.					
4.					
SUBTOTAL					

Source of matching resources: _____

(C) CAPITAL OUTLAY - List all items to be purchased with a value greater than \$100. Include equipment, land, structures, and items pertaining to them. Be sure to give subtotals of grant funds requested, matching resources, and total costs in the space provided. Then, state the source of the matching resources.

(C) List Capital Outlay Items	DEQ Grant Funds Requested	Matching Resources	Total Costs
1.			
2.			
3.			
4.			
SUBTOTAL			

Source of matching resources: _____

(D) SERVICES AND SUPPLIES - Include items not itemized in “Personnel Services,” “Professional Services,” and “Capital Outlay.” Examples are computer services, duplicating, materials/supplies, postage, publication charges, telephone, fuel, automobile mileage, travel, etc. The need for services and supplies should be clear from your answers to the narrative questions. However, if you need to clarify further, you may attach additional information here. For example, if you include costs for travel, be certain to explain who will travel, where they will go, the purpose of the travel, and specific expenses (mileage, accommodations, meals, etc.). Be sure to give subtotals for grant funds requested, matching resources, and total costs in the space provided. Then, state the source of the matching resources.

(D) List Services and Supplies	DEQ Grant Funds Requested	Matching Resources	Total Costs
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
SUBTOTAL			

Source of matching resources: _____

(E) PROJECT BUDGET SUMMARY - Fill in all applicable spaces. Be sure to total grant funds requested, matching resources, and total costs.

(E) Project Budget and Summary	DEQ Grant Funds Requested	Matching Resources	Total Costs
A. Personnel Services			
B. Professional Services			
C. Capital Outlay			
D. Services and Supplies			
E. Total DEQ Grant Funds Requested			
F. Total Matching Resources Committed to the Project			
G. Total Project Cost			

Household Hazardous Waste Facility Grant Questions

If you do not answer ALL questions, your application will be considered incomplete and will not be evaluated. Attach additional sheets if necessary.

1. Project

Provide a **brief description** of your proposed project (Include a description of targeted wastes, relationship to other waste management services and site suitability/availability.)

2. Environmental Need/Potential for Environmental Enhancement

a. To what community or environmental need does the project respond? How will your project contribute toward meeting this need?

b. Describe how you will measure the results or success of the project. You must provide the evaluation steps you plan to take and when they will occur.

3. Program Commitment

a. Project Personnel (who will work on the project)

Identify all of the people who will be involved in the project and the roles they will play. What related experiences, accomplishments, and qualifications do the project officer and key personnel have?

b. Project Planning

Discuss how project is consistent with local HHW plan.

4. Potential for Continuity

a. What community partners do you have for your project? What role will they play? Attach **letters of support or other documentation** from your partners to demonstrate their involvement and/or commitment to the project development.

b. How will you implement the project? Identify anticipated future funding sources and the level of commitment you have received from them, if any. Discuss at a minimum how the facility will be funded for the first five years of operation.

c. How will this project provide a valuable model for others?

5. Financial Need/Cost Effectiveness

a. Explain why you need funding for the proposed project. What other current sources of funding are available? Have you applied for or received other grants to fund the project? If so, specify.

b. How will your project be cost effective? Please provide examples of cost savings.