

APPLICATION FOR COORDINATED PREVENTION GRANT

*Please read the instructions on the back of this page before filling out the form.

(1) APPLICANT INFORMATION			
<input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Health Department <input type="checkbox"/> Other (like a Port) _____			
Applicant Name: Address:	Billing/Invoice Contact: Name: Phone: Fax: E-mail:		
Federal Tax Identification Number:			
Application Contact Person Name: Phone: Fax: E-mail:	Grant Reimbursement Should be Made Payable To: Payments Should be Mailed to: Attn: Address:		
<input type="checkbox"/> Followed Application Coordination Requirements and included the appropriate documentation (see Guidelines, Chapter 2).			
(2) FUNDING REQUEST			
TOTAL APPLICATION COST (100%)	STATE FUNDS/GRANT AMOUNT (75%)	LOCAL MATCH (25%)	
		Cash	Interlocal Cost
\$	\$	\$	\$
FOR ECOLOGY USE ONLY			
\$	\$	\$	\$

(3) CERTIFICATION AND AGREEMENT

The undersigned representative certifies that the information submitted herewith is true and correct to the best of their knowledge and belief, and that they are authorized to submit this application.

The applicant agrees that if a grant is awarded on the basis of this application or any revision or amendment thereof, it will comply with all applicable statutory provisions, and with the applicable terms, conditions, and procedures of the Department of Ecology grant regulations and of the grant agreement.

Signature of Authorized Official (blue ink) _____

Name (printed) _____

Title of Official _____ Date _____

To ask about the availability of this document in a version for the visually impaired call the Solid Waste and Financial Assistance Program at 360-407-6900. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.

Instructions for CPG-X FORM

APPLICATION FOR COORDINATED PREVENTION GRANT

Submit one CPG-X Form for an entire application package. Submit your application package to your regional Ecology grant officer by 5 PM of the due date. If you e-mail or fax the application, you must also submit a paper version CPG- X Form with original signature in blue ink.

(1) APPLICANT INFORMATION

Indicate the jurisdiction type of local government applying for CPG money.

Applicant

The applicant is the local government with authority and responsibility for developing or implementing local hazardous waste or solid waste plans, or is the health jurisdiction (jurisdictional health department and district) for solid waste enforcement.

Provide the name, mailing address, federal tax identification of the applicant that will negotiate the grant agreement with Ecology.

Application Contact Person

The contact person is the person who prepares this application in coordination with the applicant.

Provide the name and contact information for application questions.

Billing Contact Person

Provide the name and contact information for billing/invoice questions, name of jurisdiction receiving reimbursements, and address where Ecology should send grant payments.

Application Coordination

See Chapter 2 for coordination requirements and consequences. Check this box to indicate you have included the appropriate coordination documentation.

(2) FUNDING REQUEST

Before you can finish this section, you will need to complete Forms CPG-Y and CPG-Z.

Total Application Cost

The total application cost is the total maximum eligible cost from each of the Z forms.

State Funds/Grant Amount

For regular cycles, each planning authority is eligible to apply for an amount up to its proportion of the legislative appropriation as outlined in a Table in Chapter 3 of the guidelines. Enter the amount of state dollars up to or equal to this amount. For offset cycles, there are no limitations for the amount requested.

Maximum Eligible Cost

The maximum eligible cost of a request is the sum of state dollars requested plus the local match. The total cost is 100% of the total costs for all tasks in this application.

Local Match

Local match is 25% of the maximum eligible cost in this application and amount of money that will be borne by the applicant.

For more information about match requirements, see Chapter 3 of the CPG Guidelines.

(3) CERTIFICATION AND AGREEMENT

Applicant Signature

The local government official with appropriate signature authority to bind the applicant in a contractual agreement with Ecology signs and dates here. Provide the printed name and title of signatory authority.