

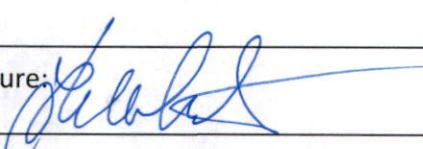
**East Texas Council of Governments
REGIONAL SOLID WASTE GRANTS PROGRAM
FORM 1. APPLICATION INFORMATION AND SIGNATURE PAGE**

Fiscal Year Funding Is Being Requested	☐ FY 26	☒ FY 27
Applicant: Wood County		
Funding Amount Proposed: \$ 9,800.00		
Address: 100 South Main Street Quitman, Tx 75494		Phone/Fax/Email : Ph : 903-760-1007 Email : mlgoldman@mywoodcounty.com
Contact Person : Misty Goldman		Date Submitted: 9/29/2025

Select Project Category/s.

☐	Local Enforcement
☒	Litter and Illegal Dumping Cleanup and Community Collection Events
☐	Source Reduction and Recycling
☐	Local Solid Waste Management Plans
☐	Citizens' Collection Stations and "Small" Registered Transfer Stations
☐	Household Hazardous Waste (HHW) Management
☐	Technical Studies
☐	Educational and Training Projects

Signature

By the following signature, the Applicant certifies that it has reviewed the certifications, assurances, and deliverables included on pages 19-22 in this application, that all certifications are true and correct, that assurances have been reviewed and understood, and that all required deliverables are included with this application. By submitting this application, you agree to adhere to the provisions of the Texas Grants Management Standard (TxGMS) issued by the Texas Comptrollers of Accounts in regard to the use of these funds. Use the following link to access the Texas Grants Management Standards. Texas Grants Management Standards	
Signature: 	Title: Wood County Judge
Typed/Printed Name: Kevin White	Date Signed: 9/29/25

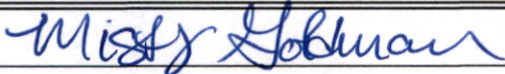
FOR USE BY ETCOG

Date application was received: _____
Does the application meet all of the required screening criteria: _____ Yes _____ No?
Is the application administratively complete: _____ No

FORM 2. AUTHORIZED REPRESENTATIVES AND RECORDS LOCATION

The Applicant hereby designates the individual(s) named below as the person or persons authorized to receive direction from the ETCOG, to manage the work being performed, and to act on behalf of the Applicant for the purposes shown:

- 1. Authorized Project Representative.** The following person is authorized to receive direction, manage work performed, sign required reports, and otherwise act on behalf of the Applicant.

Signature: 
Typed/Printed Name: Misty Goldman
Title: Grants Coordinator
Date: September 29, 2025

- 2. Authorized Financial Representative.** In addition to the authorized project representative, the following person is authorized to act on behalf of the Applicant in all financial and fiscal matters, including signing financial reports and requests for reimbursement.

Signature: 
Typed/Printed Name: Terri Sellars
Title: Wood County Auditor
Date: September 29, 2025

- 3. Records Location.** Please designate the location where grant records will be located for record access and review.

Location Name: Wood County Commissioner's Office
Street Address: 213 West Bermuda St.
City, State, Zip Code: Quitman, Tx 75783

FORM 3a: PROJECT SUMMARY/DESCRIPTION

Note that the project summary is based on the scoring criteria stated in the Request for Application. Please refer to the specific questions listed in the scoring criteria when completing the project summary.

Project Summary/Description (add additional pages as necessary:

In the early Spring of 2027, Wood County would host a county wide clean up event in partnership with the Upper Sabine Valley Waste District and be able to hold the event at their four Wood County Solid Waste Dump locations. Upper Sabine Valley currently holds a Community Cleanup day in late Spring usually around May. Upper Sabine Valley bears the cost of their Spring cleanup event. With your assistance, Wood County would also be able to bear the cost of our cleanup event as well. Wood County would host this event for 6 days, Monday thru Saturday. This would help residents of the county be able to attend by working around the schedules of those who work. There will be a total of 8 dumpsters throughout the 4 locations, 2 dumpsters per location. Residents wishing to participate in this event would need to show proof of a Wood County Address by providing a utility bill or by a valid driver's license. Items accepted would be basic household trash, furniture, appliances, and electronics; excluding hazardous waste, paint, chemicals, oil, or pesticides. All waste collected from this event will be taken to the Tyler Landfill to be disposed of.

Project Goals:

Help reduce the amount of illegal dumping throughout the county.

Project Objectives:

Stem the flow of trash that litter abatement has to deal with by reducing the amount of trash and other waste in our community by providing the residents a legal means of disposing of items not picked up by regular trash services.

Describe how the project assists in implementing the ETCOG Regional Solid Waste Management Plan:

Our project would align with the vision and overall mission of the solid waste management plan by hosting community cleanup projects and reducing the amount of illegal dumping in the ETCOG Region.

Check the box that best describes this project.

- ☐ New Project
- ☐ Enhancement/expansion of an existing project
- ☒ Continuation of an existing project

FORM 3b. PROJECT COST EVALUATION *(add additional pages as necessary)*

Provide an evaluation of the costs associated with the proposed project. Present the costs in unit terms, such as cost per ton, cost per customer, or cost per capita, as applicable.

Our project cost is estimated at \$1,000 per 40-yard dumpster per historical usage data. We would have 2 at each precinct for the cleanup days with a total cost to the grant of \$8,000.00 and the other associated cost are in kind funds. Cost per person in the county is \$0.06 for this project. Our cost for advertisement and flyers is estimated at \$1,800.00. We would have about 500 flyers, \$2.00 per flyer so a total of \$1,000.00 in flyers. Advertising to the Wood County Monitor Newspaper for 3 consecutive weeks would be estimated at \$800.00.

FORM 3c. LEVEL OF COMMITMENT OF APPLICANT

(Add additional pages as necessary)

Provide information related to the Applicant's level of commitment to preferred solid waste management practices. If the proposed project is an ongoing service, demonstrate the ability to sustain the program beyond the term of the grant. Explain the extent to which the appropriate governing bodies support the proposed project.

List any previously demonstrated commitment to preferred solid waste management practice, such as: implementing other solid waste management projects; involvement in a local or sub-regional solid waste management plan or study; membership in an environmental activity.

Upper Sabine Valley Waste District has had a community wide cleanup event once a year with Outstanding results. We at the county would like to have an additional cleanup event due to our increasing population resulting in an increase in illegal dumping of trash along our county roadways and properties. Because of the amount of excess littering and dumping of trash, we have had to hire a full-time deputy for the monitoring and control of such problems. Wood County has seen a significant increase in areas of the county with abandonment of properties with left with large excess of trash and waste. This results in rodent and insect infestations as well as an unattractive odor for adjacent residents. With your assistance we would be able to help slow and eventually stop such nuisances.

FORM 3d. SCOPE OF WORK

(See application instructions for format. Add additional pages as necessary)

Provide a work program with a schedule of deliverables for the proposed project or program. The work program with the schedule of deliverables will be considered the Scope of Work to be performed under the contract agreement, if funded.

As concisely as possible, for each task of the proposed project, describe the major steps or activities involved, identify the responsible entities, and establish a specific timeframe to accomplish each task. The scope of work for the project or program must include:

- ❖ **Detailed purpose and goal of the project (should be consistent with implementing the goals, objectives, and recommendations from the regional solid waste management plan, as stated in the project description on Form 6a).**
- ❖ **Specific task statements with responsible entity identified.**
- ❖ **List of deliverables/products/activities under each task.**
- ❖ **Schedule of deliverables.**

Please use this format example:

1. Task:

- a. Major task**
- b. Estimated completion date**
- c. Who is responsible for completing this task**

1. Task: Community Cleanup Event

- a. Major task:** Clean up the Community in each project.
- b. Project Coordinator:** Misty Goldman
- c. Vendor Name:** Republic Trash Service
- d. Appropriate Purchasing Policy:** Wood County Purchase Order and Vendor Invoicing
- e. Who is responsible for completing this task:** The Responsibility falls on each Commissioner in their respective precinct
- f. Advertise Cleanup Event:** Public notice will run in local newspaper as well as online on the Wood County Website for 30 days. Flyers will also be posted at local businesses.
- g. Estimated completion date:** The completion date is to be determined at a later date after coordinating with Upper Sabine Valley.
- h. Cleanup Event:** Hold a cleanup event for the residents of Wood County and properly dispose of items collected.
- i. Semi-Annual Progress Report:** Report details will be collected and submitted by grants coordinator Misty Goldman
- j. Tracking and Reporting on waste collected:** will be done by grants coordinator by using Attachment 1 PROGRESS MONITORING CLOSEOUT REPORT FORM
- k. Project Close-Out Report:** Will be submitted by grants coordinator at the completion of the event by June 2027.

FORM 4. GRANT BUDGET SUMMARY

Please provide the following breakdown of the total amount of grant funding being requested:

Budget Category		Funding Amount
1.	Personnel/Salaries	\$ 0.00
2.	Fringe Benefits	\$ 0.00
3.	Travel	\$ 0.00
4.	Supplies	\$ 0.00
5.	Equipment	\$ 0.00
6.	Construction	\$ 0.00
7.	Contractual	\$ 8,000.00
8.	Other	\$ 1,800.00
9.	Total Direct Charges (sum of 1-8)	\$ 9,800.00
10.	Indirect Charges*	\$ 0.00
11.	Total (sum of 9 - 10)	\$ 9,800.00
12.	Fringe Benefit Rate:	N/A % % N/A
13.	Indirect Cost Rate:	N/A % % N/A
Identify, in detail, each budget category to which your indirect cost rate applies and explain any special conditions under which the rate will be applied: In accordance with the TxGMS, Grant Management (texas.gov) indirect charges may be authorized if the Applicant has an indirect cost rate properly filed within the past 24 months by a federal cognizant agency or state single audit coordinating agency. Alternatively, the Applicant may be authorized to recover up to 10% of direct salary and wage costs (excluding overtime, shift premiums, and fringe benefits) as indirect costs, subject to adequate documentation. If you have an approved cost allocation plan, please enclose documentation of your approved indirect rate.		

FORM 4a: DETAILED MATCHING FUNDS, IN-KIND SERVICES, AND TOTAL PROJECT COST

This budget form should be completed if the Applicant is providing any level of matching funds or in-kind services directly related to the proposed project.

Matching Funds: \$0.00

In the space below, please explain in detail the application of any matching funds to be provided by the Applicant, as directly related to the proposed project:

In-Kind Services: \$3,900 (monetary equivalent)

In the space below, please explain in detail the application of any in-kind services to be provided by the Applicant, as directly related to the proposed project:

Backhoe @ \$50 p/hr x 30 hrs = \$1,500.00 per site

Backhoe Employee: 20 hrs. x 40 hrs. x 3 people per site = \$2,400.00 per site

What is the TOTAL COST of the proposed project, considering the total grant funding requested, any matching funds being provided by the Applicant, and the monetary equivalent of any in-kind services being provided by the Applicant?

\$ 13,700.00

********Please complete any of the following detailed budget forms that are applicable to your project.***

FORM 4b: Detailed Personnel/Salaries Expenses

For each employee to be funded wholly or in part by this grant, complete one of the lines in the table below. Please refer to the definitions provided in the instructions in completing this sheet. If funds are awarded, changes to grant-funded positions must be approved in advance by the COG.

Position Title	Function	FTE	Status	Monthly Salary
N/A	N/A	N/A	N/A	0
N/A	N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	N/A	\$ 0
TOTAL (Must equal Line 1 of the Overall Budget Summary)		\$ 0		

FORM 4c: Detailed Travel Expenses

This budget form provides a more detailed breakdown of the total expenses for travel indicated on Line 3 of the Overall Budget Summary.

Please describe the types of routine in-region travel expenses expected and purpose for the travel.

Routine In-Region Travel	Purpose of Travel	Estimated Cost
N/A	N/A	\$ 0
N/A	N/A	\$ 0
N/A	N/A	\$ 0
N/A	N/A	\$ 0
N/A	N/A	\$0

All out-of-state travel expenses and other non-routine travel, such as out-of-region travel to special training or events must be pre-approved by the COG. Complete the following information for all requested non-routine travel, including any out-of-state travel. If those details are not presently known, the COG will need to approve those travel costs before the travel occurs.

Non-Routine Travel Expenses

Date(s)	Purpose & Destination	Person(s)	Estimated Cost
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0
N/A	N/A	N/A	\$ 0

TOTAL TRAVEL EXPENSES <i>(Must equal Line 3 of the Overall Budget Summary)</i>	\$ 0
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FORM 4d: Detailed Supply Expenses

This budget form provides a more detailed breakdown of the total expenses for supplies indicated on Line 4 of the Overall Budget Summary.

Please list the general types of supplies you expect to purchase with grant funding. Include number of each item, cost per item and total cost.

General Types of Supplies	Estimated Cost
General office/desk supplies	\$ 0.00
Other supplies (<i>explain below</i>):	N/A
TOTAL (<i>Must equal Line 4 of the Overall Budget Summary</i>)	N/A

FORM 4e: Detailed Equipment Expenses

All equipment purchases must be pre-approved by the COG. If the specific details of an equipment purchase are known, show that equipment on the list below. If the specific details of the equipment costs are not known at this time, list the general details on this form. The specific details of the equipment will then need to be provided to and approved by the COG before the costs are incurred.

Equipment (\$5,000 or more per unit) (Show description, type, model, etc.)	Unit Cost	No. of Units	Total Cost
N/A	\$ 0	0	\$ 0
N/A	\$ 0	0	\$ 0
N/A	\$ 0	0	\$ 0
N/A	\$ 0	0	\$ 0
TOTAL (Must equal Line 5 of the Overall Budget Summary)		\$ 0	

FORM 4f: Detailed Construction Expenses

All construction projects must be pre-approved by the COG. If the specific details of the construction costs are not known at this time, list the general details on this form. The specific details of the construction will then need to be provided to and approved by the COG before the costs are incurred. For any subcontracted activities, the request for approval will need to include evidence that the contract price is reasonable and necessary (see instructions).

Types of Construction	Subcontracted Yes/No	Estimated Cost
N/A	N/A	\$ 0
N/A	N/A	\$ 0
N/A	N/A	\$ 0
	N/A	\$ 0
N/A	N/A	\$ 0
TOTAL (Must equal Line 6 of the Overall Budget Summary)		\$ 0

FORM 4g: Detailed Contractual Expenses

All contractual expenses must be pre-approved by ETCOG. If the specific details of the contractual costs are not known at this time, list the general details on this form. The more specific details of the contractual costs will then need to be provided to and approved by ETCOG before the costs are incurred. The request for approval will need to include evidence that the contract price is reasonable and necessary (see instructions). In addition, the subcontract scope of work must be approved by ETCOG before work begins.

Purpose	Contractor(s)	Contract Amount
Roll off Dumpsters (8 total / 2 per pct.)	Republic Services	\$1,000/ per dumpster
		\$
		\$
TOTAL (Must equal Line 7 of the Overall Budget Summary)		\$8,000

FORM 4h: Detailed Other Expenses

This budget form provides a more detailed breakdown of the total other expenses indicated on Line 8 of the Overall Budget Summary. Please note that the final totals are at the bottom of the next page.

Basic Other Expenses

Please identify the basic "Other" category expenses you expect to incur appropriate to the project.

Basic Other Expenses	Estimated Cost
Books and reference materials	\$ N/A
Postage, telephone, FAX, utilities	\$ N/A
Printing/reproduction <i>Flyers for Advertisement</i>	\$ 1,000
Advertising/public notices <i>Wood County Monitor Newspaper</i>	\$ 800
Registration fees for training (if approved)	\$ N/A
Repair and maintenance	\$ N/A
Basic office furnishings	\$ N/A
Space and equipment rentals	\$ N/A
Signage	\$ N/A

Form 4h: Additional Other Expenses

The specific details of additional "Other" category expenses, not included on the list of basic other expenses, must be pre-approved by the COG. If the specific details of the additional other expenses are not known at this time, list the general details on this form. The more specific details will then need to be provided to and approved by the COG before the costs are incurred.

Additional Other Expenses	Unit Cost	No. of Units	Total Cost
Computer hardware not listed under the Equipment category <i>(itemize each expense below including description, type, model, etc.):</i>	\$ 0	0	\$ 0
Computer software <i>(itemize each expense below including description, type, model, etc.):</i>	\$ 0	0	\$ 0
Additional Other expenses <i>(itemize each expense below including description, type, model, etc.):</i>	\$ 0	0	\$ 0

TOTAL OTHER EXPENSES <i>(Must equal Line 8 of the Overall Budget Summary)</i>	\$ 1,800.00
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FORM 5: Explanation Regarding Private Industry Notification

Applicants under the following grant categories must complete this form and form 5a:

- a. Source Reduction and Recycling**
- b. Citizens' Collection Stations and "Small" Registered Transfer Stations**
- c. A demonstration project under the Educational and Training Projects category**
- d. Other**

Form 5a: List of Private Service Providers Notified

Private Service Providers Contacted	Name and Position	Telephone Number	Date Notified
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
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N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Form 5b: Summaries of Discussions with Private Industry

Provide summaries of any input and concerns raised by the private service providers; summaries of any meetings or discussions held between the Applicant and the private service providers; an explanation of any changes made to the proposed project to address private service provider concerns; and an explanation of any remaining concerns that were not addressed any why the Applicant determined that the concerns are not valid under the statutory requirements. (Refer to Instructions)

Attach to the application any written comments, concerns, or input provided by a private service provider concerning the project. Attach additional pages as needed.

N/A

Form 6: Certifications and Assurances

Certifications

In order to receive grant funds under this program, the proposed project must conform to the provisions set forth in the Request for Applications (RFA). The following certifications are intended to help the COG to ensure that these provisions are met. By signing this Application, the person acting on behalf of the Applicant makes the certifications listed below.

1. Authority to Sign Application

The person signing this Application hereby certifies that he/she is the official contact regarding this Application and has authority from the Applicant to sign the Application and that such authority will bind the Applicant in subsequent agreements.

2. Application Contains No False Statements

Applicant certifies that this Application has no false statements, and that the Applicant understands that signing this Application with a false statement is a material breach of contract and shall void the submitted Application and any resulting contracts. The Applicant understands that the COG will not accept any amendment, revision, addition, or alteration to this Application after the final date and time for submission.

3. Governmental Status

Applicant certifies that it is located in the State of Texas and fits within one of the governmental classifications listed below, as determined under state law:

City

☒ **County**

☐ Public school or school district (not including Universities or post-secondary educational institutions)

☐ Other general and special law district with the authority and responsibility for water quality protection or municipal solid waste management, including river authorities.

☐ Council of Governments

4. Solid Waste Fee Payments

Applicant certifies that it is not delinquent in payment of solid waste disposal fees owed the State of Texas.

5. Debarment from State Contracts

Applicant certifies that it is not barred from participating in state contracts by the State of Texas Comptroller of Public Accounts under the provisions of §2155.077, Government Code.

6. Conformance to Standards

The Applicant certifies to the best of their knowledge and ability that the proposed project, including all activities in the proposed Scope of Work and the proposed expenditures, conforms to the eligible category standards and allowable expense and funding standards as set forth in the Request for Applications.

7. Consideration of Private Industry

The following certification only applies if the project is under one of the following grant categories:

- A. Source Reduction and Recycling
- B. Citizens' Collection Stations and "Small" Registered Transfer Stations
- C. A demonstration project under the Educational and Training Projects category

Applicant certifies that it has notified private service providers in accordance with the requirements set forth in the Request for Applications and the instructions provided with this application form. Applicant further certifies to the best of their knowledge and ability (after completing Form 5) that the proposed project will promote cooperation between public and private entities, is not otherwise readily available, and will not create a competitive advantage over a private industry that provides recycling or solid waste services.

8. Consistency with Regional Solid Waste Management Plan

Applicant certifies to the best of their knowledge and ability that the proposed project is consistent with applicable goals, objectives, and recommendations of the RSWMP of the COG.

9. Technical Feasibility

Applicant certifies that it has carefully reviewed its Scope of Work and that to the best of their knowledge and ability all activities are technically feasible and can be satisfactorily completed within the grant period as set forth in the Request for Applications.

10. Costs Reasonable and Necessary

Applicant certifies to the best of their knowledge and ability that the proposed project activities in the Scope of Work and the expenses outline in the Budget are reasonable and necessary to accomplish the project objectives, and that the proposed expenses are consistent with the costs of comparable goods and services.

11. Certification by Law Enforcement Programs

If the Applicant is a law enforcement entity regulated by Chapter 1701 of the Texas Occupations Code, the Applicant certifies that it is in compliance with all rules developed by the Commission on Law Enforcement Officer Standards and Education (TCLEOSE) pursuant to Chapter 1701, Texas Occupations Code; or that it is in the process of achieving compliance with such rules. If compliance is pending, a certification from TCLEOSE must be attached to indicate that the Applicant is in the process of achieving compliance with the rules.

Assurances

If the application is approved for funding, the grant funds will be awarded through a contract between the Applicant and the COG. The grant contract will contain a number of standards, requirements, and processes that must be complied with as a condition of receiving the grant funds. In order to ensure an understanding by the Applicant of some of the main conditions that will be included in the contract, the Applicant is asked to review the following assurances. By signing this Application, the person acting on behalf of the Applicant indicates their understanding of these conditions and provides assurances that these and other conditions set forth in the grant contract will be adhered to if funding is awarded.

1. Compliance with Standard Pertaining to Real Property and Equipment

Applicant provides assurances that, if funded, the Applicant will comply with the TxGMS and the contract provisions pertaining to title to and management of real property and equipment. The contract will contain obligations and conditions regarding the use of the equipment and/or facilities (the "property") acquired under the agreement. Included in the provisions are obligations to provide adequate maintenance and conduct physical property inventories; restrictions and conditions on the use, replacement, sale, or transfer of the property; and obligations to continue to adhere to the provisions that grant funds not be used to create a competitive advantage over private industry, in the use or transfer of the property.

2. Participation in TCEQ Recycling Surveys and Reporting

Applicant provides assurances that, if funded, the Applicant will respond to annual recycling program surveys and/or other requests from the COG or the TCEQ for information on municipal solid waste management activities.

3. Compliance with Progress and Results Reporting Requirements

Applicant provides assurances that, if funded, the Applicant will comply with requirements for: reporting on the progress of the project tasks and deliverables; documenting the results of the project and providing those results to the COG on a schedule established by the COG, and additionally, to continue to document the results of the project activities for the life of the project; and to provide the COG with a follow-up results report approximately one year after the end of the grant term.

4. Financial Management

Applicant provides assurances that, if funded, the Applicant will comply with contract provisions and requirements necessary to ensure that expenses are reasonable and necessary, and to adhere to financial administration and reimbursement procedures and provide financial reports on a schedule established by the COG.

5. Compliance with Americans with Disabilities Act

Applicant provides assurances that, if funded, the Applicant will comply with all the applicable requirements of the Americans with Disabilities Act of 2013.

6. Compliance with the Single Audit Act

Applicant provides assurances that, if funded, the Applicant will comply with the Single Audit Provisions of the Texas Grants Management Standards (TxGMS) prepared by the Texas Comptrollers of Public Accounts.

Provisions of the Single Audit Circular under the Standard Financial Management Conditions Section; Audit starting on page 40 of the TxGMS that applies to all recipients of funding under this grant.

7. Compliance with Program and Fiscal Monitoring

Applicant provides assurances that, if funded, the Applicant will comply with program and fiscal monitoring provisions of the contract, including: providing additional reports or information as may be requested to adequately track the progress of the project; and allowing site visits to evaluate the progress of the project and to view any grant-funded equipment or facility.

Form 7. RESOLUTION

To complete your application, please remove this page, and replace it with a signed resolution of your entity's governing body.

Resolution is on the October 14, 2025 Commissioners Court Agenda for Signature of approval and official File Stamp.

