**ETCOG SOLID WASTE GRANT**

**APPLICATION FORMS**

|  |
| --- |
| ***Please remember to make a copy of your application for your records. An electronic copy of the completed application must be submitted.*** |

Funding for this program is provided through a grant from the TCEQ, under the authority of §361.014, Texas Health and Safety Code.

**Applicable Statutes and Regulations**

The conduct of projects funded under this program shall be in accordance with all applicable state and local statutes, rules, regulations, and guidelines. The main governing standards, include, but are not limited to, the following:

1. Section 361.014(b), Texas Health, and Safety Code;

2. Title 30 Texas Administrative Code Chapter 330, Subchapter O, TCEQ MSW Regulations (30 TAC Chapter 330, Subchapter O);

3. Chapter 14 of the TCEQ Regulations (30 TAC Chapter 14);

4. The Grant Contract between the Council of Governments and the TCEQ; and

5. Texas Grants Management Standard (TxGMS)

**Schedule**

August 18, 2025                                           Call for Applications Begins

September 3, 2025                                       Solid Waste Grant Application

Workshop  (Required) 10am-noon (be sure to register)

September 29, 2025                                     Application Submittal Deadline (4 PM)

October 2-15, 2025     Private Industry Notification/Review/Public Review

Period

TBD Grant Project Presentations, Grant Award

Recommendations

December 4, 2025                                      Grant Award Recommendations Submitted to ETCOG

Executive Committee

December 2025                                          Recommended Projects Submitted to TCEQ for Review

& Final Approval

January 2025                                                 Anticipate Grant Contracts Signed and

Projects Begin

**Grant Contracts**

* Grant recipients will be required to enter into standard legal Contracts with the ETCOG, to ensure that the approved work program of the project is followed. Among other provisions, the legal Contracts will include the following:
* Grant funding will be provided on a **reimbursement basis only**, and all requests for reimbursement must be handled through the ETCOG.
* Grant recipients must agree to provide data related to the results of the project to the ETCOG and/or the TCEQ. As appropriate to the project, the grant recipient will also be asked to commit to monitoring the results of the project beyond the grant term and periodically provide the ETCOG and/or the TCEQ additional reports on the status of the project.
* Grant Recipients must agree to Third Party Intellectual Property Licenses. TCEQ and its affiliated entities, including, but not limited to, grantees or contractors, may use, reproduce, publish, or modify intellectual property or other items or data that are developed under this Contract with TCEQ funds, whether fully- or partially funded with TCEQ funds. Examples of intellectual property or other items or data include, but are not limited to, logos, mottos, surveys, graphics, and reports.
* Grant recipients must agree to allow staff of the ETCOG and/or the TCEQ to perform on-site visits to monitor the progress of projects.
* Grantees must agree to maintain during the Contract Period adequate insurance coverage sufficient to protect ETCOG and the TCEQ from all claims and liability for injury to persons and for damage to property arising from the Contract. Unless specifically waived by the TCEQ, sufficient coverage shall include Workers Compensation and Employer’s Liability Insurance, Commercial Automobile Liability Insurance, and Commercial General Liability Insurance. The insurance policies do not need to name TCEQ and ETCOG specifically. TCEQ and ETCOG only need to be part of the groups that would be covered more broadly, however that is defined in the insurance policy. Copies of insurance will be required with reimbursement paperwork.

**REQUIRED ATTACHMENTS TO THE APPLICATION**

1. **A Notarized Resolution** by the Applicant’s governing body authorizing the submission of the application. (Example included on page 22) If unable to submit at the time of application, it must be submitted no later than the day of project presentations.

2. If indirect costs are included in the project budget, attach the Applicant’s latest **indirect cost allocation plan**, including documentation of approval of the plan and the indirect cost rate by the Applicant’s Federal Cognizant Agency or State Coordinating Agency.

3. If applicable, attach any **written comments submitted by private industry** *(see instructions for Form 5 & 5a)*.

4. If the Applicant is a law enforcement entity, and if **compliance with TCLEOSE rules is still pending**, attach a certification from TCLEOSE to indicate that the Applicant is in the process of achieving compliance with the rules.

5. **Certifications and Assurances** (included on pages 19-21)

**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: | **Funding Amount Proposed:**  $ |
| Address: | Phone/Fax/Email :  Ph :  Email : |
| Contact Person : | Date Submitted: |

**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](https://comptroller.texas.gov/purchasing/grant-management/) | |
| Signature: | Title: |
| Typed/Printed Name: | Date Signed: |

### 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 |

Project Application

Form 1 Page 1 of 22

**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: |
| Title: |
| Date: |
|  |

**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: |
| Title: |
| Date: |

**3.** **Records Location.** Please designate the location where grant records will be located for

record access and review.

|  |
| --- |
| Location Name: |
| Street Address: |
| City, State, Zip Code: |

Project Application

Form 2 Page 2 of 22**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:***

**Project Goals:**

**Project Objectives:**

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

**Check the box that best describes this project.**

New Project

Enhancement/expansion of an existing project

Continuation of an existing project

Project Application

Form 3a Page 3 of 22

**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.**

Project Application

Form 3b Page 4 of 22

**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.***

Project Application

Form 3c Page 5 of 22

**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:***

1. ***Major task***

***b. Estimated completion date***

***c. Who is responsible for completing this task***

Project Application

Form 3d Page 6 of 22

**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 | | | $ |
| 2. Fringe Benefits | | | $ |
| 3. Travel | | | $ |
| 4. Supplies | | | $ |
| 5. Equipment | | | $ |
| 6. Construction | | | $ |
| 7. Contractual | | | $ |
| 8. Other | | | $ |
| 9. **Total Direct Charges** *(sum of 1-8)* | | | $ |
| 10. Indirect Charges\* | | | $ |
| 11. **Total** *(sum of 9 - 10)* | | | $ |
| 12. Fringe Benefit Rate: | % % |  | |
| 13. Indirect Cost Rate: | % % |  | |
| 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)](https://comptroller.texas.gov/purchasing/grant-management/) 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. | | | |

Project Application

Form 4 Page 7 of 22 **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: $**

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: $** (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:

|  |
| --- |
| 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?  **$ \_\_\_\_\_\_** |

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

Project Application

Form 4a Page 8 of 22

**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** |
| --- | --- | --- | --- | --- |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
| **TOTAL**  *(Must equal Line 1 of the Overall Budget Summary)* | | $ | | |

Project Application

Form 4b Page 9 of 22

**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** |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |

***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** |
| --- | --- | --- | --- |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

|  |  |
| --- | --- |
| **TOTAL TRAVEL EXPENSES**  *(Must equal Line 3 of the Overall Budget Summary)* | $ |

Project Application

Form 4c Page 10 of 22

**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 | $ |
| Other supplies *(explain below)*: | $ |
| **TOTAL**  *(Must equal Line 4 of the Overall Budget Summary)* | $ |

Project Application

Form 4d Page 11 of 22

**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** |
| --- | --- | --- | --- |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
| ***TOTAL***  *(Must equal Line 5 of the Overall Budget Summary)* | | $ | |

Project Application

Form 4e Page 12 of 22

**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** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **TOTAL**  *(Must equal Line 6 of the Overall Budget Summary)* |  | $ |

Project Application

Form 4f Page 13 of 22

**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** |
| --- | --- | --- |
|  |  |  |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **TOTAL**  *(Must equal Line 7 of the Overall Budget Summary)* | | $ |

Project Application

Form 4g Page 14 of 22

**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 | $ |
| Postage, telephone, FAX, utilities | $ |
| Printing/reproduction | $ |
| Advertising/public notices | $ |
| Registration fees for training (if approved) | $ |
| Repair and maintenance | $ |
| Basic office furnishings | $ |
| Space and equipment rentals | $ |
| Signage | $ |

Project Application

Form 4h Page 15 of 22

**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 *(itemize each expense below* *including description, type, model, etc.)*: | $ |  | $ |
| Computer software *(itemize each expense below* *including description, type, model, etc.)*: | $ |  | $ |
| Additional Other expenses *(itemize each expense below* *including description, type, model, etc.)*: | $ |  | $ |

|  |  |
| --- | --- |
| **TOTAL OTHER EXPENSES**  *(Must equal Line 8 of the Overall Budget Summary)* | $ |

Project Application

Form 4i Page 16 of 22

**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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Project Application

Form 5a Page 17 of 22

**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.***

Project Application

Form 5b Page 18 of 22

**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.

Project Application

Form 6 Page 19 of 22

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 is 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.

Project Application

Form 6 Page 20 of 22

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.

Project Application

Form 6 Page 21 of 22

**Form 7. RESOLUTION**

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

Project Application

Form 7 Page 22 of 22