Regional Collection Center Grant Program

Iowa Department of Natural Resources
Chuck Gipp, Director

SAFE, SMART,
SOLUTIONS FOR IOWA

Application for RCC Innovation and Improvement Grants

Land Quality Bureau
Wallace State Office Building
502 East 9th Street
Des Moines IA 50319

September 2016

INTRODUCTION

RCC INNOVATION/IMPROVEMENT GRANT

The purpose of this application is to provide existing Regional Collection Center main and satellite facilities with an application in which to competitively request grant funds. These grants can be used to improve RCC and satellite facility structures or operational efficiencies. RCC's are also encouraged to utilize this grant application to develop and implement new programs and projects at your RCC which are designed to improve customer convenience and participation.

APPLICATIONS:

Applications must be submitted to the Department using the forms provided. Photocopies or emails of the forms are acceptable. Facsimiles of application forms **are not** acceptable. The forms are attached at the end of this document or can be downloaded from http://www.iowadnr.gov/faba.

An original application of the completed application must be submitted to the Department via email or to the address provided below. Applications are not guaranteed funding and financial assistance offered may be less than the full amount requested. The Department may offer a reduced award if the Land Quality Bureau has determined that the applicant could implement the project at a reduced level of financial assistance and achieve project objectives and program goals or if the Department determines funds are insufficient to award the full request amount.

Applications must be completed following the procedures identified in this guidance document. Only complete applications will be considered. The Department will not return applications that were not selected for funding assistance. The Department reserves the right to verify any information presented in the application and to determine the applicant's compliance with applicable Federal and State statutes and regulations.

DEPARTMENT CONTACT:

Kathleen L. Hennings
Environmental Specialist Sr
Department of Natural Resources
502 E 9th St
Des Moines IA 50319-0034

Phone: 515-725-8359
Email: kathleen.hennings@dnr.iowa.gov

ELIGIBLE APPLICANTS

An eligible applicant is a currently operating Regional Collection Center as defined in Iowa Administrative Code Chapter 123 and 211. Eligible applicants must be in compliance with all applicable Federal and State statutes and regulations at the time applications are submitted to the Department.

Funding:

- Funding will be available upon Department approval* and successful contract negotiation.
- Five percent of all awards will be retained by the Department until all requirements of the agreement are met to the satisfaction of the Department.

*Award recommendations in excess of $25,000 also require Environmental Protection Commission (EPC) approval.

Eligible Costs:

Eligible costs for reimbursement include, but are not limited to the following:

- Equipment or structures that will directly improve existing operational efficiencies or provide improved citizen convenience and participation.
- Equipment or supplies necessary to successfully implement new services through expanded collection programs/projects.
- Education/public awareness material development highlighting new programs and projects.

Ineligible Costs:

Ineligible costs for reimbursement include, but are not limited to the following:

- Salaries
- Taxes
- Vehicle registration
- Legal costs
- Office equipment
- Contingency funds
- Disposal of hazardous materials
- Supplies for disposal of hazardous materials
- Indirect or overhead costs (i.e. telephone, lighting, internet service, fuel)

Costs incurred before a contractual agreement has been executed between the applicant and the Department are ineligible for reimbursement. Items previously purchased or constructed for which payments continue to be made are not eligible for funding.

Applicant Cost-Share:

Applicants are required to provide a minimum of fifty percent (50%) cash match for the following expenses:

- Education and public awareness
- Award amounts in excess of $10,000.00

Required Forms:

- Form A - Application Cover Sheet
- Form B - Project Goal and Objective
- Form C - Project Timetable
- Form D - Budget Sheet and Budget Narrative
- Form E - Applicant Disclosure Form
- Minority Impact Statement

Grant Denial:

An application may be denied funding for the following reasons, including but not limited to:

- The applicant does not meet eligibility requirements.
- The applicant does not provide sufficient information requested in the application.
- The project goals or scope are not consistent with Iowa Administrative Code 567 chapter 211 or 123.
- Funds are insufficient to award financial assistance to all qualified applicants.
- The applicant has not met contractual obligations of previous grant awards
- Applicant is not in compliance with applicable Federal and State statutes and regulations.

General Instructions:

Applications shall be reviewed by the Land Quality Bureau staff. The Director of the DNR shall have final approval of all application selections. Grants of $25,000 or more require approval by the Environmental Protection Commission.

Evaluation Criteria:

A point value has been assigned for evaluation criteria. The Department shall evaluate applications and determine the merits of the application based on the following criteria:

- Form B Project Goals and Objectives
- Form C Project Timetable
- Form D Budget Sheet and Budget Narrative

APPLICATION CHECKLIST

Before submitting your application to the Department of Natural Resources, please review the following checklist to ensure that your application is complete and in this order.

- ☐ Form A - Application Cover Sheet
- ☐ Form B - Project Goals and Objectives

- ☐ Form C - Project Timetable
- ☐ Form D - Budget Sheet and Budget Narrative
- ☐ Form E - Applicant Disclosure Form
- ☐ Minority Impact Statement

If applicable, letters of support from project partners should be attached to the back of your application.

FORM A

APPLICATION COVER SHEET
INNOVATION / IMPROVEMENT GRANT

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

PO Box: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Contact Person: _____ County: _____

Phone Number: _____ Email Address: _____

Brief Project Description:

Amount of Funding Requested: $ _____

Applicant Cash Match (if applicable): $ _____

Total Project Cost: $ _____

Signature: _____ Date: _____

Title: _____

FORM B

PROJECT GOALS AND OBJECTIVES
INNOVATION / IMPROVEMENT GRANT

Applicant Name: _____

Geographic area served by the project: _____

Project Summary: Provide a detailed response to each of the following questions.

1. What are your goals and objectives with this project? (10 pts)

2. How will you meet and maintain these goals and objectives? (10 pts)

3. How will you measure the success of the project? (30 pts)

4. What are the quantitative goals to increase citizen convenience, participation, or operational efficiencies? (20 pts)

5. How will you measure the impact on citizen convenience, participation, or operational efficiencies? (30 pts)

FORM C

PROJECT TIMETABLE
INNOVATION / IMPROVEMENT GRANT

Applicant Name: _____

Project Beginning Date: _____ Project Ending Date: _____

This timetable should account for planning as well as the duration of the project. The term of the contractual agreement will be established on a case by case basis.

Task or Activity	Beginning Date For Each Task	Ending Date For Each Task	Group/Person Responsible

FORM D

BUDGET
INNOVATION / IMPROVEMENT GRANT

Applicant Name: _____

Item & Quantity	DNR Request	Local Share	Total Cost

Note: Applicants are required to provide a minimum of fifty percent (50%) cash match for the following expenses:

- Education and public awareness
- Award amounts in excess of $10,000.00

FORM D

BUDGET NARATIVE
INNOVATION / IMPROVEMENT GRANT

Applicant Name: _____

Budget Narrative: Provide a narrative detailing the purpose and role of each budget line item identified on Form D. Include a discussion on the rationale for selecting a particular piece of equipment, vendor, etc.

Budget Item	Narrative

FORM E

APPLICANT DISCLOSURE FORM
INNOVATION / IMPROVEMENT GRANT

Applicant Name: _____

Please answer the following. Continue on separate sheet if necessary following this format.

1. Is the applicant presently involved in any litigation that would have a material adverse effect on the applicant's and/or principals financial condition? ☐ Yes ☐ No (If Yes, explain)

2. Applicant is currently in compliance with all applicable federal, state or local statutes and regulations as they relate to the proposed project? ☐ Yes ☐ No (If No, explain)

3. Applicant has supplied a copy of the completed application to the agency responsible for submitting an approved solid waste comprehensive plan? ☐ Yes ☐ No (If No, explain)

Signature: _____ Date: _____

Title: _____

Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

☐ The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project

Indicate which group/groups are impacted:

- ☐ Women
- ☐ Persons with a Disability
- ☐ Blacks
- ☐ Latinos
- ☐ Asians
- ☐ Pacific Islanders
- ☐ American Indians
- ☐ Alaskan Native Americans
- ☐ Other

☐ The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group/groups are impacted:

- ☐ Women
- ☐ Persons with a Disability
- ☐ Blacks
- ☐ Latinos
- ☐ Asians
- ☐ Pacific Islanders
- ☐ American Indians
- ☐ Alaskan Native Americans
- ☐ Other

☐ The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____ Title: _____

Definitions

"Minority Persons", as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

"Disability", as defined in Iowa Code Section 15.102, subsection 5, paragraph "b", subparagraph (1):
b. As used in this subsection:

(1) *"Disability"* means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

"Disability" does not include any of the following:

(a) Homosexuality or bisexuality.

(b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.

(c) Compulsive gambling, kleptomania, or pyromania.

(d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

"State Agency", as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.