

Grant Application Package for Household Hazardous Waste State Assistance Program



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
Bureau of Solid Waste, Reduction & Recycling
625 Broadway, 9th Floor
Albany, New York 12233-7253

CONTENTS

| | |
|--|----------|
| I. INTRODUCTION | 1 |
| II. APPLICATION PROCEDURE | 2 |
| III. FREQUENTLY ASKED QUESTIONS | 5 |

APPENDICES AND WORKSHEETS

- HHW State Assistance Program Application Cover Form
- Application Checklist
- Project Description Worksheet
- Budget Worksheet
- Sample Resolution and Certificate of Recording Officer
- M/WBE & EEO Instructions and Forms
- HHW Collection Day Report Form
- HHW Permanent Facility Annual Report Form

I. INTRODUCTION

What is household hazardous waste?

Household hazardous wastes (HHW) are materials found in residential wastes that would be regulated as hazardous wastes if they were generated by industry. Industries dispose of chemical wastes that, because of the dangers they pose, are regulated as hazardous wastes and are subject to stringent management standards. Household products may contain some of these chemicals, but all household wastes, are exempt from State and federal hazardous waste regulations. Examples of HHW include oil-based paints, pesticides, automotive fluids, and home hobby chemicals. Many households discard these wastes in the trash or store them for a long time, unless their municipality sponsors a special HHW collection program.

HHW collection programs

A HHW collection day is a program where HHW is collected from residents, packaged, and shipped to appropriate recycling/disposal facilities. Collection days are usually sponsored by a municipality, which hires a contractor to collect, separate and dispose of the waste from residents. A collection day sponsor must submit a detailed plan to the NYSDEC at least 60 days before the collection day takes place, and must receive the NYSDEC's written approval prior to the collection day.

A HHW collection and storage facility can receive HHW from residents on a regular basis. These facilities must receive a permit from the NYSDEC before construction or operation may begin. These facilities are often called permanent facilities, and may be operated by either the municipality or a hired contractor. "Mobile HHW facilities" can also be permitted to collect HHW.

Funding availability

For HHW collection programs to effectively reduce HHW, they must be readily accessible to residents, and must be accompanied by both promotion of the collection program and education about source reduction. To achieve these goals, the Environmental Protection Act was passed in 1993. It authorizes State funding of up to 50% of the costs of municipal HHW collection programs.

The State Legislature must appropriate funding each fiscal year for this program to continue. Accordingly, full 50% reimbursement is not guaranteed on an annual basis.

II. APPLICATION PROCEDURES

Please follow ALL of these steps in order to properly conduct a HHW collection program and apply for State Assistance Funding.

STEP 1: PLAN FOR HHW COLLECTION

- a. Choose a date, time, place, hazardous waste contractor(s), and types of HHW you will be collecting.
- b. Apply to your DEC Regional office for approval to conduct a HHW collection day. Regional Office contacts are listed at the end of this application package.
- c. If you regularly receive HHW funding from the NYSDEC, please provide appropriate credit for DEC funding in your advertisements and publications, including the phrase, "Our HHW program is partially financed with a grant from the NYS Dept. of Environmental Conservation" or an equivalent phrase.

STEP 2: PASS A RESOLUTION authorizing the filing of the grant application. A Sample Resolution is included with this application package.

- a. Fill in the blanks on the resolution. **Use the exact language supplied in the Sample Resolution.**
- b. Place the resolution on your governing body's agenda for passage.
- c. After passage, make 5 copies of the passed resolution.
- d. **Certify** all 5 copies by completing the Certificate of the Recording Officer. The recording officer must do this by:
 - ▶ Entering an **original signature** on **each** copy, or
 - ▶ Affixing or **embossing the seal** of the municipality to **each** copy

Five certified copies of such resolutions are required in your application.

STEP 3: COMPLETE THE WORKSHEETS in this Application Package.

- a. Fill out and sign the **Cover Page**
- b. Answer the questions in the **Project Description Worksheet**
Be specific enough to allow the NYSDEC to determine whether the level of funding requested is reasonable for the described activities.

- c. Complete the **Budget Worksheet**
If the application is for HHW collection programs that have already been completed, then the actual costs should be included.
If the application is for HHW collection programs that have NOT been completed, then the estimated costs should be included.

Budget Preparation Tips

- ▶ Provide written justifications for any one-time or unusual costs.
- ▶ "Miscellaneous" costs are not eligible.
- ▶ Documentation of actual costs will be necessary for payment.
- ▶ In-house reproduction costs are eligible ONLY if a bill is generated and paid.

- d. Complete the **M/WBE and EEO Requirements**
HHW State Assistance recipients are required by law to implement a Minority and Women's Business Enterprise (M/WBE) and Equal Employment Opportunity (EEO) Program and must submit a **M/WBE-EEO Policy Statement and Utilization Plan** with their application. Worksheets are included in this Application Package.

STEP 4: CHECK THE CALENDAR

Applications must be submitted to **the DEC Central Office** by the final business day of April, July, October, or January of a State fiscal year. Any applications received by the Department in a month other than these months, will be considered to be received during the next month listed. All complete applications received by the Department during the same month, will be HHW considered to be received simultaneously on the last day of that month. For collection day activities, municipalities may submit one application for HHW State Assistance for each State fiscal year (April 1 - March 31) for either the current or the previous State fiscal year. An application is limited to one collection program per year and must therefore include all collection program costs expected to be incurred during that year.

For construction of permitted HHW collection and storage facilities, a municipality must submit one application for funding for the total construction cost of the facility regardless of whether construction costs are expected to be incurred in more than one fiscal year.

STEP 5: SEND only the following items to DEC Central Office:
ONE original of your application components and **FIVE** certified resolutions to:

**HHW State Assistance Program
NYSDEC Division of Solid & Hazardous Materials
625 Broadway - 9th Floor, Albany, NY 12233-7253**

**Do NOT send five full copies of your entire application.
Do NOT send copies of your Collection Day Plan. The Plan must be submitted to the Regional Office.**

STEP 6: SEND ONE COPY of the application to your DEC Regional Office

STEP 7: WAIT FOR AN ANSWER FROM NYSDEC

- a. Applications that are complete will be reviewed to establish the eligibility of the applicant and the costs for which State assistance is sought.
- b. Applications that are not complete will be returned for re-submission.
- c. The NYSDEC will determine if the activities included in the application are within the scope of this State assistance program, and if the requested level of funding is appropriate for these activities.
- d. If the NYSDEC determines that any activity or cost is not eligible, or too high for the activity, it may deny funding for a portion of the application, and make any necessary changes to the cost estimate.
- e. HHW funding is contingent upon receipt of the Collection Day Plan approval from the Regional office or proper permits for HHW collection and storage facilities.

STEP 8: WHILE YOU WAIT, MAKE SURE YOUR REPORTS ARE UP-TO-DATE

(Copies of the Report Forms are included in this application package and are available on the NYSDEC website at the following address:
www.dec.state.ny.us/website/dshm/redrecy/hhw.htm

- a. A copy of your collection day approval letter is required in order to receive reimbursement. If a copy of the approval letter was not included as part of the application, it must be included as part of the payment request supporting documentation.
- b. For collection days, the HHW Collection Day Report Form (and all

shipping papers) is due to the NYSDEC 10 days after the collection day.

- c. For collection/storage facilities, a calendar-year report is due to the NYSDEC by February 1 for the previous calendar year.

STEP 9: IF YOUR APPLICATION IS APPROVED, WHAT NEXT?

- a. When funds are available to award State assistance funding, the NYSDEC will draft a contract that outlines the terms of the grant award. The NYSDEC will send the municipality five copies of the contract.
- b. The municipality's authorized representative (named in the resolution) must sign the contracts and return all five of them to the NYSDEC.
- c. After return of signed contracts to the NYSDEC, full approval of the contract normally takes 2-3 months. A copy of the final, fully executed contract will be returned to the municipality.

STEP 10: HOW DO GRANTEES GET PAID?

- a. All collection activities for which reimbursement is sought must be completed and required reports must be submitted to the NYSDEC.
- b. A completed "State Aid Voucher," and an itemized list of costs must be provided, along with copies of backup documents, including copies of receipts, invoices, payment vouchers and cancelled checks for costs incurred.
- c. Detailed instructions are mailed to grantees along with the fully approved contract. NYSDEC or the NYS Office of the State Comptroller may conduct an audit of these records at any time during this period.

III. FREQUENTLY ASKED QUESTIONS (FAQs)

Who is eligible for funding?

Only municipalities are eligible to apply for State assistance under this program. Under this State assistance program, a municipality is any:

- * county, city, town, or village,
- * local public authority or public benefit corporation,
- * school district or supervisory district, or
- * Native American tribe or nation located within New York State.

What costs are eligible?

All costs must be reasonable and necessary for the operation of the HHW program.

A. Operating costs - Typical eligible operating expenses are:

1. contractor costs to accept, segregate, package, transport and recycle/treat/dispose of the collected HHW.
2. costs of safety equipment such as protective clothing, respirator cartridges for municipal workers and volunteers.
3. costs of packaging supplies, drums, labels and ground covers used for the collection of HHW.

B. Educational costs - Educational outreach activities must focus on educating the public on reducing the volume of HHW generated in the home, or must provide promotion for a HHW collection program. Costs of "mixed-use" brochures/advertisement will be pro-rated AND must be a minimum of 50% dedicated to HHW information. Typical eligible educational expenses are:

1. costs of preparing and printing posters, brochures, flyers, and other materials that focus on HHW collection programs;
2. costs of purchasing advertising space in newspapers or other periodicals, or of providing public service announcements to local radio stations or other media.

Are there any other requirements for funding?

1. Permanent HHW Facilities must have a valid NYSDEC permit to operate.
2. Collection day programs must have received the NYSDEC's written approval prior to conducting the collection day.
3. Educational costs will be eligible for reimbursement only if the municipality offers a collection program for HHW.

Which types of wastes are eligible for reimbursement?

Only the costs of collecting and managing categories of wastes that meet the definition of HHW will be reimbursed under this program. The following waste categories are eligible for reimbursement:

Pesticides, corrosives, pool chemicals, driveway sealers, hazardous paints and stains, polishes and waxes, adhesives, solvents, hazardous cleaning products, antifreeze, vehicle fluids, fluorescent light tubes, compact fluorescent lamps/lightbulbs (CFLs) and ballasts, pool chemicals, photography chemicals, hazardous batteries (both household and automotive), products containing mercury, propane gas cylinders that contain propane.

What costs are NOT eligible?

Items that will NOT be reimbursed under this program include, but are not limited to:

1. costs that are reimbursed to the municipality or paid by outside sources, such as State and Federal Governments;
2. in-kind services, employee salaries, general supplies and overhead;
3. costs incurred outside the term of the contract;
4. costs of issuing bonds, obtaining financing, obtaining permits, applying for State assistance, interest, bid document production or bid document distribution;
5. cost of recycling waste materials if the recycled product is returned to the municipality, such as through a "buy-back" system;
6. costs of operating a household battery collection or electronics collection program, unless collected as part of an approved HHW collection program;
7. costs of any HHW collection program that does not comply with an approved collection day plan or facility permit, and all applicable rules and regulations;
8. cost of handling/disposing hazardous waste not generated by households, such as hazardous waste generated by municipalities, municipal departments, State agencies, schools, farms or CESQGs;
9. costs related to and for municipal workers and volunteers except for personal safety equipment (e.g., salary, overhead, travel and medical expenses)
10. costs incurred from the collection, handling, and disposal of types of solid waste that, except under extraordinary circumstances, would not meet the definition of HHW (e.g., explosives, alkaline batteries, ammunition, asbestos, bulk metal, construction and demolition debris, empty containers, empty paint cans, empty aerosol cans, empty freon cans, latex paint, empty propane tanks, radioactive material, household medical waste, smoke detectors, tires, used oil, white goods, and any miscellaneous materials and packaging received.)

Are the costs of collecting electronics eligible?

Electronic equipment may also be collected as HHW. If you plan to collect electronics such as computers, monitors, printers, keyboards, televisions, etc., please include these items as part of your HHW collection day plan. In order for electronic wastes to be eligible for HHW funding, NYSDEC must previously authorize their collection as part of a municipal HHW collection program.

If electronics waste is collected under the "c7" scrap metal exemption, they are NOT eligible for funding under the HHW State Assistance Program.

What if my program collects waste from other than households?

The HHW State assistance program will only reimburse the costs of collecting waste from households. Municipalities may collect hazardous waste from other than households (i.e. farmers, municipal departments, CESQG's) at a HHW collection program. However, costs incurred from the collection or management of wastes that are not from households are not eligible for reimbursement. Municipal HHW collection

programs that also collect non-household waste must meet the following conditions in order to remain eligible for this State assistance program:

1. All participants that are not households must be conditionally exempt small quantity generators (CESQGs).
2. The sponsor municipality must register participating farmers and businesses to determine their generator status. This information must be provided to the NYSDEC upon request.
3. The sponsor municipality must determine the portion of costs from collection of waste from households, exclusive of costs resulting from collection of waste from CESQGs/farms waste. The separation scheme should be described in the State assistance application program description.

Can I file more than one Application?

For HHW collection day activities, a municipality may submit only one application for all HHW State Assistance State fiscal year (April 1 - March 31) for either the current or the previous State fiscal year. All program costs expected to be incurred during that year should be included in the application.

For construction of permitted HHW collection and storage facilities, a municipality may submit only one application for funding for the total construction cost of the facility regardless of whether construction costs are expected to be incurred in more than one fiscal year.

Special Guidance for Permanent Household Hazardous Waste Facilities

In addition to the required information contained in the Grant Application Package for Household Hazardous Waste State Assistance Program, the following supplemental information is required as part of the application for construction of permanent Household Hazardous Waste Facilities.

Eligible Costs

1. Reasonable costs incurred in constructing a household hazardous waste collection and storage facility or mobile collection facility may be eligible for reimbursement. Eligible costs include the following, to the extent that they are necessary for actual facility construction:
 - (a) costs for engineering and architectural services, surveys, plans and specifications;
 - (b) costs for directly related consultant and legal services;

- (c) costs for lands acquired, to the extent that the lands are used for permitted household hazardous waste collection and storage facilities; and
- (d) costs for facility construction and other approved directly related expenses.

Project Description

1. Describe the **major components and subsystems** of the project, detailing methods, schedules, equipment, and services required for each subsystem, including:
 - (a) collection and handling methods at the HHW facility;
 - (b) schedule of operation, equipment and personnel required for HHW collection, aggregation, and storage;
 - (c) processing design, including:
 - (1) design and operational capacities of the project and component equipment;
 - (2) number and design structures;
 - (3) overview of all existing and planned equipment;
 - (4) floor plans and equipment layout; and
 - (5) description of basic processes of all equipment;
 - (d) methods of preparing collected HHW for disposal; and
 - (e) methods to be employed for protecting HHW from contamination and deterioration. Methods for storage and protecting HHW from mixing of non compatibles.

Project Budget

1. Provide an itemized list of costs for which funding is requested, including:
 - (a) estimated costs;
 - (b) brief summaries of use;
 - (c) dates of purchase or future purchase dates; and
 - (d) vendor specification, equipment brochures, or bid specifications issued by the municipality, for each item of equipment, and for buildings to be funded.

2. For **EQUIPMENT COSTS** only, prepare an "Equipment List" to describe items for

which funding is requested. The following is a sample of the information that must be provided on the Equipment List:

| Reference No. | Equipment/Description | Quantity Unit Cost | Total Cost | Purchase Date | Brief use summary, materials & quant handled & location |
|---------------|-------------------------|-----------------------|------------|---------------|---|
| 1 | Chemical Storage Locker | 1 @ \$20,000 | \$20,000 | 9/20/08 | 6'x3'x8' storage cabinet used to store incompatible chemicals. Anticipated capacity to allow ample storage between pick ups. To be located at the Route 66 HHW Facility/Transfer Station. |

3. For **CONSTRUCTION OR PROFESSIONAL SERVICES**, provide an estimate of costs and justification for each service. The following are examples of eligible services.
- (a) engineering and architectural services;
 - (b) surveys;
 - (c) plans and specifications;
 - (d) legal and consultant services; and
 - (e) construction services (general, HVAC, electrical, plumbing).
4. **WORK FORCE ACCOUNT COSTS** (the cost of construction services/time provided by municipal employees). This item MAY be eligible for inclusion in the project budget under the following conditions:
- (a) No more than a reasonable amount of the Total Project Cost, and only for the following:
 - (1) site preparation;
 - (2) facility construction; and
 - (3) engineering, architectural, legal, and other professional services.
 - (b) The applicant must provide an explanation of why using a municipal work

force is the preferred alternative. **Any force account costs must be approved by DEC prior to start of the project.**

If you have any construction costs which you wish to include in your application, call the numbers on the Table of Contents page for further instructions.

Where is my DEC Regional Office and who is my contact person for HHW?

| Reg | Counties | Contact Person | Address | Phone |
|----------|--|---------------------|--|----------------------------------|
| 1 | Nassau Suffolk | Pappachan Daniel | Loop Road Building 40 Stony Brook, NY 11790-2356 | (631) 444-0375 (631) 444-0231 |
| 2 | New York City (Bronx, Kings, New York, Queens, Richmond) | Ken Brezner | 1 Hunters Point Plaza 4740 21st Street Long Island City, NY 11101 | (718) 482-4896 (718) 482-4954 |
| 3 | Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester | Terry Laibach | 21 South Putt Corners Road New Paltz, NY 12561-1696 | (845) 256-3141 (845) 255-3414 |
| 4 | Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie | Allison Elliot | 1150 North Westcott Road Schenectady, NY 12306-2014 | (518) 357-2045 (518) 357-2398 |
| 5 | Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington | Gus Carayannis | 232 Golf Course Rd PO Box 296 Warrensburg, NY 12885 | (518) 623-1200 (518) 897-1245 |
| 6 | Herkimer, Jefferson, Lewis, Oneida, St. Lawrence | Edward Blackmer | State Office Building 317 Washington Street Watertown, NY 13601-3787 | (315) 785-2515 (315) 785-2422 |
| 7 | Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins | Tim DiGiulio | 615 Erie Blvd. West Syracuse, NY 13204-2400 | (315) 426-7419 (315) 426-7487 |
| 8 | Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates | Gary Maslanka | 6274 E. Avon-Lima Road Avon, NY 14414-9519 | (716) 226-2466 (716) 226-2909 |
| 9 | Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming | Kate Emery | 270 Michigan Avenue Buffalo, NY 14203-2999 | (716) 851-7220 (716) 851-7226 |

as of July 10, 2008



New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
APPLICATION FOR STATE ASSISTANCE
Household Hazardous Waste State Assistance Program

1. Applicant _____ 2. County _____ 3. DEC Region _____

4. Type of Applicant: County Town City Village Local public authority
 Public benefit corporation School district Supervisory district Native American tribe or nation

5. Name and Title of
Contact Person:

_____ *This person should be someone with specific knowledge about the HHW project.*

Address: _____ Phone _____

E-mail address (if available) _____

6. Population of municipality _____ total population or households

7. Total Project Cost \$ _____ 9. State Assistance Request (50%) \$ _____

10. Period covered by this application _____ - _____

CERTIFICATION: I do hereby certify that the information in this application and in the attached certified copies of resolutions, other statements, and exhibits is true, correct and complete to the best of my knowledge and belief.

Signature of Authorized
Representative _____ Date _____

Name and Title _____

Address: _____

Household Hazardous Waste State Assistance Program APPLICATION CHECKLIST

To complete the application, submit all documentation below and place a check (✓) in each box.
Include this checklist with your application.

Name of Person completing checklist (print) _____

DO NOT bind your application. It needs to be separated for review.

| check below when completed | A p p l i c a t i o n C o m p o n e n t |
|----------------------------------|---|
| | Application Cover Signed by Authorized Representative |
| | Project Description Worksheet - 2 pages |
| | Budget Worksheet - 2 pages (include itemized lists, if necessary) |
| | M/WBE Policy Statement and Utilization Plan Form (if requesting more than \$12,500 in funding) |
| | Five copies of Certified Resolutions Check for a municipal seal (or original signature) on each certificate |

If the applicant is a Public Authority,
what is the applicant's Federal Tax ID number ? _____ - _____

If the applicant is a county, city, town or village, payments will be sent to the municipality's chief finance officer.

Reminders:

1. Send ONE original of the application to the DEC Central Office AND Send ONE copy of the application to your DEC Regional Office
2. Don't forget to apply to your DEC Regional Office for a collection day approval letter. (please do so at least 60 days prior to the HHW collection day)
3. DO NOT send all of your HHW plans and specifications used to obtain an HHW collection day approval letter, or permit. **Just send the information required by this Application Package.**
4. **DO NOT SEND FIVE COPIES OF YOUR APPLICATION**

**Household Hazardous Waste (HHW) State Assistance Program
Project Description Worksheet (page 1 of 2)**

Please answer all questions below. They are REQUIRED to be completed.
You may use these pages or type the questions on a separate sheet of paper:

1. What are the dates and locations of collection days ?
Please include street addresses of collection site(s)

2. What categories of wastes are collected ?
(include ALL wastes collected, even if not eligible for funding)

3. What methods are used to manage the collected HHW ?

4. What are your educational and promotional activities ?

**Household Hazardous Waste (HHW) State Assistance Program
Project Description Worksheet (page 2 of 2)**

5. What coordination/consolidation was done among municipalities ?

Write NONE if no coordination among municipalities was necessary.

6. Are you using of any innovative or cost-effective methods ?

Write NONE if no innovation or cost-effective methods were used.

7. Does this project meet all applicable laws and regulations ?

Yes _____ No _____ If no, please explain.

8. What have you done to secure other financial assistance for your HHW program?

Write N/A if no efforts were undertaken to secure other financial assistance.

9. What inter-governmental or non-governmental arrangements have you made?

Do NOT submit copies of all your correspondence

Write NONE if no arrangements were necessary.

10. Any other information which helps NYSDEC to evaluate the reasonableness of funding for your project. *This may include justifications for equipment needed, or explanations of costs unique to your program.*

Household Hazardous Waste State Assistance Program

BUDGET WORKSHEET (page 1 of 2)

**Attach itemized lists of individual costs used to calculate these amounts.
Miscellaneous amounts will not be approved.**

Period covered: April 1, _____ - March 31, _____

1. HHW Management Contractual Costs

Primary Contractor Cost of Collection and Disposal of HHW \$ _____

Secondary Contractor Cost of Collection and Disposal \$ _____

Specify type of waste
collected by 2nd contractor _____

Subtract Cost of **Unacceptable wastes**

Asbestos _____

Tires _____

Other (specify) _____

CESQG/farm/municipality's wastes _____

Subtotal HHW Management Contractor Costs \$ _____

2. Public education/promotion

Include items used to reach out to the public.

newspaper/radio/TV advertising _____

brochures, flyers _____

mailing costs _____

other promotional items _____

Subtotal Public Education Costs \$ _____

3. Supplies and Materials

Must be necessary for carrying out HHW collection
(example: disposable containers, tarps, safety gear, etc.) \$ _____

Please include an itemized list for this category.

4. Equipment Costs

(example: durable containers, can crushers, carts, etc.) \$ _____

Please include an itemized list and justifications for each item requested.

BUDGET WORKSHEET (page 2 of 2)

5. Construction Costs

For work done by contractors, contractor cost \$ _____
(Attach an itemized list of these costs)

For work done by municipal employees, materials cost \$ _____
(Attach an itemized list of these costs)

Total Cost of the Program (add items 1 through 5) \$ _____

Total State Assistance Requested (50% of total costs) \$ _____
Write these amounts on the Cover Page

Indicate the amount of **outside assistance** or **cost recovery** that the municipality has received or expects to receive for the HHW collection program activities. \$ _____

Please provide an explanation of this assistance on a separate page.
Some types of cost recovery do not need to be subtracted from the eligible cost.

Please provide the following information
(estimates are OK, if necessary)

Number of collection days _____

Expected Total Attendance _____

Total volume of HHW collected
(include the units of measure) _____

Per person cost of collecting HHW \$ _____ /person
(divide total cost by total attendance)

Per unit cost of collecting HHW \$ _____ / _____ (units of measure)
(divide total cost by total volume collected)

SAMPLE RESOLUTION

Note: The text of this resolution has been pre-approved by DEC attorneys.
Use the language of this pre-approved resolution.

A Resolution Authorizing the Filing of an Application for a State Assistance from the Household Hazardous Waste (HHW) State Assistance Program and Signing of the Associated State Contract, Under the Appropriate Laws of New York State.

WHEREAS, the State of New York provides financial aid for household hazardous waste programs; and

WHEREAS _____
(Legal Name of Municipality)

herein called the MUNICIPALITY, has examined and duly considered the applicable laws of the State of New York and the MUNICIPALITY deems it to be in the public interest and benefit to file an application under these laws; and

WHEREAS, it is necessary that a Contract by and between THE PEOPLE OF THE STATE OF NEW YORK, herein called the STATE, and the MUNICIPALITY be executed for such STATE Aid;

NOW, THEREFORE,
BE IT RESOLVED BY _____
(Governing Body of Applicant)

1. That the filing of an application in the form required by the State of New York in conformity with the applicable laws of the State of New York including all understanding and assurances contained in said application is hereby authorized.

2. That _____ ,
(TITLE of Applicant's designated Authorized Representative)

or his/her designee is directed and authorized as the official representative of the MUNICIPALITY to act in connection with the application and to provide such additional information as may be required and to sign the resulting contract if said application is approved by the STATE;

3. That the MUNICIPALITY agrees that it will fund the entire cost of said household hazardous waste program and will be reimbursed by the State for the State share of such costs.

4. That five (5) Certified Copies of this Resolution be prepared and sent to the NYSDEC together with a complete application.

5. That this resolution shall take effect immediately.

CERTIFICATE OF RECORDING OFFICER

That the attached Resolution is a true and correct copy of the Resolution, authorizing the signing of an application for State Assistance, authorizing the signing of a State Contract, and assuring funding of the municipal portion of the cost of the project as regularly adopted at a legally convened meeting of the

_____ (Name of Governing Body of the Applicant)

duly held on the _____ day of _____, _____,

and further that such Resolution has been fully recorded in the

_____ in my office.

(Title of Record Book)

In witness whereof, I have hereunto set my hand this _____ day of _____, _____.

If the Applicant has an Official Seal,
Impress here.

Signature of Recording Officer

If not, then please sign all five certificates in original signatures.

Title of Recording Officer

Minority and Women's Business Enterprise (M/WBE) Requirements

In order to improve the planning and implementation of Minority and Women's Business Enterprise (M/WBE) requirements, and to assist funding applicants in reducing their paperwork, DEC has re-designed the M/WBE forms to be submitted with an application for State assistance.

If you have questions on these forms, or on the M/WBE and EEO programs, please contact DEC's Bureau of Minority and Women's Business Programs at (518) 457-0749

Instructions: A or B will apply

- A. If the State share requested for your project is \$12,500 or more, M/WBE and EEO goals will be assigned to your project. Please complete the M/WBE Utilization Plan chart AND sign the M/WBE Policy Statement included with this application package. Include both items when you submit your State assistance application.
- B. If the State share requested for your project is less than \$12,500, M/WBE and EEO goals will NOT be assigned to your project. You do NOT need to submit the Utilization Plan Chart or the Policy Statement. However, please READ THE FOLLOWING INFORMATION:

In order to facilitate M/WBE participation on all State assisted contracts, the procurement of services of \$10,000 or less may be made on the basis of a single solicited proposal if the price is reasonable. As a general rule, reasonableness of price is determined in the following ways:

1. By comparing the solicited price with the price for the same or similar services within the last six months;
2. By comparing the price with those of other prospective contractors; or
3. By comparing the solicited price to prices listed in publications such as the "Means Build Construction Cost Data" catalog.

Finally, the recipient of the State assistance may establish reasonableness by reviewing the type of work that was previously accepted by the Department at a similar cost, or, if the supplier can justify the price of the product by the current market value of the same product.

**Department of Environmental Conservation
Household Hazardous Waste (HHW) State Assistance Program**

Bureau of Minority and Women's Business Programs

Applicant _____

Instructions: If the State share requested for your project is \$12,500 or more, you are required to sign the following M/WBE Policy Statement and submit it with your application.

M/WBE Policy Statement

The applicant named above, in their State assistance application, as a recipient of State assistance under the Environmental Conservation Law, is committed to carry out the intent of New York State Executive Law Article 15-A. The applicant acknowledges its obligations to develop a comprehensive Minority/Women's Business Enterprise and Equal Employment Opportunity (M/WBE-EEO) program which assures the meaningful participation of minorities and women in the work force associated with the project to be financed or assisted.

The applicant will make every effort to secure meaningful participation of M/WBEs on the contract. This will be done by notifying M/WBE firms by mail, advertisements, and telephone contact to inform those firms of the availability of contracting and subcontracting opportunities on the State assistance contract.

The applicant will document its efforts by keeping copies of advertisements and affidavits of publications, correspondence, telephone logs, and other documents which reflect their efforts to meet the M/WBE-EEO program requirements.

Signature of Appropriate Municipal Representative

Date _____

Typed Name and Title of Municipal Representative

Phone No. () _____

M/WBE-EEO Utilization Plan

Please complete this chart if your project's State share request is more than \$12,500.

| | | | |
|--|--|-------------------|-----------------------|
| Applicant Name: | | Application Date: | |
| Address: | | City: | State: NY Zip: |
| Name and Title of M/WBE Representative: | | | |
| Signature of M/WBE Representative: | | | |
| Description of Contract: State Aid (attach a copy of the project description from application) | | | |
| Project Category: Check all that apply: Equipment purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (service) <input type="checkbox"/> | | | |

M/WBE AND EEO SUMMARY (Call 518-457-0749 for more information.)

| | | | | | | | |
|--|--|----|---|--------------------------------------|---------|------------|--|
| 1. Total Value of Project | | \$ | Complete the items below if your project involves salary/employment costs: | | # Emps. | Work Hours | |
| 2. Dollar amount expended to date by applicant | | \$ | | | | | |
| 3. Balance (subtract #2 from #1) | | \$ | | | | | |
| 4. State Share of Balance (50% of #3 above) | | \$ | 8. Total number of employees working on this project | | | | |
| 5. MBE Amount of contract NYC/Long Island: 18.8% All other areas: 8.8% | | % | \$ | 9. Total Goal for Minority Employees | | 10% | |
| 6. WBE Amount of contract NYC/Long Island: 20.5% All other areas: 8.8% | | % | \$ | 10. Total Goal for Women Employees | | 10% | |
| 7. Total M/WBE Amount of contract | | \$ | 11. EEO Combined Totals | | | | |

----- **NYSDEC Bureau of Minority and Women's Business Programs USE ONLY** -----

| | | | | |
|----------------|------------------|---------------|------------------|----------|
| Proposed Goals | | Date Approved | Date Disapproved | Initials |
| MBE (%) | EEO - Minorities | | | |
| WBE (%) | EEO - Women | | | |

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

**HOUSEHOLD HAZARDOUS WASTE
COLLECTION DAY REPORT**

Please read and follow all instructions on the back before completing this report form.

Please type or Print clearly

GENERAL INFORMATION

| | | | | | |
|--|----------------------------------|-----------------------|-------|-------------------------|------------------------|
| 1 | Sponsor Name: | | 2 | Contractor Name: | |
| | Street: | | | Street: | |
| | City/State/Zip: | | | City/State/Zip: | |
| | Contact: | Telephone #: () - | | Contact: | Telephone # : () - |
| 3 | Co-Sponsor, If any: | Telephone #: () - | 4 | Location of Collection: | Date of Collection: |
| 5 | Total Population of Area Served: | | Town: | County: | |
| | # of Participants: | | | | |
| Households: | | Farmers: | | CESQGS: | |
| CESQGS:= Conditionally ex empt sm all quantity gen erators | | | | | |

HOUSEHOLD HAZARDOUS WASTE COLL ECTION/DISPOSAL DETAILS

| | | | |
|----|---|----|--|
| 6 | Antifreeze _____ Gallons | 7 | Hazardous paint _____ Gallons |
| 8 | Automotive Batteries _____ Pounds | 9 | Hazardous Househol d Batteries _____ Pounds |
| 10 | Pesticides (Solids) _____ Pounds | 11 | Pesticides (Liquids) _____ Gallons |
| 12 | Mercury Containing Devices _____ Pounds | 13 | Bulk Mercur y (liquid) _____ Gallons |
| 14 | Fluorescent Bulbs _____ Pounds | 15 | #CRTs _____ Pounds |
| 16 | #TVs _____ Pounds | 17 | Other Electronics _____ Pounds |
| 18 | Other HHW (solids) _____ Pounds | 19 | Other HHW (liquids) _____ Gallons |
| 20 | Miscellaneous Solid Waste (solids) _____ Pounds | 21 | Miscellaneous Solid Waste (liquids) _____ Pounds |

PLEASE NOTE: Attach copies of all manifests or shipping papers to this form for submittal to Regio nal Office and sub mit a cop y of this form to Centr al Office

OTHER INFORMATION/DATA

| | | | |
|----|--|----|----------------------------|
| 24 | Disposal Costs, Including Contractor Fees: | 25 | Other Costs: |
| 26 | Publicity and Educational Costs: | 27 | Total Cost (24 + 25 + 26): |
| 28 | Comments: | | |

PREPARER'S INFORMATION AND SIGNATURE

| | | | |
|-----------------------|------------------------|------------|-------|
| Name (Printed/Typed): | Title (Printed/Typed): | Signature: | Date: |
|-----------------------|------------------------|------------|-------|

**Instruction for Completion of
Household Hazardous Waste Collection Day Report Form**

| GENERAL INFORMATION | |
|--|--|
| 1. Enter the name and address of the sponsor. Also enter the contact person name and telephone number. | 2. Enter the name and address of the contractor. Also enter the contact person name and telephone number. |
| 3. If applicable, enter co-sponsor's name and telephone number. | 4. Enter location and date of the collection day. |
| 5. Enter the total population served by the household collection day program and the number of participants in the specified categories. | |
| HOUSEHOLD HAZARDOUS WASTE COLLECTION/DISPOSAL DETAILS | |
| 6. Enter quantity of antifreeze collected in gallons. | 7. Enter quantity of hazardous paints collected in gallons. |
| 8. Enter quantity of automotive batteries collected in pounds. (1 battery = 25lbs) | 9. Enter quantity of hazardous household batteries collected in pounds. |
| 10. Enter quantity of solid pesticides collected in pounds. | 11. Enter quantity of liquid pesticides collected in gallons. |
| 12. Enter quantity of mercury containing devices/waste in pounds e.g., thermometers, thermostats, mercury switches, etc. | 13. Enter total weight of mercury (bulk in liquid form) collected in gallons. |
| 14. Enter quantity of fluorescent bulbs collected in pounds (100 bulbs 4 foot long = 60 pounds). | 15. Enter number of CRTs and their total weight in pounds (25lbs ea) |
| 16. Enter number of TVs and their total weight in pounds (TV:40lbs) | 17. Enter total weight of all other electronic items collected in pounds. |
| 18. Enter quantity of all other types of solid household hazardous waste that is not reported above, collected in pounds. e.g., poisons, alkalies, corrosive materials, etc. | 19. Enter quantity of all other types of liquid household hazardous waste that is not reported above, collected in gallons. e.g., poisons, corrosive materials, alkalies, acids, flammable liquids, etc. |
| 20. Enter quantity of miscellaneous solid wastes collected (solids) in pounds. | 21. Enter quantity of miscellaneous solid wastes collected (liquids) in gallons |
| NOTE: Attach copies of all manifests or shipping papers to this form for submittal to Regional Office and submit a copy of this form to Central Office | |
| OTHER INFORMATION/DATA | |
| 24-27. If available, please enter cost data in the categories as specified. | |
| 28. List any restrictions on the type of household hazardous waste that were collected. Also include any other relevant comments/information not included elsewhere on this form. | |
| PREPARER'S INFORMATION AND SIGNATURE | |
| Preparer's Information and Signature block must be completed by the sponsor. The report form and copies of the manifests or shipping papers must be submitted within 10 days from the date of collection to the appropriate Regional Solid & Hazardous Materials Engineer and a copy of the report form only must be submitted to the Bureau of Waste Reduction & Recycling in Albany, New York. Keep a copy for your records. | |
| REGIONAL SOLID & HAZARDOUS MATERIALS ENGINEERS - NAMES AND ADDRESSES | |
| Regional Solid & Hazardous Materials Engineer NYSDEC - Region 1 (631) 444-0375 Sunny@Stonybrook 50 Circle Road Stony Brook, NY 11790-3409 | Regional Solid & Hazardous Materials Engineer NYSDEC - Region 2 (718) 482-4996 1 Hunters Point Plaza 47-40 21st Street Long Island City, NY 11101-5407 |
| Regional Solid & Hazardous Materials Engineer NYSDEC - Region 3 (845) 256-3137 21 South Putt Corners Road New Paltz, NY 12561-1696 | Regional Solid & Hazardous Materials Engineer NYSDEC - Region 4 (518) 357-2346 1130 North Westcott Road Schenectady, NY 12306-2014 |
| Regional Solid & Hazardous Materials Engineer NYSDEC - Region 5 (518) 897-1241 Route 86, P.O. Box 296 Ray Brook, NY 12977-0296 | Regional Solid & Hazardous Materials Engineer NYSDEC - Region 6 (315) 785-2513 State Office Building, 317 Washington Street Watertown, NY 13601-3787 |
| Regional Solid & Hazardous Materials Engineer NYSDEC - Region 7 (315) 426-7419 615 Erie Blvd., West Syracuse, NY 13204-2400 | Regional Solid & Hazardous Materials Engineer NYSDEC - Region 8 (585) 266-2466 6274 E. Avon-Lima Road Avon, NY 14414-9519 |
| Regional Solid & Hazardous Materials Engineer NYSDEC - Region 9 (716) 851-7220 270 Michigan Avenue Buffalo, NY 14203-2999 | CENTRAL OFFICE ADDRESS New York State Department of Environmental Conservation Division of Solid & Hazardous Materials Bureau of Waste Reduction & Recycling 625 Broadway, 9th Floor Albany, NY 12233-7253 |

Use 8.33 pounds per gallon for liquid conversions.
Drum of household batteries estimated at 500 pounds

Drum of solids estimated at 200 pounds