

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
GRANT APPLICATION
PART 1. GENERAL INFORMATION**

1. Name of Applicant Madison County Board of Supervisors
2. Address of Applicant 125 West North Street, PO Box 608
City Canton State MS Zip 39046-0608
3. Telephone No. of Applicant 601-855-5533
4. Contact Person Drew Ridinger
5. Address of Contact Person (if different than applicant) _____
City _____ State _____ Zip _____
6. Telephone No. of Contact Person 601-855-5533
7. Email Address of Contact Person drew.ridinger@madison-co.com
8. Grant Request Category:
_____ a. Local Government Solid Waste Assistance Grant (attach Part 2a)
Competitive grant request _____ Non-Competitive grant request _____
_____ b. Local Government Solid Waste Planning Grant (attach Part 2c)
_____ c. Local Government Waste Tire Grant (attach Part 2b)
9. Descriptive Title of Project/Program Local Solid Waste Assistance Grant Fund
Noncompetitive Allocation
10. Describe the geographic area which the project/program will serve including the population to be served and list all political subdivisions to be served (e.g. counties, cities, etc.):
Madison County, Flora, Canton, Ridgeland and Madison
Population 109,145 (2020)
11. Is applicant in violation of or delinquent on, any condition of a previously awarded grant or loan from the MDEQ?
_____ yes no (If yes, please attach an explanation)
12. Certification
To the best of my knowledge and belief, I certify that the information provided in this application including attachments is true, accurate, and correct. I further certify that I possess the authority to apply for this grant on behalf of the applicant.
- | | |
|--|--|
| <u>Gerald Steen</u>
Name of authorized representative (Please type or print) |
Signature of authorized representative |
| <u>President, Madison County Board of Supervisors</u>
Title of authorized representative (Please type or print) | <u>2-21-2023</u>
Date |

SOLID WASTE ASSISTANCE GRANT REQUEST

PART 2a

1. Grant Applicant: Local Solid Waste Assistance Grant Fund (Noncompetitive Allocation)

2. Please check one or more of the following activities which the applicant intends to conduct with the requested funds and include an estimate of the total funds needed to conduct the activity. Also, attach a more detailed proposed breakdown of how the funds will be used, such as costs for construction, equipment, personnel, administration, etc., (Note that no more than 3% of the funds may be used for administration of the grant.)

		Funds Requested
<input type="checkbox"/>	A. Cleanup of existing and/or future unauthorized dumps on public or private property	\$ _____
<input type="checkbox"/>	B. Establishment of a collection center or program for white goods, recyclables or other bulky rubbish waste not managed by local residential solid waste collection programs	\$ _____
<input type="checkbox"/>	C. Provision of public notice and education related to the proper management of solid waste, including recycling	\$ _____
<input type="checkbox"/>	D. Payment of the costs of employing a local solid waste enforcement officer (Complete Supplemental Part 3)	\$ _____
<input checked="" type="checkbox"/>	E. Payment of a maximum of seventy-five percent (75%) of the cost of conducting household hazardous waste collection programs.	\$ <u>31,821.73</u>
<input type="checkbox"/>	F. Development of other local solid waste management program activities associated with the prevention, enforcement or abatement of unauthorized dumps, as approved by the commission	\$ _____
TOTAL FUNDS REQUESTED		\$ <u>31,821.73</u>

3. Please attach a narrative description for each part of Section 2 checked above, indicating how the applicant proposes to conduct the activities with the funds requested.

- If the activity includes Section 2.A., the description must identify the primary solid waste management facilities that will be utilized to ensure proper management of all solid wastes. The description must also identify the person or office that will be responsible for making a reasonable effort to require any known person(s) responsible for creating an unauthorized dump to clean up the property before the applicant expends money from the grant funds to do so and the person or office that will be responsible on behalf of the applicant for making a reasonable effort to recover from the responsible person any funds expended by the applicant.
- If the activity includes Section 2.B., the description should identify the location of any proposed collection center, if known, and any other primary solid waste management facilities that will be utilized to ensure proper management of all collected items.
- If the activity includes Section 2.D., applicant must submit Part 3: Enforcement Officer Supplemental Grant Request form.
- If the activity includes Section 2.E., the project shall be conducted in accordance with the Mississippi "Right-Way -To-Throw-Away Program" Regulations.

**SOLID WASTE ENFORCEMENT OFFICER
SUPPLEMENTAL GRANT REQUEST FORM
PART 3**

1. Grant Applicant: Local Solid Waste Assistance Grant Fund (Noncompetitive Allocation)

2. Standard Enforcement Officer Funding (up to 50%)

The standard enforcement officer funding may be requested from the local government's eligible Solid Waste Assistance Grant (SWAG) funding for the state fiscal year. Alternate funding (derived from waste tire funds) for the enforcement officer may be requested by the applicant, if the applicant elects to utilize its eligible SWAG funds for other solid waste projects.

	Amount Requested
A. Solid Waste Assistance Grants (SWAG) Funds, or	<u>\$0.00</u>
B. Alternate Base Funds (From waste tire funds)	<u>\$0.00</u>

3. Established Program Supplements

If the applicant has an established enforcement officer program (at least 2 years) and has requested the standard SWAG grant as per Section 2.A above, the applicant may request supplemental enforcement officer funding (derived from waste tire funds).

A. Established Program Supplement (up to 25%) (Provide narrative indicating that the program has functioned successfully at least 2 years)	<u>\$0.00</u>
B. Local Ordinance Supplement (up to 10%) (Attach copies of local illegal dumping ordinances and a narrative description of how such ordinances are enforced)	<u>\$0.00</u>

4. Total Grant Funding and Applicant Contribution

Total Grant Funds Requested (Total Funding From Parts 2 & 3)	<u>\$0.00</u>
Total Applicant Contribution	<u>\$0.00</u>
Total Enforcement Officer Cost (Note: State Grant Regulations define the cost of employing a solid waste enforcement officer as salary and fringe benefits.)	<u>\$0.00</u>

Mississippi Department of Environmental Quality
Solid Waste Policy, Planning & Grants Branch
P. O. Box 2261, Jackson, MS 39225
Phone: 601-961-5171/Fax: 601-961-5785

(See Back)

**SOLID WASTE ENFORCEMENT OFFICER
SUPPLEMENTAL GRANT REQUEST FORM
PART 3 (continued)**

5. Enforcement Officer Information:

a. Name of Officer (if position filled) _____ N/A _____

b. Position Title _____ N/A _____

c. Division or Department _____ N/A _____

d. Officer Contact Information

Work Mailing Address: _____

Work Phone Number: _____

Work Fax Number: _____

E-Mail Address (if available): _____

6. The applicant must include a detailed job description which describes the Division or Agency of the local government in which the officer is employed, the enforcement officer's primary duties and the percentage of time allocated to each primary duty. The work duties of the officer shall generally comply with the guidance document developed by the Department of Environmental Quality, entitled "Local Solid Waste Enforcement Officers: Duties and Procedures."