

# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, FL 32399-2400 

## **Small County Consolidated Solid Waste Management Grant Application**

1. Name of County Levy County
2. Address of County 12051 NE 69th Lane Williston, FL 32696
3. Federal Employer Identification Number 85_8012622201C-1
4. Name and Title of Contact Person (person handling program on a daily basis)  Name Rod Hastings Title Administrative Director
5. Address of Contact Person 12051 NE 69th Lane Williston, FL 32696
6. Telephone Number of Contact Person (352 ) 486-3300
7. Population of County 43,577
8. Purpose for which grant money is requested (indicate by checkmarks) per Rule 62-716.510 (1)
a. Purchasing or repairing solid waste scalese. Maintenance of solid waste facilities
b. Annual solid waste management program operating costs (may include waste tire and litter control and prevention)  f. Education for employees or public
c. Planning g. Recycling demonstration projects
d. Construction of solid waste facilities
9. Purpose for which grant money is requested detail. Please complete the two attached forms: (1) DEP - Attachment "A" Grant Work Plan; and (2) DEP Budget-Cost Analysis.
10. Name and Title of Authorized Representative  Name _Rod Hastings Title _Administrative Director
11. This application is due by July 1, of each year.
12. E-Mail Address of Contact person solidwaste@levycounty.org
13. My Florida Market Place Registered Vendor Address (this address should be registered with My Florida Market Place and is the address your County wants the Reimbursement Request amount, e.g. State Warrant, sent to) 13A. Name of County (as it appears in M.F.M.P.) Levy County BOCC
13B. Address of County (as it appears in M.F.M.P.) 355 S. Court St. Bronson, FL 32621

# STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION GRANT WORK PLAN DEP AGREEMENT NO. SC320

#### **ATTACHMENT 3**

PROJECT TITLE: Levy County Small County Consolidated Solid Waste Management Grant

**PROJECT AUTHORITY:** Levy County (Grantee) received funding from the Florida Legislature in the amount of \$93,750.00, through Specific Appropriation Line Item No. 1730, Solid Waste Management Trust Fund, Fiscal Year (FY) 2022-23 General Appropriations Act. The Grantee meets the threshold for a small county (population under 110,000) and received this funding under the Small County Consolidated Grants program for the purpose of subsidizing its solid waste management program costs. Authority for this Project is specified in Section 403.7095, Florida Statutes (F.S.), and Chapter 62-716, Florida Administrative Code (F.A.C). Monitoring and auditing guidelines, as related to the Florida Single Audit Act, are specified in the Florida Catalog of State Financial Assistance (CSFA), No. 37.012.

**PROJECT LOCATION**: Levy County Solid Waste Landfill at 12051 NE 69th Lane Williston, FL, 32696.

**PROJECT BACKGROUND:** The Levy County Landfill is an integrated solid waste management system located in Levy County, Florida, and operates disposal facilities for Class I solid wastes, as well as recycling sites through the county region and Satellite Sites within the county. The Landfill has a waste tire area for the collection and storage of tires before they are hauled to an approved facility for disposal.

**PROJECT DESCRIPTION:** The Grantee will purchase a Roll-off Mack Truck to be utilized at the Levy County Landfill facility, where it will be used for the transportation of solid waste and recycling from satellite sites within the county. The Grantee needs this funding to help offset the cost of landfill equipment because of its small population and limited funding resources.

#### TASKS and DELIVERABLES:

#### **Landfill Operations**

#### Task 1: Landfill Equipment

**Task Description:** Levy County manages and operates an integrated solid waste management and disposal facility for Class I solid waste. Funds provided through this Agreement allow the Grantee to purchase a Roll-off Mack Truck for the transportation of solid waste and recycling from satellite sites within the county. Any costs exceeding the grant funding are the responsibility of the Grantee.

**Deliverables:** Completion of the task as evidenced by submittal of all the following supporting documentation. Purchase order(s); vendor invoice(s) for delivery, installation and start up; proof of payment to vendor; Bills of Lading; and pictures of equipment purchased. Completed **Exhibit B**, **Property Reporting Form**, with invoice copies. The Grantee will provide documentation of fuel costs by submitting invoices and/or spreadsheets where fuel was purchased. All documentation may be submitted electronically, unless paper copies are requested by the Department's Grant Manager.

Attachment 3
Page 1 of 2

**Performance Standard:** The Department's Grant Manager will review the deliverables to verify that they meet the specifications in the Grant Work Plan and this task description. Upon review and written acceptance by the Department's Grant Manager of all deliverables under this task, the Grantee may proceed with payment request submittal.

Payment Request Schedule: The Grantee may submit a payment request for cost reimbursement quarterly. Payment requests shall be submitted within thirty (30) calendar days following completion of the quarter. The outlined documentation for the Deliverable(s) must have been submitted and accepted in writing by the Department's Grant Manager prior to payment request submittal.

**PROJECT TIMELINE:** The tasks must be completed by the corresponding task end date and all deliverables must be received by the designated due date.

Task/	Task or Deliverable Title	Task Start	Task End	Deliverable Due			
Deliverable No.		Date	Date	Date/ Frequency			
1	Landfill Equipment	10/1/2022	9/30/2023	Quarterly, within thirty (30) calendar days of the end of each quarter and prior to each payment request.			

#### **BUDGET DETAIL BY TASK:**

Task No.	Budget Category	Budget Amount	
1	Equipment	\$93,750.00	
	Total for Task:	\$93,750.00	

**PROJECT BUDGET SUMMARY:** Cost reimbursable grant funding must not exceed the category totals for the project as indicated below.

Category Totals	Grant Funding, Not to Exceed \$93,750.00			
Equipment	\$93,750.00			
Total:	\$93,750.00			



# LEVY COUNTY BOARD OF COUNTY COMMISSIONERS Government Serving Citizens Jol

RS COMMISSIONERS
John Meeks, Vice Chair
Rock Meeks, Chair
Lilly Rooks
Matt Brooks

August 9, 2022

Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399

To whom it may concern,

According to Public Risk Management Florida, we are self-insured for liability insurance, and such self-insurance offers protection to applicable offices, employees, and agents while acting within the scope of their employment.

Respectfully Submitted,

Wilbur Dean

**County Coordinator** 

Email: <a href="mailto:levybocc@levycounty.org">levybocc@levycounty.org</a>, Website: <a href="mailto:www.levycounty.org">www.levycounty.org</a>

### Form W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank	st informati	UII.						
LEVY COUNTY BOARD OF COUNTY COMMISSIONERS	The field of the mid blank.								
2 Business name/disregarded entity name, if different from above									
3 Check appropriate box for federal tax classification of the person whose n following seven boxes.	name is entered on line 1. Check only one of the				4 Exemptions (codes apply only to certain entities, not individuals; see				
5 Individual/sole proprietor or C Corporation S Corporation single-member LLC	on Partnership	Partnership Trust/estate				instructions on page 3):			
Limited liability company. Enter the tax classification (G=C corporation	S-S corporation D-Dartners	chin) b		Exempt payee code (if any)					
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check the LLC it the LLC is classified as a single-member LLC that is disregarded from the owner of the LLC is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC the is disregarded from the owner should check the appropriate box for the tax classification of its owner.  Other (see instructions) See instructions.  Requester's name is entered on line 1. Check only one of the following seven boxes.				The state of the s					
									5 Address (number, street, and apt. or suite no.) See instructions.
310 SCHOOL STREET, P.O. BOX 310 6 City, state, and ZIP code									
BRONSON, FL 32621									
7 List account number(s) here (optional)									
An and the second secon									
Part I Taxpayer Identification Number (TIN)									
Enter your TIN in the appropriate box. The TIN provided must match the na	ame given on line 1 to avo	oid Soc	cial sec	curity r	umber	-	-		
backup withholding. For individuals, this is generally your social security no	imber (SSN). However, to	or a		7		1 [	T	T	T
resident alien, sole proprietor, or disregarded entity, see the instructions for entities, it is your employer identification number (EIN). If you do not have	r Part I, later. For other			-		-			
TIN, later.	manibol, soo now to got	or		_					
Note: If the account is in more than one name, see the instructions for line	1. Also see What Name a	and Em	ployer	identi	ication	numbo	er		]
Number To Give the Requester for guidelines on whose number to enter.		5	9	- 6	0 0	0	7	1 7	1
		]	3		0 0		1	1	
Part II Certification									
Under penalties of perjury, I certify that:									
<ol> <li>The number shown on this form is my correct taxpayer identification nur</li> <li>I am not subject to backup withholding because: (a) I am exempt from be</li> </ol>	mber (or I am waiting for a	number to	be iss	sued to	o me); a	nd			
Service (IRS) that I am subject to backup withholding as a result of a fail no longer subject to backup withholding; and	ure to report all interest o	r dividends,	or (c)	the IF	IS has r	notifie	d me	that I	am
3 I am a J.S. citizen or other U.S. person (defined below); and									
4. The FATCA code(s) entered on this form (if any) indicating that I am exer	mpt from FATCA reporting	a is correct.							
Certification instructions. You must cross out item 2 above if you have been you have tailed to report all interest and dividends on your tax return. For real acquisition or abandonment of secured property, cancellation of debt, contribution of the than interest and dividends, you are not required to sign the certification	notified by the IRS that you estate transactions, item 2 utions to an individual retire	u are current does not ap	tly sub	r mor	gage in	terest	paid,	ments	
Sign Signature of Here U.S. person b			~7	-> `		1	/		-
Here U.S. person >		Date >	/-	SC	)-3	0			
General Instructions	<ul> <li>Form 1099-DIV (div funds)</li> </ul>	vidends, inc	luding	those	from s	tocks	or m	utual	
Section references are to the Internal Revenue Code unless otherwise noted.	<ul> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> </ul>								
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.	<ul> <li>Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> </ul>								
	<ul> <li>Form 1099-S (proceeds from real estate transactions)</li> </ul>								
Purpose of Form • Form 1		chant card a	and thi	rd par	ty netw	ork tr	ansac	tions	)
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer	<ul> <li>Form 1098 (home r 1098-T (tuition)</li> </ul>	<ul> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest)</li> </ul>				t),			
identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption	• Form 1099-C (cano	10.							
taxpayer identification number (ATIN), or employer identification number	<ul> <li>Form 1099-A (acqu</li> </ul>	n 1099-A (acquisition or abandonment of secured property)							
(EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information	alien), to provide you	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.							
returns include, but are not limited to, the following.  • Form 1099-INT (interest earned or paid)	If you do not return	If you do not return Form W-9 to the requester with a TIN, you might							jht

later.