

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, FL 32399-2400 Incorporated in Rule: 62-716.500(2), F.A.C.

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 Number85_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 41,699				
8. Purpose for which grant money is requested (indicate by checkmarks) per Rule 62-716.510 (1)				
a. Purchasing or repairing solid waste scales e. 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				

Management Grant Application Page 2	
14. Is your County <u>Self-Insured</u> for Liability Insurance, appropriate a If your county <u>is self-insured</u> , we must have a written statement fro Attach).	and allowable under Florida Law? YES NO om your Chief Financial Officer stating this. (Please
I CERTIFY that I am familiar with the information contained in this a belief such information is true, complete and accurate. I further certify on behalf of this county.	application, and that to the best of my knowledge and y that I possess the authority to apply for this grant
Signature of Authorized Representative	Date

Consolidated Small County Solid Waste

NOTE: This form may be submitted electronically to waste.grants@dep.state.fl.us or by mail to Financial Management and Procurement, MS 4500, Division of Waste Management, Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION GRANT WORK PLAN DEP AGREEMENT NO. SC220

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. 1673, Solid Waste Management Trust Fund, Fiscal Year (FY) 2021-22 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 used Knuckle Boom Loader to be utilized at the Levy County Landfill facility, where it will be used to load waste tires for hauing and disposal. The Grantee will use a portion of the grant funds to pay for fuel used to operate landfill equipment. The Grantee needs this funding to help offset the cost of an additional loader and landfill equipment fuel because of its small population and limited funding resources.

TASKS and DELIVERABLES:

Landfill Operations

Task 1: Landfill Equipment and Fuel

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 used Knuckle Boom Loader for loading waste tires at the landfill facility and fuel for landfill equipment. 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 and Fuel	10/1/2021	9/30/2022	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
	Equipment	\$70,000.00
1	Miscellaneous/Other Expenses	\$23,750.00
	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	\$70,000.00		
Miscellaneous/Other Expenses	\$23,750.00		
Total:	\$93,750.00		



LEVY COUNTY BOARD OF COUNTY COMMISSIONERS Government Serving Citizens

FRS COMMISSIONERS
John Meeks, Chair
Rock Meeks
Mike Joyner, Vice-Chair
Lilly Rooks
Matt Brooks

August 5, 2021

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 applicable to offices, employees, and agents while acting within the scope of their employment.

Respectfully Submitted,

Wilbur Dean
County Coordinator

Email: levybocc@levycounty.org, Website: www.levycounty.org,

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; of							
	LEVY COUNTY BOARD OF COUNTY COMMISSIONERS	do not leave this line blank.						
2 Business name/disregarded entity name, if different from above								
on page 3.	3 Check appropriate box for federal tax classification of the person whose nat following seven boxes. □ Individual/sole proprietor or □ C Corporation □ S Corporation	certain entitii instructions			ns (codes apply only to les, not individuals; see on page 3):			
e.	single-member LLC		_ made estate	Exempt payer	e code (if	anv)		
ctio	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►							
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			Exemption from FATCA reporting code (if any)				
eci	Other (see instructions) ▶ GOVERNMENT				(Applies to accounts maintained outside the U.S.)			
S	5 Address (number, street, and apt. or suite no.) See instructions.	Re	quester's name a	nd address (o	ptional)	-		
See	310 SCHOOL STREET, P.O. BOX 310							
	6 City, state, and ZIP code							
	BRONSON, FL 32621							
	7 List account number(s) here (optional)							
Part	Taxpayer Identification Number (TIN)							
	our TIN in the appropriate box. The TIN provided must match the nar	ma givan an line 1 to avaid	Social sec	urity number				
backup	withholding. For individuals, this is generally your social security nur	mber (SSN). However, for a	Godini sec	The state of the s	7 [T		
resider	nt alien, sole proprietor, or disregarded entity, see the instructions for s, it is your employer identification number (EIN). If you do not have a	Part I, later. For other		-	-			
TIN, la	er.	number, see How to get a	or					
Note:	f the account is in more than one name, see the instructions for line 1	. Also see What Name and		identification	number			
Numbe	er To Give the Requester for guidelines on whose number to enter.				T	T		
			5 9	- 6 0 0	0 7	1	7	
Part								
	penalties of perjury, I certify that:							
2. I am	number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from ba ice (IRS) that I am subject to backup withholding as a result of a failu	ckup withholding or (b) I h	ave not been no	atified by the	Internal	Reve	enue	
no lo	onger subject to backup withholding; and	to to report an interest of a	ividerius, or (c)	the monas	lotilled	He III	allam	
	a U.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 exem	pt from FATCA reporting is	correct.					
acquisi other th	cation instructions. You must cross out item 2 above if you have been not refailed to report all interest and dividends on your tax return. For real estion or abandonment of secured property, cancellation of debt, contribution in interest and dividends, you are not required to sign the certification, but in the certification, but in the certification, but in the certification is an interest and dividends.	state transactions, item 2 doctors to an individual retiremen	es not apply. Fo	r mortgage in	terest pa	aid,	onto	
Sign Here	Signature of U.S. person ▶	Date	· 7-	30-2	8			
	eral Instructions	Form 1099-DIV (divide funds)				mutu	ıal	
Section references are to the Internal Revenue Code unless otherwise noted.		 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) 						
		 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) 						
		 Form 1099-S (proceeds from real estate transactions) 						
The second	urpose of Form • Form 1099-K (merchant card and third party network transact							
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.		 Form 1098 (home mor 1098-T (tuition) 	tgage interest),	1098-E (stud	dent loar	n inter	rest),	
		 Form 1099-C (cancele 						
		 Form 1099-A (acquisiti 						
		Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.						
Form 1099-INT (interest earned or paid)		If you do not return Form W-9 to the requester with a TIN, you might						

later.