



**FY 2026 WEST VIRGINIA SOLID WASTE MANAGEMENT BOARD
SOLID WASTE AUTHORITY GRANT APPLICATION**

Grant period: August 1, 2025 through July 31, 2026
Deadline for submission: April 30, 2025

FY 2026 APPLICATION CHECKLIST

TO BE COMPLETED BEFORE SUBMITTING

In accordance with **§54-5-3-3.4**, Incomplete applications will not be considered; they will be marked “incomplete” and returned to the applicant. Applications that fulfill all requirements may be resubmitted within the original filing deadline.

Applications must contain the required forms and information in order to be considered “complete”.

A FY 2026 SWMB Grant Application MUST include:

<input type="checkbox"/>	Application Cover Sheet
<input type="checkbox"/>	Program Overview <ul style="list-style-type: none">To be completed by every SWA
<input type="checkbox"/>	Grant Program Narrative (pages 7-9 may include additional pages if necessary)
<input type="checkbox"/>	Budget Form <ul style="list-style-type: none">Include one quote for each budget item that is equal to, or exceeds \$5,000
<input type="checkbox"/>	Budget Itemization Supplemental Form (if necessary) <ul style="list-style-type: none">Required for “grouped” items and where the request is more than \$1,000
<input type="checkbox"/>	Grant Stipulation Form <ul style="list-style-type: none">Includes signature of Chairperson
<input type="checkbox"/>	SWA Resolution Authorizing the Application <ul style="list-style-type: none">Includes signature of Chairperson and certification from Secretary
<input type="checkbox"/>	Drug Free Workplace Form <ul style="list-style-type: none">Includes signature of Chairperson



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FY 2026 COVER SHEET

Solid Waste Authority:	
Amount Requested:	
Mailing Address:	
Grant Administrator:	
Contact Phone Number:	Contact Email:

Comprehensive and Siting Plans

§54-5-4.4 Solid waste authorities which have not received the Board's approval of their Comprehensive Litter and Solid Waste Control Plan, Commercial Solid Waste Facility Siting Plan, or updates of such plans in accordance with the requirements of W. Va. Code §§22C-4-8, 22C-4-24, and the rules promulgated thereunder shall not be eligible for grants other than those awarded for purposes of completing such plans. Eligibility for projects other than completion of the Comprehensive Litter and Solid Waste Control Plan and the Commercial Solid Waste Facility Siting Plan will be reinstated upon the approval of such plans or their updates.

Date of approved Comprehensive Litter and Solid Waste Control Plan:	
Date of approved Commercial Solid Waste Facility Siting Plan:	
Is the scope of this application in agreement with the current Comprehensive and Siting Plans?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Financial Examinations

To maintain eligibility for SWMB grants, each authority **must have had a financial examination or audit completed FY 2022 – FY 2024**. An Authority that has not had a financial examination or audit within this timeframe is only eligible for grant funding for financial examinations and audits.

Year of last financial examination:			
Select one:	Audit <input type="checkbox"/>	Review <input type="checkbox"/>	Small Government Monitoring <input type="checkbox"/>

Compliance

If funds requested are associated with a solid waste facility, is the facility in compliance with all applicable Federal and State of West Virginia laws and rules including any compliance orders issued by state agencies and/or departments? (§54-5-4.5)	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If NO, please explain:

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FY 2026 PROGRAM OVERVIEW

Solid Waste Authority: _____

1. If your authority employs any individuals, please list the following information:

Title ONLY (No Names Please)	Full Time	Part Time	Permanent or Temporary (Mark One)		Contract Labor	Hourly Wage	Salary	Hours Wk.
EX. Recycling Laborer		X	P	T X		\$10.50		32
EX. Director	X		P X	T		\$15.00	\$31,200	40
			P	T				
			P	T				
			P	T				
			P	T				
			P	T				
			P	T				
			P	T				
			P	T				
			P	T				

Attach a separate sheet if necessary

2. Does your authority offer benefits? YES ☐ NO ☐

3. Are employees' wages subsidized by funding other than SWA funds? YES ☐ NO ☐

4. If YES, please explain who subsidizes wages and how much.

5. Does your authority have an Employee Handbook or written workplace policies? YES ☐ NO ☐

6. Does your authority have written bylaws? YES ☐ NO ☐

7. If YES, please indicate the date of approval or last review: _____

8. Does your authority have written fiscal policies and/or procedures? YES ☐ NO ☐



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9. Does your authority own/operate a recycling program within your county? YES ☐ NO ☐

10. Does the authority partner with any other organization in operating a recycling program? YES ☐ NO ☐

11. If YES, with whom do you partner and describe the relationship/program.

12. If your authority owns/operates a recycling program, list the materials collected, tons per year, annual revenue from sale of materials and where you market the materials – Information from CY 2024.

MATERIALS ACCEPTED	TONS/CY 2024	REVENUE	MARKET

13. Who processes (bales, crushes, shreds, etc.) the materials collected? _____

14. List all **recycling drop-off locations** (known) within your geographic area of responsibility – public & private.

LOCATION	OPERATOR	MATERIALS ACCEPTED



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15. List all **curbside recycling collection** locations within your geographic area of responsibility.

LOCATION	OPERATOR	MATERIALS ACCEPTED

Includes programs that may be operated by a municipality within your county.

16. Please provide a list of equipment used in your recycling program and average annual maintenance cost for each – Include collection & processing equipment.

EQUIPMENT (baler, vehicle, etc.)	SERIAL #	PURCHASE DATE	ANNUAL MAINTENANCE COST

Attach a separate sheet if necessary.

17. Do you lease equipment to any other entity/program? YES ☐ NO ☐

18. If YES, to whom? – Please provide a copy of your lease agreement.

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19. Do you have a maintenance schedule/log for your equipment? YES ☐ NO ☐

20. Do you have a safety program or set of safety procedures for your employees? YES ☐ NO ☐

21. Do you provide your employees with the proper safety equipment/supplies to do their job? YES ☐ NO ☐

22. Does your facility or equipment have insurance coverage? YES ☐ NO ☐



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23. Describe your authority's public education and outreach program.

24. Does your authority maintain a website or Facebook page? YES ☐ NO ☐

25. If YES, what is the address: _____

26. Does your authority receive any additional revenue aside from the assessment fees or sale of recycling materials? YES ☐ NO ☐

27. If YES, please list from whom, amount, frequency, and purpose.

CONTRIBUTOR	AMOUNT	FREQUENCY	PURPOSE



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FY 2026 GRANT PROGRAM NARRATIVE

Please address the following questions and provide an explanation for each of the following items.

Purpose and Objectives

State the purpose and objectives your authority hopes to address with these grant funds. Include any issues your program is currently facing/experiencing. What services will be provided? Any proposal that includes working with local school systems must have written approval by the Board of Education responsible for the facilities involved.

Purpose:

Objectives:

-
-
-
-
-
-
-
-
-
-

Services Provided:



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FY 2026 GRANT PROGRAM NARRATIVE - CONTINUED

Budget Requests

Select the items in your Authority's funding request and **number in order of priority**. Explain in detail the purpose, how the funds will be used (in whole or in part) and why funding is needed.

Priority #	Type of Expense	Purpose/Allocation of Funds	Amount
	Equipment		
	Vehicles		
	Maintenance/Repairs		
	Bins/Containers		
	Administrative Salaries		
	Hourly Wages		
	Utilities		
	Fuel		
	Insurance		
	Office Supplies/Equipment		
	Operating Supplies		
	Property Improvements Property Owner: <input type="text"/>		
	Property Purchases		



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	Rent or Lease Payments		
	Promotional Materials		
	Events		
	Advertising		
	Educational Conference Expenses		
	Contracted Services		
	Hauling Service Fees		
	Consulting Fees		
	Financial Examination Expenses		
	Additional Requests		

TOTAL GRANT REQUESTS

\$_____



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FY 2026 BUDGET ITEMIZATION FORM

This page is used to itemize individual line items from the Grant Budget Form that are to be used to purchase more than one item (goods, services, labor, etc.) and where the **line item is equal or greater than \$1,000**. State expense requested, a breakdown of that line item and individual amounts that equal the total requested. **Items requested exceeding \$5,000 must have a quote attached.**

EXAMPLE:

Expense	Breakdown of Line Item	Amount	Quote
Equipment	Vertical Baler	7,000	<input checked="" type="checkbox"/>
	Floor Scales	2,100	<input type="checkbox"/>
	Skid Loader	1,750	<input type="checkbox"/>
		<u>\$10,850</u>	

Expense	Breakdown of Line Item	Amount	Quote
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
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Grant Administrator

Does this person have the necessary qualifications and experience required to perform the services under this grant award?

YES ☐ NO ☐

Will the grant administrator's wages be paid by these grant funds?

YES ☐ NO ☐

If **YES**, is this individual currently employed by the SWA?

YES ☐ NO ☐

If **YES**, is their current salary being funded by the SWA or another governmental source?

YES ☐ NO ☐

Will the grant administrator also be preparing the grant reports?

YES ☐ NO ☐

Personnel

Provide a job description or list of duties for each employee whose wages will be partially or fully covered by grant funds (attach a separate page if necessary). If someone else is providing part of the current/proposed employee's wages, specify who and how much in dollar amounts. If all or part of the employees' wages are currently being paid from another source (DEP-REAP grant), give the date when those funds will expire.

If funds are being used to hire **NEW** employees, discuss purpose or need for additional personnel. Indicate full/part-time, temporary/permanent or contract labor. Detail the anticipated weekly hours, rate of pay and a description of job duties.



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FY 2026 GRANT STIPULATIONS

The applicant understands and agrees to the stipulations listed on this page and will implement them to fulfill all obligations under this grant agreement:

- a.) The applicant(s) has or will secure personnel with the necessary qualifications and experience required to perform the services under this Grant Award. (54CSR5-5.1)
- b.) The applicant(s) will indicate whether grant funds will be used to hire employees. Additionally, the SWMB will review each grant budget to determine if employees will be hired with grant funds and require copies of solicitations or advertisements for employees to be submitted with the grant application, if applicable indicate if the employees will be permanent, temporary, full-time, part-time or contract.
- c.) The applicant(s) will not discriminate against any employee or applicant for employment because of race, color, age, religion, sex, national origin, or physical handicap. (54CSR5-6.1)
- d.) If contractors will be employed, the applicant(s) will obtain a statement from the contractor that the contractor will treat employees without regard to race, color, age, religion, sex, national origin, or physical handicap. In addition, the applicant(s) will obtain a statement from the contractor that the contractor has complied with the regulations issued by the Contractors' Licensing Board pursuant to W.Va. Code §21-11-1 et seq. in regard to operating a contracting business in the State of West Virginia.
- e.) The applicant(s) must include a narrative summary of the project's accomplishments as compared with its original goals, and an explanation of any unachieved objectives. (54CSR5-9.3)
- f.) The applicant(s) must agree to retain all financial records, statistical records and all other documents relating to the grant for a period of three years from the end of the grant period or until audited, whichever is later. (54CSR5-8.5)
- g.) The applicant(s) shall not use grant monies to fund lobbying activities. (54CSR5-8.4)
- h.) Provide proof of insurance on all vehicles and equipment funded in part, or in full, by the Solid Waste Management Board grant funds.
- i.) For the purposes of this application, all requests that are equal to or exceed \$5,000 must be accompanied by at least one quote and purchases equal to or exceeding \$20,000 must be bid on. Once grants are awarded, grantees must adhere to state purchasing guidelines. WV Purchasing Division's Procedures Handbook may be viewed at www.state.wv.us/admin/purchase.

The applicant understands and agrees that the money issued and received upon approval of this application will be used to carry out the purposes of this grant and the duties under W.Va. Code §22C-4, and in accordance with the rules and regulations of the Solid Waste Management Board, and that the applicant can be held liable for the total sum due the SWMB for grant sums not properly used or accounted for. The undersigned hereby acknowledges that, to the best of his/her knowledge, the information documented in the above paragraphs is a true and accurate statement of the facts.

Chairperson Signature: _____ **Date:** _____



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RESOLUTION

Whereas the _____ Solid Waste Authority recognizes the need for improved solid waste collection, recycling, hauling and disposal within the boundaries of this authority, and

Whereas the West Virginia Code Chapter 22C, Article 4, Section 30 provides for grants to solid waste authorities through the Solid Waste Management Board for the purposes of Chapter 22C, Article 4, and

Whereas having reviewed and considered the rules concerning such grants established by the Solid Waste Management Board,

Be it resolved that the _____ Solid Waste Authority endorses and supports such a program as is described in the attached application and the State and Authority's Solid Waste Plans.

Adopted on this _____ day of _____, 2025.

Signature of SWA Chairperson: _____ **Date:** _____

CERTIFICATION

I, the undersigned Secretary of the _____ Solid Waste Authority, hereby certify that the forgoing is a true, correct, and complete copy of the text of a resolution adopted by the _____ Solid Waste Authority, at a meeting held on this _____ day of _____ 2025, after the giving of the required public notice and at which a quorum was present and acting throughout, and which resolution has not been amended, modified, rescinded, repealed, superseded, annulled, revoked, or otherwise altered as of the date hereof.

Dated this _____ day of _____, 2025.

Signature of the SWA Secretary: _____ **Date:** _____



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DRUG FREE WORKPLACE REQUIREMENTS

This certification is required by the Drug Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D) and is implemented through additions to Debarment and Suspension regulations, published in the Federal Register on January 31, 1989.

An organizational applicant certifies that it will provide a drug free workplace by:

- (a.) Publishing a statement notifying employees of the actions that will be taken against employees for violation of such prohibition;
- (b.) Establishing a drug free awareness program to inform employees about:
 - (1.) the dangers of drug abuse in the workplace;
 - (2.) the grantee's policy of maintaining a drug free workplace;
 - (3.) any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4.) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c.) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d.) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1.) abide by the terms on the statement; and
 - (2.) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace not later than five (5) days after such conviction;
- (e.) Notifying the agency within ten (10) days after receiving notice under subparagraph (d.)(2), from an employee or otherwise receiving actual notice of such conviction;
- (f.) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d.)(2), with respect to any employee who is so convicted:
 - (1.) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2.) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g.) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a.), (b.), (c.), (d.), (e.) and (f.).

Place of Performance: The applicant shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Street address	City	County	State	Zip code
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An applicant who is an individual certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in connection any activity with the grant.

This assurance is given in connection with any and all financial assistance from the West Virginia Solid Waste Management Board after the date this form is signed. This includes payments after such date for financial assistance approved before such date. The applicant recognizes and agrees that any such assistance will be extended in reliance on the representatives and agreements made in this assurance, and the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the applicant, its successors, transferees, and assignees, and on the authorized official (or individual applicant, as appropriate) whose signature appears below.

Solid Waste Authority Name: _____

Chairperson Printed Name: _____

Chairperson Signature: _____ **Date:** _____