

### **Application for Funding**

The Perry County Health Department (PCHD), utilizing Construction and Demolition Debris (C&DD) tipping fees received by mandated requirements in the Ohio Revised Code, has established a Community Cleanup and Education Program geared towards local communities, villages, and townships by helping to remove waste materials and known waste nuisances from their jurisdictions. Jurisdiction leaders and constituents will be educated on various waste materials, handling requirements, disposal methods, and associated public health issues that revolve around materials and waste management. In addition, jurisdictions that qualify will receive financial assistance in removing waste materials.

Lead Entities selected to receive the Project Award must provide educational materials regarding Construction and Demolition Debris topics. Educational material must be provided to project leads, associated partners, members of their jurisdiction participating in the project, and at the project site while the project is active. Educational topics must include but are not limited to: Construction and Demolition Debris, C&DD Landfills, public health issues around C&DD, other waste materials, and nuisance prevention. Materials shall be distributed in the form of flyers, emails, articles, banners, signs, posters, handouts, and bulletins (Some combination of 2-3). Educational materials will be provided by the Perry County Health Department for distribution.

Projects involving the demolition, teardown, removal, or cleanup of a structure or property owned by a private individual(s) must be limited to one location address per project. Projects on separate properties or with separate owners must have separate applications.

#### **DISCLAIMERS:**

- The Perry County Health Department's Construction and Demolition Debris Community Clean Up Program is a pilot program designed to help participating communities and residents in the most efficient and responsible way possible. Being a new project, the Perry County Health Department reserves the right to change or alter the project application, process, and/or requirements at any time in order to adhere to responsible laws and practices that benefit the residents of Perry County.
- PCHD can require adjustments to the project to meet allowable funding requirements. The Perry County Health Department reserves the right to require adjustments to the project process/narrative in order to fully meet the funding requirements.
- In a situation where misuse of the awarded funding is discovered and confirmed at the discretion of the Perry County Health Department, the Lead Entity, in addition to all other legal remedies, may be prevented from applying for any or all future funding regarding the program. The Perry County Health Department has final determination in a "misuse of funding" situation.
- By signing this project application and narrative, the Lead Applicant attests that the title to the property was not transferred to the owner of that property for the purpose of avoiding liability for violations of the Ohio Revised Code Section 3714 or rules adopted under it, and that all information supplied in with this application is accurate and truthful.

Our department appreciates your patience in working through this project process.

Respectfully, The Perry County Health Department

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SECTION I: Lead Entit	y or Property Owner Information	CDD Project Number:
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The Lead Entity must be the County, Village or Township or their authorized elected/appointed representative for an agency/department of the County, a Village, or a Township. Lead Entities may delegate work to other individuals or entities but must sign off and accept responsibility for the project. Please list the Lead Entity, their contact person, and any other associated individuals or entities that may participate in the project. REQUIRED: Applicants must submit public meeting documentation, with application, verifying that the elected representative body majority approves the submission of the application on behalf of their jurisdiction. (For example, meeting minutes, resolutions, documented votes showing majority support of the application.) Please list all current elected officials (Lead Entity) for your jurisdiction. (Township Trustees, Mayor, Village Council, County Commissioners)

Project Type: (Select One)	Community Cleanup	Individual Cleanup
	Community Cleanup	
Name of Lead Entity & Other Participants	Community Represented	Phone & Email
	Individual Cleanup	
Property Owner (If Individual Cleanup)	Address of Project	Phone & Email



SECTION II: Project Narrative Please describe your request in detail.	
Project Title: (ex. "New Lexington Spring	g Cleanup" or "345 Main Street Teardown)
Project Title:	
Anticipated Start Date:	End Date:

Please type or write your response below: Sign and Date at the bottom of the narrative.

Attached additional pages if needed.

1. What need are you trying to address? How does your project plan to operate and address your needs? What materials are needed? (Dumpsters, roll offs, equipment). What materials are being removed? Volunteers? Lead Entities may attach any approval documentation needed by the jurisdiction or authoritative entity. (Zoning requirements or approvals, utility disconnections or abandonments)



2. Please describe how your project/initiative will benefit residents of your jurisdiction. **Providing** education regarding Construction and Demolition Debris, landfills, hazards, materials, scrap tires, or other waste materials, is mandatory to qualify for this program. How do you plan to present and distribute educational materials?

If you are applying for an individual cleanup, you must answer the questions below (3-10). If you are only applying for a community cleanup you do not need to answer questions 3-10:

- 3. Was construction and demolition debris placed on the property under either of the following circumstances:
  - a. After the current owner of the property acquired title to it;
  - b. Before the current owner of the property acquired title to it if the owner acquired title to the property by bequest or devise.



4. If yes to question 3, detail the circumstances below. Additional supporting documentation may be included with your application.

5. Did the current owner of the property have knowledge that the construction and demolition debris was being placed on the property? If yes, explain.



6. Did the current owner post property signs prohibiting dumping?
7. Detail below action taken by the owner to prevent the placing of construction and demolition debris on the property. Additional supporting documentation may be included with your application.
8. Did the current owner of the property participate or consent to the placement of the construction and demolition debris on the property? If yes, explain further.
9. Did the current owner of the property receive any financial benefit from the placement of the construction and demolition debris on the property or from having the construction and demolition debris on the property? If yes, explain further.
10. Was the person responsible for the placement of the construction and demolition debris on the property, in placing construction and demolition debris on the property, acting as an agent for the owner of the property? If yes, explain.



 By signing this project application and narrative below, the Lead Applicant attests that the title to the property was not transferred to the owner of that property for the purpose of avoiding liability for violations of the Ohio Revised Code Section 3714 or rules adopted under it, and that all information supplied in with this application is accurate and truthful.

Lead Applicant: (Print)	
Lead Applicant Signature	Date:



### **SECTION III: Funds Requested**

Project funding is capped at \$10,000.00 per project to start. Additional funding or larger requests will be reviewed by the Perry County Health Department for consideration. (**Additional Funds Request Form attached**)

Lead Entities may attach any quotes or estimates to help justify the funding request.

Asbestos Inspection and Abatement Requirement: All dwellings, structures, and buildings being demolished must have a certified asbestos inspection (required) and abatement (if needed). Work must be performed by a certified asbestos inspection/removal company. Documentation and quotes of the inspection and/or removal of asbestos must be submitted prior to release of the funding. (Abatement costs may change and funding may be adjusted accordingly to cover the cost. Inspection cost estimates should be submitted when the application is submitted.) The Perry County Health Department will work with the Lead Entity to make sure this cost is covered during the project.

In the event that funding was unable to be fully spent during the project, the Lead Entity will work with the Perry County Health Department to spend the remaining funds appropriately. **Contact the Perry County Health Department to coordinate spending the remaining funding.** 

Anticipated Items Needed	Amount Requested
Asbestos Inspection and Abatement  Must Be Completed for Demolition/ Individual Projects. Include Company and Quote.	
Total Amount Requested	
Ideas To Spend Unused Funds (Completed by Health De	partment If Needed)
Items Needed	Amount Remaining



### Additional Funds Request Form (Lead Entity keeps, to be submitted later if needed)

Additional funding or larger requests will be reviewed by the Perry County Health Department for consideration. Please provide a detailed description of your additional funding request, including cost estimates, anticipated work, and estimated timeframe for completion.

Anticipated Items Needed	Amount Requested
Date Additional Funding Needed By:	

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**SECTION IV: Final Report** (Lead Entity keeps, submit after project completion)

Project Title:	
Project Dates:	
Final Project Expense Amount:	
Education Provided: Amount/Type/Means of Distribution:	

**Final Narrative:** (Any additional information about the project, participants, concerns, highlights, or achievements. Include final pictures of the project site or community cleanup). Please type or write your response below or attach a separate narrative.

#### THINGS TO CONSIDER FOR THE PROJECT NARRATIVE

- How will you generate volunteers or assistance?
- How will you distribute flyers and display educational information?
- Who will keep track of the project from beginning to end? Notes, pictures, and finances.
- Where will the cleanup work best or benefit the greatest number of people?



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### **C&DD Community Cleanup and Education Program Funding Guidelines**

The goal of this project focuses on helping local jurisdictions address material and waste accumulation issues that revolve around construction and demolition debris as well as other waste materials. Nuisance removal and litter / debris control will be the primary focus of this project, preventing future or ongoing public health issues.

Projects separated into two categories:

Community Cleanup (litter, illegal disposal of C&DD, open dumping,

spring cleaning day Individual Cleanup (blighted housing, illegal

disposal of C&DD, open dumping, nuisance)

Individual Cleanup projects may take more coordination and time depending on the scope of the project. Please follow all guidelines for funding use appropriately. Please coordinate with the Perry County Health Department for guidance. <a href="Individual Cleanup projects shall comply with Ohio">Individual Cleanup projects shall comply with Ohio</a> Revised Code Section 3714.074 Section 3714.07 - Ohio Revised Code | Ohio Laws, and shall be addressed in Section II: Project Narrative.

#### PROGRAM FUNDS MUST NOT BE USED FOR:

- General administrative costs
- Marketing of project site(s)
- Litigation expenses
- Property taxes
- Property tax delinquencies
- · Property insurance premiums
- Payment of delinquent utility costs
- Post-demo property maintenance including mowing
- Costs incurred prior to the grant period
- Worker / labor for cleanup (Time should be volunteer or donated)
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building
- Lobbying
- Contingency Funds-you can't save it for later
- Renting equipment-like a monthly "rent" for a piece of equipment, or financing
- Food
- Entertainment-you can't use the money to have a 4<sup>th</sup> of July celebration or to sponsor a festival.

#### **EXAMPLES OF ITEMS PROGRAM FUNDS COULD SUPPORT (this list is not inclusive)**

#### **Eligible Pre-Demolition Costs**

- Interior and exterior debris removal and disposal (including open dumping, illegal dumping, C&DD, Solid Waste, discarded tires, litter, scrap/recycle)
- Environmental assessments Asbestos surveys (if required by OEPA)



Removal and/or filling/capping of septic systems and wells (permit required by PCHD

#### **Eligible Demolition and Cleanup Costs**

- Removal and disposal of asbestos (demolition only)
- Demolition of buildings including disposal, backfill, and compaction
- Removal and/or filling/capping of septic systems and wells (permit required by PCHD)
- Removal of additional exterior or interior dumping of debris prior to demolition
- Documented, labor (demolition only), material (only if needed), or equipment costs (only if hand labor is not possible) associated with demolition only (Subrecipient / Contractor or Lead Entity only)

#### **Eligible Post-demolition Costs**

- Site restoration (grading, seeding, erosion / run off prevention) (Tear Down Only)
- Removal and/or filling/capping of septic systems and wells (permit required by PCHD) (Demolition only)
- Posting "No Dumping" signs to prevent further illegal disposal

DISCLAIMER: The Perry County Health Department reserves the right to change any eligible cost to stay in compliance with the use of the C&DD funding according to the Ohio Revised Code. Project costs must focus on disposal and demolition only and the immediate cost requirements for those activities only.

It will be the responsibility of the Lead Entity to assure that the funding is used according to the law once the funds have been released.



### \*\*FOR HEALTH DEPARTMENT USE ONLY\*\*

Date application received:	Date PCHD Reviewed:
Determ	ination:
Fund project Amount:	Do not fund project Reason:
Date award confirmed with lead entity:	Date funds sent to receiving lead entity:
Additional Funds Request:	
Amount:	Date needed:
Reason for additional funds:	
Release date of additional funds:	Lead entity contact: