

**Household  
Hazardous  
Materials  
Education and  
Awareness Grants**

**Application and  
Guidance**

**2018**

**Iowa Department of Natural Resources  
Kayla Lyon, Director**



**SAFE, SMART,  
SOLUTIONS FOR IOWA**



Land Quality Bureau  
Wallace State Office Building  
502 East 9<sup>th</sup> Street  
Des Moines IA 50319

## INTRODUCTION

### Policy Statement

It is the policy of this state to educate lowans regarding the hazardous nature of certain household products, proper use of the products, and the proper methods of disposal of residual product in order to protect the public health, safety, and the environment.

### Household Hazardous Materials (HHMs) Education and Awareness Grant

HHM products make our lives easier. However, these products require special care when using, storing and disposing of residual product. Non-hazardous products serving the same purpose as HHM products are finding their way to retail shelves in ever increasing quantity and variety. The purpose of the HHM Education and Awareness Grant Program is to raise lowans' awareness of these concerns and provide opportunities for HHM education.

### What are Household Hazardous Materials (HHM)?

Household hazardous materials (HHMs) are substances categorized by the US Environmental Protection Agency (EPA) as:

- ◆ corrosive - destroys human tissues or corrode metal;
- ◆ flammable - easily ignitable;
- ◆ toxic - poisonous; or
- ◆ reactive - reacts violently when exposed to heat, sudden shock, pressure or other chemicals.

HHMs include but are not limited to:

- ◆ cathode ray tubes (CRT)
- ◆ motor oils and oil filters
- ◆ fluorescent bulbs and tubes
- ◆ gasoline/diesel fuel and additives
- ◆ degreasers waxes and polishes
- ◆ solvents
- ◆ paints (except latex-based paint)
- ◆ lacquers and thinners
- ◆ caustic household cleaners
- ◆ spot and stain removers (petroleum based)
- ◆ pesticides

### HHM Education and Awareness Grant Applications

Proposed projects must have as their primary focus, raising the awareness of the public about HHMs or providing education regarding HHM's. Suggested projects may include:

1. How to identify HHM products and what concerns are related to HHM products;
2. Better choices/safer alternatives to HHMs;
3. Proper purchase, use, storage, and disposal options;
4. Increase awareness of locations and activities of Regional Collection Centers – facilities accepting unwanted HHMs for reuse and proper disposal;
5. HHM Educational videos or games or
6. Other projects that will support the goals and objectives of this program.

## GENERAL INFORMATION

### Funding Amounts

Awards are available up to \$5,000 per applicant.

### Applications

Applications must be made to the Land Quality Bureau using the forms provided.

Applications for HHM Education and Awareness projects will be accepted until midnight on **March 22<sup>nd</sup>**.

Although priority will be given to projects that can be completed in the Spring of 2017, all applications will be evaluated on the quality of the application and its relevance to the goals and objectives of the HHM program.

**An original signed proposal must be submitted.** Mailed or emailed applications are acceptable. (If emailing please sign before sending) Facsimiles of the completed application **are not** acceptable. Applications are not guaranteed funding and financial assistance offers may be less than the full amount requested. The Department may offer a reduced award if it is determined that the applicant could implement the project at a reduced level of financial assistance and still achieve project objectives and this program's goals.

Only completed applications will be considered. Unsuccessful applications will not be returned. The Department reserves the right to verify any information presented in the application and to determine the applicant's compliance with applicable statutes and regulations of the State of Iowa.

For questions or assistance, contact:

Kathleen L. Hennings  
Environmental Specialist Sr.  
Iowa Department of Natural Resources  
502 East 9th Street  
Des Moines, IA 50319  
(515) 229-6692  
[Kathleen.hennings@dnr.iowa.gov](mailto:Kathleen.hennings@dnr.iowa.gov)

### **Eligible Applicants**

Eligible applicants include any unit of local government, public or private group, business, or individual with an interest in proper management of household hazardous materials in Iowa. Eligible applicants must be in compliance with all applicable state and federal statutes and regulations at the time applications are submitted to the Department.

If an applicant is selected to receive financial assistance through this program, the financial assistance offer may, at any time, be rescinded if it is determined that the applicant is out of compliance with applicable statutes and regulations of any Federal or State agency.

### **Application Review and Selection Process**

A three-person committee composed of Land Quality Bureau staff reviews applications. The review team evaluates each application based on how well the applicant addresses: (1) the evaluation criteria identified in this application booklet, (2) the completeness of all applicable application forms, and (3) the completeness of required supporting documentation. Application review and selection process is conducted as follows:

- ◆ Review team members individually evaluate applications received by the established deadline.
- ◆ Review team members meet to discuss each application. If an application is determined to be incomplete, the review team may reject the application. A list of recommended projects is forwarded to the Bureau Chief of the Land Quality Bureau.
- ◆ Recommendations are finalized, applicants are notified, and contract negotiations begin.
- ◆ Applicants not selected for financial assistance are notified as soon as possible after award decisions are made.

### **Agreement Requirements and Award Disbursement for Selected Applicants**

The Department and the selected applicant shall enter into a written agreement. The length of the agreement varies depending on the project being implemented. The recipient agrees to provide project updates and a final report. Project management guidelines are provided in the agreement. Reporting requirements include, but are not limited to; project expenditures, activities, and accomplishments. All information gained through the project is public information.

Grant funds are awarded on a **reimbursement basis** after a correctly completed Grant Expense Sheet and supporting documentation are received by the Department. The Department issues reimbursement payments to the applicant only.

Project costs incurred prior to an executed agreement for which reimbursement is sought, are ineligible for funding and only items identified in the agreement budget are eligible for funding.

## APPLICATION INSTRUCTIONS

Forms, narratives, and supporting documentation must be submitted in the format and order as presented in the evaluation criteria in this booklet.

Please be clear and concise yet as thorough as necessary when completing the application. The applicant is responsible for providing all required information.

- Funding Limits: HHM General Awareness Grants may fund up to \$5,000 of the total project cost.
- Eligible Costs: Eligible costs for reimbursement include, but are not limited to the following: supplies directly related to the project, media promotion, development and distribution of Education and Awareness materials, planning and presentation for educational forums or to informational groups when topic is directly related to the implementation and operation of the project.
- Ineligible Costs: Ineligible costs for reimbursement include, but are not limited to the following: construction, building purchase, remodeling costs, transportation expenses or salaries, rent, taxes, vehicle registration, interest payments, overhead expenses, indirect costs, legal costs, contingency funds, office equipment, application preparation, contractual project administration, land acquisition, and insurance premiums.

Costs for which payment has or will be received under another state, federal, local or private financial assistance program are ineligible costs. Items previously purchased or constructed for which payments continue to be made are not eligible for funding.

**FORM A**

**APPLICATION COVER SHEET  
HOUSHOLD HAZARDOUS MATERIALS EDUCATION AND AWARENESS GRANT**

Project Title: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Amount of Funding Requested: \$ \_\_\_\_\_

Amount of Local Cost Share Committed (Do Not include in-kind match): \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Project Description:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

# FORM B

## PROJECT NARRATIVE HOUSHOLD HAZARDOUS MATERIALS EDUCATION AND AWARENESS GRANT

Please answer fully as the responses below will be used in evaluating your proposal.

1. Describe the proposed project:

2. Who will the project serve?

a. Project service area:

b. Targeted population:

3. Project objective (overall desired project accomplishment):

4. Project goals (actions to reach objective):

5. How project goals will be:

a. Obtained (describe *actions* that will lead to accomplishment of the goals)

b. Measured (describe *tools* that will verify achievement of the goals)

c. Sustained (describe *methods* that will sustain the **project** and **goals**)

6. Describe project deliverables for the project service area and statewide.

7. Describe project staff experience and role as related to project.

# FORM C

## PROJECT TIMETABLE HOUSHOLD HAZARDOUS MATERIALS EDUCATION AND AWARENESS GRANT

Applicant Name: \_\_\_\_\_

Project Beginning Date: \_\_\_\_\_ Project Ending Date: \_\_\_\_\_

This timetable should account for planning, implementation and measurement phases of the proposed project. Funds are distributed on a reimbursement basis.

Task or Activity	Beginning Date For Each Task	Ending Date For Each Task	Group/Person Responsible



# FORM D

## BUDGET SUMMARY SHEET HOUSHOLD HAZARDOUS MATERIALS EDUCATION AND AWARENESS GRANT

Applicant Name: \_\_\_\_\_

Item & Quantity	DNR Request	Local Share	Total Cost

**Note:** Applicants must include a budget narrative that details the purpose/function of each specific budget line item.



## Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

**Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).**

- The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project

Indicate which group/groups are impacted:

- |  |   |
|--|---|
| <input type="checkbox"/> Women                     | <input type="checkbox"/> Pacific Islanders        |
| <input type="checkbox"/> Persons with a Disability | <input type="checkbox"/> American Indians         |
| <input type="checkbox"/> Blacks                    | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Latinos                   | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Asians                    |   |

- The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group/groups are impacted:

- |  |   |
|--|---|
| <input type="checkbox"/> Women                     | <input type="checkbox"/> Pacific Islanders        |
| <input type="checkbox"/> Persons with a Disability | <input type="checkbox"/> American Indians         |
| <input type="checkbox"/> Blacks                    | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Latinos                   | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Asians                    |   |

- The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

## Definitions

“Minority Persons”, as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability”, as defined in Iowa Code Section 15.102, subsection 5, paragraph “b”, subparagraph (1):

*b.* As used in this subsection:

(1) *“Disability”* means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

*“Disability”* does not include any of the following:

(a) Homosexuality or bisexuality.

(b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.

(c) Compulsive gambling, kleptomania, or pyromania.

(d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

“State Agency”, as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.