



Local Government Funding Authorization Form

Instructions: Local governments are required to identify to DEQ any and all service providers or other entities that are authorized to receive compensation directly from a producer responsibility organization on behalf of the local government, pursuant to ORS 459A.890.

For each of the five categories of PRO compensation, local governments may choose to authorize all, some, or none of the compensation. This form should be filled out by a representative of the local government with the authority to make funding decisions.

Please refer to the Funding Authorization Process Factsheet and Instructions for more information and instructions, including additional details about funding authorization types, eligible expenses, regional DEQ staff contact information, planning process assistance, and next steps for local governments.

Local Government Funding Authorization

1.	Local Government:	Columbia County	
		<i>City or County</i>	
2.	Authorized Contact Person*:	Jacob Anderson	Solid Waste Coordinator
		<i>Print first and last name</i>	<i>Title</i>
2.a	Contact Information:	jacob.anderson@columbiacountyor.gov	(971) 203-8121
		<i>Email</i>	<i>Phone</i>

3. Do you authorize one or more service providers or other entities to receive advanced funding or reimbursement for eligible expenses from a producer responsibility organization pursuant to ORS 459A.890? Indicate your response for EACH Funding Category on the second page of this form using the drop downs.

Authorization Instructions

Full Authorization means:

- (1) You are authorizing one or more service providers and/or other entities to receive **ALL** eligible compensation in that funding category directly from a PRO on behalf of your local government; and
- (2) Your local government will **not retain any** eligible compensation in that funding category.

After selecting **Full Authorization** for a funding category, complete Authorized Service Providers or Other Entities below, complete the Authorizations Form on Tab 2, and generate all Service Provider Forms on Tab 3.

Partial Authorization means:

- (1) You are authorizing one or more service providers and/or other entities to receive **some** of the eligible compensation in that funding category directly from a PRO on behalf of your local government; and
- (2) Your local government will retain **some** of the eligible compensation in that funding category and will be responsible for distributing funding to any other entities incurring eligible costs. *Please note that all PRO funding must be distributed to the entity that incurs eligible costs.*

After selecting **Partial Authorization** for a funding category, complete Authorized Service Providers or Other Entities below, complete the Authorizations Form on Tab 2, and generate all Service Provider Forms on Tab 3.

No Authorization means:

Your local government is **retaining all** eligible compensation in that funding category and will be responsible for distributing funding to any other entities incurring eligible costs. *Please note that all PRO funding must be distributed to the entity that incurs eligible costs.*

If selecting **No Authorization** for all categories, sign at the bottom of this form where indicated and submit only this completed form to the DEQ.

* 2 - A PRO is required to notify a local government in writing any time a payment is made to an authorized service provider or other entity. Please specify the authorized contact person that should receive these notifications from a PRO. (ORS 459A.890 (10)).

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No.	Authorization	Funding Categories
1.	Full Authorization	Transportation: Includes the cost to receive, consolidate, load and transport covered products to the appropriate destination as detailed in OAR 340-090-0770.
2.	Full Authorization	Contamination Evaluation: The costs of periodically evaluating the quality and contamination of collected materials at a location other than a commingled recycling processing facility, pursuant to ORS 459A.929 and OAR 340-090-0810.
3.	Partial Authorization	Contamination Reduction Programming: The costs of contamination reduction programming required by ORS 459A.929.
4.	Full Authorization	Recycling Service Expansion Identified in the Needs Assessment: Funding for on-route expansion including equipment, staffing, and location development, and for recycling depot start-up and operational costs according to OAR 340-090-0800.
5.	Full Authorization	Post-Consumer Recycled Content in Collection Containers: The costs of complying with ORS 459A.908, to the extent that the use of at least 10% post-consumer recycled material is more expensive than the lowest priced alternative.

Local Government Instructions: Use this form to list the service providers or other entities that you are authorizing to receive funding from a PRO directly. This information will populate fields in the remaining forms on tabs 2 and 3. Use additional forms if needed (Tab 1.A - Add'l Forms).

Authorized Service Providers or Other Entities				
No.	Registered Business Name	Applicable Service Area[s]	Contact Email	Contact Phone
1	Waste Connections of Oregon, Inc. dba Hudson Garbage Service, Rainier, Clatskanie, St Helens	Rainier, Clatskanie, St Helens	kanale.tumlinson@wasteconnections.com	(971) 328-2277
2	Waste Management of Oregon, Inc., Vernonia, Scappoose	Vernonia, Scappoose	dhuber@wm.com	(503) 849-2310
3				
4				
5				
6				
7				
8				

By signing this document you certify that the authorizations contained within are made in good faith cooperation with all parties, that all parties understand and acknowledge the rules and statutes for receiving funding from a PRO, and that your local government is responsible for distributing retained PRO funding to the entity that incurs eligible costs.

Authorized Local Government Official	<div style="background-color: #e0f0e0; height: 20px; margin-bottom: 5px;"></div> _____ <i>Print first and last name</i>	<div style="background-color: #e0f0e0; height: 20px; margin-bottom: 5px;"></div> _____ <i>Title</i>
	_____ <i>Signature</i>	_____ <i>Date</i>