ACCREDITATION COUNCIL
OF THE
AMERICAN PUBLIC WORKS ASSOCIATION

APPLICATION
FOR
VOLUNTARY ACCREDITATION

Public Works Management Practices Manual - Tenth Edition

Identify if your agency is applying for initial Accreditation ☑ or Re-Accreditation ☐

Agency Name: * City of Saginaw, Texas

*An entire operating division of a public works agency can apply for accreditation if it is a separate, semi-autonomous unit of government.

Street Address: 305 Brenda Lane

City: Saginaw State: Texas Zip: 76179

Mailing Address: _____

(if different from street address)

City: _____ State: _____ Zip: _____

- Parent Agency's Chief Executive Officer: Gabriel Reaume

Title: City Manager

- Public Works Agency's Chief Executive: Ricky Trice

Title: Public Works Director

Phone: 817. 230-0449 FAX: 817. 232-9868 E-Mail rtrice@saginawtx.org

APWA Member? ☑ -- Yes, I.D. Number 850175 ☐ -- No

- Public Works Agency's Accreditation Manager: Ricky Trice

Title: Public Works Director

Phone: 817. 230-0449 FAX: 817. 232-9868 E-Mail rtrice@saginawtx.org

APWA Member? ☑ -- Yes, I.D. Number 850175 ☐ -- No

Did you or someone from your office attend a workshop? ☑ Yes ☐ No

The applying agency is responsible for the Functional Areas, which are checked on the reverse side of this application form. The agency is responsible for addressing all recommended practices in the Functional Areas for which the public works agency has responsibility. Each area is covered by a separate chapter in the *Public Works Management Practices Manual* and forms the basis for fees charged for the accreditation process.

We hereby apply for voluntary accreditation by the Accreditation Council of the American Public Works Association. By this application, the agency acknowledges its commitment to accreditation and is willing to devote the resources necessary to complete the accreditation process. The agency is prepared to provide such information necessary for the Council to fairly evaluate the agency's eligibility for accreditation.

In addition, the agency, by execution of this application, agree to follow the processes as defined in the Accreditation Process Guide, including the biennial report.

Executed this ____ day of September, 2020.

By: _____, Title: City Manager

Gabe Reaume

(typed or printed name)

Forward **2 copies** of signed accreditation agreement, application, and statement of support from chief administrative officer and payment information to: APWA Accreditation Program, 1200 Main Street, Suite 1400, Kansas City, MO 64105.

Rev 4/2020

DETERMINATION OF FEES AND APPLICABLE FUNCTIONAL AREAS

Which of the following functions does your agency administer, manage, or provide services - either directly or through a contractor or outside vendor? The agency must indicate a chapter as YES (Applicable) if they take the lead responsibility of 50% or more of the practices. If the agency is responsible for less than 50% of the practices, the chapter may be marked as NO (Not Applicable) with an explanation way. When chapters are not 100% applicable, provide the practice number(s) in the Comments column of those which do apply to the agency.

FUNCTIONAL AREA (Chapter Number)	*YES*	*NO*	REASON FOR NON-RESPONSIBILITY OR COMMENTS
Chapter 1-10	X		Required for all agencies
Infrastructure Planning (11)	x		
Building Code Enforcement (12)	x		
Engineering Management (13)	x		
Bid Process (14)	x		
Construction Management (15)	x		
Right-of-Way Management (16)	x		
Utility Coordination (17)	x		
Facilities Management (18)	x		
Equipment and Fleet Management (19)	x		
Parks, Grounds, and Forestry (20)	x		
Solid Waste Management (21)		x	
Solid Waste Collection (22)		x	
Solid Waste Recycling and Reuse (23)		x	
Solid Waste Disposal (24)		x	
Street Maintenance (25)	x		
Street Cleaning (26)	x		
Snow and Ice Control (27)	x		
Stormwater and Flood Management (28)	x		
Vector Control (29)	x		
Potable Water Distribution System (30)	x		
Water Treatment (31)		x	
Wastewater Collection and Conveyance (32)	x		
Wastewater Treatment and Disposal (33)		x	
Traffic Operations (34)	x		
Parking (35)	x		
Cemeteries (36)		x	
Airports (37)		x	
Transit Operations (38)		x	
Bridges (39)	x		
Beach Management (40)		x	
TOTALS (number of YES and NO, Chapters 11-40)	21	10	Yes and No columns must equal 31

Fees for accreditation are as follows: All applicants are responsible for Chapters 1 through 9 in the *Public Works Management Practices Manual*, regardless of functional responsibilities. Excludes on-site assessment costs, instructional and reference materials, subscriptions, consulting, or other services purchased directly from the American Public Works Association.

Each functional area is represented by a separate chapter in the manual. Conversely, each chapter will be counted as a functional area for determining accreditation fees.

Part A: Base Fee by Agency Population (2014 Census Data)

Select Appropriate Box	POPULATION		Amount
	Under 10,000	$2,750	
	10,001 to 25,000	$3,750	3750
	25,001 to 50,000	$7,750	
	50,001 to 100,000	$10,250	
	100,001 to 250,000	$13,750	
	250,001 to 500,000	$15,250	
	500,001 to 1,000,000	$17,750	
	More than 1,000,000	$20,250	
	Subtotal Base Fee		$ 3750

Part B: Functional Area Fee (Added to the Base Fee)

	FUNCTIONAL AREAS		Amount
	Each additional chapter (chapters 11 through 40)	$200 each	$ 4200
	Subtotal Functional Area Fee		$

Initial Accreditation Total Fee (Base plus Functional Area Fee) $ 7950

OR

Re-Accreditation Total Fee (Base plus Functional Area Fees, divide by 2) $ _____



APWA Accreditation – Model Practice(s) Release Form

During your Accreditation or Re-Accreditation site visit, Model Practices may be selected with the intent to share with outside agencies as they work through the self-assessment process. The selected model practices will be made available on APWA's website with members-only access.

By completing the signature block below, you are giving APWA permission to post your Model Practices and all supporting documents to APWA's website in a members-only area.

☑ I have read and understand the terms outlined above and give permission to APWA to post the agency's Model Practices and supporting documentation to APWA's website.
(box must be checked)

Agency Name: Saginaw Texas Public Works Department

Full Name:_____ Date: September __, 2020

Please return this signed and dated form with your application and agreement.