

**STARK-TUSCARAWAS-WAYNE  
JOINT SOLID WASTE MANAGEMENT DISTRICT**

**FY2018 PROGRAM STARTUP GRANT**

**Grant Application Instructions**

1. Complete grant application and attach any applicable information requested.
2. Submit the completed application by one of the following methods (**Applications must be postmarked no later than Sunday, April 1, 2018**):

E-mail:           tiffany@timetorecycle.org  
Mail:             Stark-Tuscarawas-Wayne Joint Solid Waste Management District  
                      Attn: Tiffany Hupp  
                      9918 Wilkshire Boulevard N.E.  
                      Bolivar, Ohio 44612  
Fax:             330-874-2449 – Attn: Tiffany Hupp

**(Please Retain a Copy of Your Application for Your Records)**

3. If the grant funding request is approved, all grantees will be required to enter into a grant agreement with the District.

***If you have any questions, please contact Tiffany Hupp, Administrative Coordinator, at 1-800-678-9839.***

## Grant Application Checklist

The following items are required to complete the grant application. Check the corresponding box as each item is completed. Please submit a "checked" copy of the checklist with your completed grant application.

- Grant Application Cover Sheet**  
Complete all sections.
  
- Project Narrative**  
Detailed summary of the proposed Project.
  
- Project Expense Budget**  
Expense budget should equal or exceed amount of grant requested.
  
- Project Revenue Budget**  
Revenue budget should equal or exceed total expense budget.
  
- Recycling Profile**  
Detailed summary of recycling efforts.
  
- Application Certification**  
The certificate is signed and dated by an individual authorized by the governing or corporate body of the Applicant to represent the Applicant in both requesting and accepting grant funds.

# FY2018 PROGRAM STARTUP GRANT

## Grant Application Cover Sheet

DATE OF APPLICATION	COUNTY		
APPLICANT NAME <i>(City, Village, or Township name)</i>	CHIEF EXECUTIVE OFFICIAL <i>(Mayor, Council/Board President name)</i>		
MAILING ADDRESS	CITY	STATE	ZIP
		Ohio	
PHYSICAL ADDRESS <i>(if different from above)</i>	CITY	STATE	ZIP
		Ohio	
MAIL ALL GRANT CHECKS TO ATTN TO ADDRESS	CITY	STATE	ZIP
		Ohio	
PRIMARY CONTACT PERSON	SECONDARY CONTACT PERSON		
TELEPHONE	TELEPHONE		
FAX	FAX		
E-MAIL	E-MAIL		
AMOUNT OF GRANT REQUESTED			

# PROJECT NARRATIVE

The narrative should describe the nature of the Project and how it will be implemented, when and where the Project will take place, and who will carry out the Project. Please include in your narrative the name of the entity or business that collects recyclables generated by the Project. (Use additional sheets if needed.)

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## **PROJECT EXPENSE BUDGET**

Please provide details of the total proposed budget for your Project using the blank lines below. Examples of items you may detail include contracted service costs to implement the Project, capital expenses (equipment, containers, fencing, cameras, etc.) as well as other costs associated with the operation of the recycling or yard waste program as they relate to your Project. **Please attach quotes/estimates to substantiate listed expenses.**

Item	Proposed Expense
<b>TOTAL PROJECT EXPENSE BUDGET:</b>	

## **PROJECT REVENUE BUDGET**

Please provide details of your proposed Project funding sources using the blank lines below. Examples of items you may detail include private contributions (monetary or in-kind), public revenues (local, state or federal), income, and grant funding (including the amount requested from the District).

Item	Proposed Revenue
<b>TOTAL PROJECT REVENUE BUDGET:</b>	

## RECYCLING PROFILE

Does your organization/office have an active recycling program?                      Yes                      No

If not, are you interested in implementing a recycling program?                      Yes                      No

Please provide any information about any other recycling opportunities the Applicant participates in or offers to residents, any recycling promotional efforts made on behalf of the Applicant, or any other relevant items not addressed in this application that might help. (Use additional sheets if needed.)

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## APPLICATION CERTIFICATION

The undersigned certifies that he or she is authorized by the governing or corporate body of the Applicant to represent the Applicant in both requesting and accepting the proposed grant funds and to the best of his or her knowledge the information contained in this application is correct.

The undersigned acknowledges that, should the proposed grant funding be approved, the Applicant will be required to enter into a funding agreement with the Stark-Tuscarawas-Wayne Joint Solid Waste Management District. The funding agreement between the District and grantee will be effective for twelve months from the date the agreement is entered into.

<b>Name of the Authorized Representative</b>	<b>Title of the Authorized Representative</b>	<b>Date</b>

FOR OFFICE USE ONLY		
<b>Approved By</b>	<b>Funding Amount Approved</b>	<b>Date</b>