

FY2016

**Stark-Tuscarawas-Wayne
Joint Solid Waste Management District**

**GRANT APPLICATION INSTRUCTIONS
(Recycling Drop-Off Clean-Up/Host Community Grant Application)**

1. Complete grant application and attach all applicable information requested in footnotes.
2. Submit the completed application by one of the following methods:

E-mail: district@timetorecycle.org

Mail: Stark-Tuscarawas-Wayne Joint Solid Waste Management District

Attn: David Held

9918 Wilkshire Boulevard N.E.

Bolivar, Ohio 44612

Fax: 330-874-2449 – **Attn: David Held**

3. If the grant funding request is approved, all grantees will be required to enter into a grant agreement with the District in which each grantee will be responsible for providing the fiscal and technical reports, in an electronic format, on a quarterly basis. The District will provide each grantee with a user account and password to file reports electronically in Re-TRAC, a District database accessed via the internet. Reports are due 30 days following the end of each calendar quarter (1st Quarter due April 30, 2016, 2nd Quarter due July 31, 2016, 3rd Quarter due October 31, 2016, and 4th Quarter due January 31, 2016). The District will only accept late reports if prior written approval has been obtained by the grantee from the District. Reports submitted late without prior written approval may result in nonpayment of the grant funding.

If you have any questions, please contact David Held, Executive Director, at 1-800-678-9839 M-F from 8:00 a.m. to 4:00 p.m.

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**Stark-Tuscarawas-Wayne
Joint Solid Waste Management District**

**GRANT APPLICATION COVER SHEET
(Recycling Drop-Off Clean-Up/Host Community Grant)**

Please print neatly or type.

DATE: _____

COUNTY: _____

PROPOSED PROJECT PERIOD START DATE: _____ **END DATE:** _____

APPLICANT NAME: _____

LOCATION OF RECYCLING DROP-OFF SITE: _____

(Please include the name of the township or village)

PRIMARY CONTACT PERSON: _____

TELEPHONE: _____ **FAX:** _____

E-MAIL: _____

***MAILING ADDRESS:** _____

CITY, STATE, & ZIP: _____

SECONDARY CONTACT PERSON: _____

TELEPHONE: _____ **FAX:** _____

E-MAIL: _____

*** PLEASE NOTE:** The address listed should be the **remit to** address that grant payments will be mailed to.

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 automatically renew for one year at the same rate(s) and conditions unless a change in funding is communicated to the grantee by the District.

The funding agreement will require the submission of documentation relative to the use of grant funds, including quarterly fiscal and technical reports detailing the operation of the program or project. All quarterly reports will be filed electronically using Re-TRAC, a District database accessed via the internet.

Name of the Authorized Representative

Title of the Authorized Representative

Date

<u>For Office Use Only:</u>	
Approved By: _____	Approval Date: _____