

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

FY2016

**GRANT APPLICATION INSTRUCTIONS
(Program Start-up Grant)**

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

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

3. Included among the goals of the Stark-Tuscarawas-Wayne Joint Solid Waste Management District are the following:
 - Goal 1: Ensure the availability of reduction, recycling, and minimization alternatives for municipal solid waste
 - Goal 2: Reduce and/or recycle at least 25% of the residential/commercial solid waste and 66% of the industrial solid waste generated in the District
 - Goal 3: Provide informational and technical assistance on source reduction
 - Goal 4: Provide informational and technical assistance on recycling, reuse, and composting opportunities
 - Goal 5: Strategies for scrap tires, yard waste, lead-acid batteries and household hazardous wastePlease address how your project will help the District meet the goals stated above in the project narrative section of the application.
4. 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 David Held, Executive Director, at 330-874-2258 or 1-800-678-9839 (toll-free) from 8:00a.m. to 4:00p.m., Monday through Friday.

GRANT APPLICATION CHECKLIST

(Program Start-up Grant)

The following items are required to complete the grant application. Check the corresponding blank space 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 program/project

_____... **Background Information**

Complete all applicable information

_____... **Budget Details (2 pages)**

Budget details should equal all proposed grant and matching funds. Provide all applicable footnote information as requested.

_____... **Program Funding Sources**

Total funding sources for all expenditures should equal total program 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.

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

FY2016

GRANT APPLICATION COVER SHEET

(Program Start-up Grant)

Please print neatly or type.

DATE: _____

COUNTY _____

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

APPLICANT NAME: _____

CHIEF EXECUTIVE OFFICER: _____

CONTACT PERSON: _____

TELEPHONE: _____ **FAX:** _____ **E-MAIL:** _____

***MAILING ADDRESS:** _____

CITY, STATE & ZIP: _____

NAME OF PROGRAM/PROJECT: _____

ADDRESS (if different from applicant): _____

2016 TOTAL PROGRAM BUDGET \$ _____

AMOUNT OF GRANT REQUESTED \$ _____

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

BACKGROUND INFORMATION

County, City, Township or Village Population _____

Number of Households _____

Area(s) Served by this Program/Project _____

Population Served by this Program/Project _____

Number of Employees or Volunteers that are directly involved in this Program/Project
(Please specify paid employees or volunteers) _____

Days and Hours of Operation _____

To avoid duplication of numbers and assist the District in the correct and accurate filing of recycling numbers to the Ohio EPA, please provide the total tonnage recycled in the first half of 2015 (January 1 – June 30).

Total Tonnage Recycled in the first half of 2015: _____

The District also needs to be aware of any amount paid out for recycled materials in the first half of 2015 (January 1 – June 30), if applicable.

Total Amount Paid Out for Recycled Materials in the first half of 2015 (if applicable): _____

BUDGET DETAILS

<u>ITEMS</u>	2015 Program/Project <u>Budget</u>	2016 Program/Project <u>Budget</u>
I. Personnel		
A. Salaries	_____	_____
B. Benefits	_____	_____
Total Personnel	_____	_____
II. Supplies		
A. General Administration Supplies	_____	_____
B. Vehicle Fuel, Supplies & Parts	_____	_____
C. Printed Materials & Information	_____	_____
D. Other Supplies ¹	_____	_____
Total Supplies	_____	_____
III. Purchased & Contracted Services		
A. Communication & Publicity	_____	_____
B. Insurance	_____	_____
C. Professional Services	_____	_____
D. Property Maintenance, Repair & Security	_____	_____
E. Rents/Leases	_____	_____
F. Travel & Meeting Expenses	_____	_____
G. Utilities	_____	_____
H. Other Purchased & Contracted Services ²	_____	_____
Total Purchased & Contracted Services	_____	_____

1. Itemize on a separate sheet

2. Itemize on a separate sheet

<u>ITEMS</u>	2015 Program/Project <u>Budget</u>	2016 Program/Project <u>Budget</u>
IV. Capital Expenses³		
A. Building	_____	_____
B. Building Improvements	_____	_____
C. Equipment	_____	_____
D. Furniture	_____	_____
E. Land	_____	_____
F. Vehicles	_____	_____
G. Other Capital Expenses	_____	_____
 Total Capital Expenses	_____	_____
 Total I. Personnel	_____	_____
Total II. Supplies	_____	_____
Total III. Purchased & Contracted Services	_____	_____
Total IV. Capital Expenses	_____	_____
 Total Program Budget	_____	_____

3. Provide a brief explanation regarding the specific purpose of each proposed capital expense in the blank space above or on a separate sheet.

PROGRAM FUNDING SOURCES
(Proposed Revenues) FY2016

<u>I. Non-Capital Expenses</u>	<u>Dollars</u>	<u>%</u>
A. Private Contributions		
1. In-Kind (value of)	\$ _____	_____ %
2. Money	\$ _____	_____ %
B. Public Revenues		
1. Local Government	\$ _____	_____ %
2. State of Ohio	\$ _____	_____ %
3. Federal Programs	\$ _____	_____ %
C. Income	\$ _____	_____ %
D. District Grant (Amount Requested)	\$ _____	_____ %
Total Funding Sources for Non-Capital Expenses	\$ _____	_____ %

<u>II. Capital Expenses</u>	<u>Dollars</u>	<u>%</u>
A. Private Contributions		
1. In-Kind (value of)	\$ _____	_____ %
2. Money	\$ _____	_____ %
B. Public Revenues		
1. Local Government	\$ _____	_____ %
2. State of Ohio	\$ _____	_____ %
3. Federal Programs	\$ _____	_____ %
C. Income	\$ _____	_____ %
D. District Grant (Amount Requested)	\$ _____	_____ %
Total Funding Sources for Capital Expenses	\$ _____	_____ %

Total Funding Sources for All Expenses	\$ _____	_____ %
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Total Funding Sources for All Expenses should equal the 2016 Total Program Budget (from pages 1 & 5)

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 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.

Name of Authorized Representative *(Please Type or Print)*

Title of Authorized Representative *(Please Type or Print)*

Signature

Date

For Office Use Only:

Approved By: _____

Approval Date: _____