

FY2016

Stark-Tuscarawas-Wayne
Joint Solid Waste Management District

RECYCLING MAKES SENSE GRANT

Grant Application Instructions

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. 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.
 - **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 waste.

Please address how your project will help the District meet the goals stated above in the Project Narrative section of this application.

4. 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.

RECYCLING MAKES SENSE GRANT

Grant Application Checklist

The following items are required to complete the grant application. Check the corresponding line 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 Source(s) (Proposed Revenues)**

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 grants funds.

_____ **Copy of current Waste Hauling/Recycling Contract**

A copy of the current waste hauling/recycling contract should be included with the grant application.

FY2016

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

RECYCLING MAKES SENSE GRANT

Grant Application Cover Sheet

Please print neatly or type.

DATE: _____

COUNTY: _____

PROPOSED 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 EXPENSE BUDGET _____

**** AMOUNT OF GRANT REQUESTED** _____/Per Ton

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

**** PLEASE NOTE:** All FY2016 Recycling Makes Sense grants will be awarded in a rate per ton format in accordance with the FY2016 Rate Schedule.

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 the Program/Project:

Employees _____

Volunteers _____

Days and Hours of Operation: _____

BUDGET DETAILS
(Proposed Expenses)

	2016	2015
Expenses	Program/Project	Program/Project
	<u>Budget</u>	<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 *	_____	_____
Total Supplies	_____	_____
III. Purchased & Contracted Services		
A. Communication & Publicity	_____	_____
B. Insurance	_____	_____
C. Professional Services	_____	_____
D. Property Maintenance, Repair, and Security	_____	_____
E. Rents/Leases	_____	_____
F. Travel & Meeting Expenses	_____	_____
G. Utilities	_____	_____
H. Other Purchased and Contracted Services *	_____	_____
Total Purchased Contracted Services	_____	_____

* Itemize on a separate sheet.

	2016	2015
	Program/Project	Program/Project
	<u>Budget</u>	<u>Budget</u>
IV. Capital Expenses		
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 and Contracted Services	_____	_____
Total IV. Capital Expenses	_____	_____
Total Program Expense Budget	_____	_____

PROGRAM FUNDING SOURCES
(Proposed Revenues)
FY2016

	<u>Dollars</u>	<u>%</u>
Revenues		
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 (Projected Amount Based on Rate Schedule)	_____	_____
 Total Program Revenue Budget	_____	_____

Total Program Revenue Budget should equal the 2016 Total Program Expense Budget (from pages 3 & 7)

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: _____