

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

**FY2016**

**GRANT APPLICATION INSTRUCTIONS  
(Recycling and Composting Infrastructure Enhancement 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 waste

Please 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**

## **(Recycling and Composting Infrastructure Enhancement 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**

**(Recycling and Composting Infrastructure Enhancement 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.

## **PROJECT NARRATIVE**

The Project Narrative is limited to two pages. The primary purpose of the narrative is to provide additional information on the implementation of the program or project. The narrative should describe the nature of the program or project and how it will be implemented, when and where the program or project will take place, who will carry out the program or project, and how this program or project will help the District achieve Goals 1 – 5 stated on the cover sheet of the instructions for this application.

The narrative may also be used to provide additional justification for line item expenditures identified in the Budget Details.

Please include in your narrative, the name of the entity or business that collects your recyclables (if applicable).

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## 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

<b><u>ITEMS</u></b>	<b>2015 Program/Project <u>Budget</u></b>	<b>2016 Program/Project <u>Budget</u></b>
<b>I. Personnel</b>		
A. Salaries	_____	_____
B. Benefits	_____	_____
<b>Total Personnel</b>	_____	_____
<b>II. Supplies</b>		
A. General Administration Supplies	_____	_____
B. Vehicle Fuel, Supplies & Parts	_____	_____
C. Printed Materials & Information	_____	_____
D. Other Supplies <sup>1</sup>	_____	_____
<b>Total Supplies</b>	_____	_____
<b>III. Purchased &amp; Contracted Services</b>		
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 <sup>2</sup>	_____	_____
<b>Total Purchased &amp; Contracted Services</b>	_____	_____

1. Itemize on a separate sheet

2. Itemize on a separate sheet

<u>ITEMS</u>	<b>2015 Program/Project <u>Budget</u></b>	<b>2016 Program/Project <u>Budget</u></b>
<b>IV. Capital Expenses<sup>3</sup></b>		
A. Building	_____	_____
B. Building Improvements	_____	_____
C. Equipment	_____	_____
D. Furniture	_____	_____
E. Land	_____	_____
F. Vehicles	_____	_____
G. Other Capital Expenses	_____	_____
<b>Total Capital Expenses</b>	_____	_____
<b>Total I. Personnel</b>	_____	_____
<b>Total II. Supplies</b>	_____	_____
<b>Total III. Purchased &amp; Contracted Services</b>	_____	_____
<b>Total IV. Capital Expenses</b>	_____	_____
<b>Total Program Budget</b>	_____	_____

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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

<b>I. <u>Non-Capital Expenses</u></b>	<b><u>Dollars</u></b>	<b><u>%</u></b>
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)	\$ _____	_____ %
<b>Total Funding Sources for Non-Capital Expenses</b>	<b>\$ _____</b>	<b>_____ %</b>

<b>II. <u>Capital Expenses</u></b>	<b><u>Dollars</u></b>	<b><u>%</u></b>
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)	\$ _____	_____ %
<b>Total Funding Sources for Capital Expenses</b>	<b>\$ _____</b>	<b>_____ %</b>

**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)**



## **RECYCLING PROFILE**

**Please provide a brief overview of your organization's recycling program.**

**Address how the applicant is involved in promoting and participating in recycling in your area.**

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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 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.

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

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

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Signature

Date

**For Office Use Only:**

Approved By: \_\_\_\_\_

Approval Date: \_\_\_\_\_