

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

FY2017 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 Saturday, April 1, 2017**):

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

(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 Rachel Rothacher, Administrative Director, 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.

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				

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.)

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.

Name of the Authorized Representative Title of the Authorized Representative Date

FOR OFFICE USE ONLY		
_____ Approved By	_____ Funding Amount Approved	_____ Date