

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

**FY2017 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 (**Applications must be postmarked no later than Friday, October 7, 2016**):

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 in which each grantee will be responsible for providing electronic quarterly reports. 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 (1<sup>st</sup> Quarter due April 30; 2<sup>nd</sup> Quarter due July 31; 3<sup>rd</sup> Quarter due October 31; and 4<sup>th</sup> Quarter due January 31). 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 grant funding.

***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.

### **Program Information**

Complete all applicable information.

### **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.

### **Copy of Current Waste Hauling/Recycling Contract (if applicable)**

# FY2017 RECYCLING MAKES SENSE GRANT

## Grant Application Cover Sheet

|  |  |
|--|--|
| DATE OF APPLICATION  | COUNTY   |
| APPLICANT NAME<br><i>(City, Village, or Township name)</i>   | CHIEF EXECUTIVE OFFICIAL<br><i>(Mayor, Council/Board President name)</i> |
| MAILING ADDRESS  | CITY STATE ZIP<br><br>Ohio   |
| PHYSICAL ADDRESS <i>(if different from above)</i>  | CITY STATE ZIP<br><br>Ohio   |
| MAIL ALL GRANT CHECKS TO<br>ATTN TO ADDRESS  | CITY STATE ZIP<br><br>Ohio   |
| PRIMARY CONTACT PERSON<br><br>TELEPHONE<br><br>FAX<br><br>E-MAIL   | SECONDARY CONTACT PERSON<br><br>TELEPHONE<br><br>FAX<br><br>E-MAIL       |
| AMOUNT OF GRANT REQUESTED (per ton)  |  |
| <i>Please review the attached FY2017 Rate Schedule to identify the qualifying rate for your Recycling Program.</i> |  |

# PROGRAM INFORMATION

## SECTION A- GENERAL PROGRAM INFORMATION

|   |  |  |                                      |
|---|--|--|--------------------------------------|
| RECYCLING PROGRAM TYPE<br><br><i>(Drop-off Programs will not need to complete rest of "Program Information." Proceed to "Recycling Profile.")</i>   |  | SERVICE PROVIDED BY<br><br><i>(Local Governments that provide service will not need to complete Section E- Contract Information)</i>   |                                      |
| Applicant (City, Village, or Township)<br>Total Population  | Applicant (City, Village, or Township)<br>Total Number of Households | Total Number of Households served by Program   |                                      |
| RECYCLING PROGRAM PARTICIPATION   |  | PLEASE CHECK THE PARTICIPANTS SERVED BY THE RECYCLING PROGRAM <i>(select a that apply)</i><br><div style="display: flex; justify-content: space-around; text-align: center;"> <span>Single-family<br/>homes</span> <span>Multiple-family/<br/>apartments</span> <span>Commercial/<br/>Industrial</span> </div> |                                      |
| PLEASE LIST THE TOTAL MONTHLY COST FOR EACH COLLECTION SERVICE (if all collection services are <u>combined</u> into a single monthly cost, please list the <u>combined</u> monthly cost per household and check which services are included.) |  |  |                                      |
| \$  | Trash Monthly Cost Per Household                                     | \$   | Recycling Monthly Cost Per Household |
| \$  | Yard Waste/Leaf Monthly Cost Per Household                           | \$   | Other Monthly Cost Per Household     |
| --- OR ---  |  |  |                                      |
| \$  | <u>Combined</u> Monthly Cost Per Household                           | Trash  | Recycling                            |
|   |  | Yard Waste   | Other                                |
| Are any collection cost increases scheduled? <i>(if so, please list increase amount)</i>  |  |  |                                      |

## SECTION B- TRASH COLLECTION INFORMATION

|   |                      |                     |  |
|---|----------------------|---------------------|--|
| TRASH PICKUP FREQUENCY  |                      | TRASH PICKUP DAY    |  |
| TRASH CONTAINERS PROVIDED BY  | TRASH CONTAINER SIZE | TRASH COLLECTION IS |  |
| If applicable, what is the additional fee to collect trash beyond container (per bag, per additional container, etc.)?<br><i>(Please describe)</i>                    |                      |                     |  |
| Are there other collection services available to residents (backdoor collection, etc.)?<br>If so, please describe and list the additional cost per service per month. |                      |                     |  |

**SECTION C- RECYCLING COLLECTION INFORMATION**

|                                  |                          |                         |
|----------------------------------|--------------------------|-------------------------|
| RECYCLING PICKUP FREQUENCY       |                          | RECYCLING PICKUP DAY IS |
| RECYCLING CONTAINERS PROVIDED BY | RECYCLING CONTAINER SIZE | RECYCLING COLLECTION IS |

**SECTION D- YARD WASTE COLLECTION INFORMATION (if applicable)**

|  |   |
|--|---|
| COLLECTED YARD WASTE IS TAKEN TO   | YARD WASTE PICKUP FREQUENCY <i>(Select all that apply):</i><br>Weekly                      Every Other Week              Monthly<br>Seasonal (fall)              Seasonal (spring)              By Request<br>Other |
| YARD WASTE COLLECTION IS   | If applicable, what is the additional fee to collect Yard Waste? <i>(Please describe)</i>   |
| YARD WASTE COLLECTION SERVICE PROVIDED BY<br><br>If service provided by local government, how is yard waste collected (leaf vacuum, dump truck, etc.)? <i>(Please describe)</i>    |   |
| What is required for curbside collection of yard waste (place in paper bag, bundle branches, cut branches to 3-foot sections, rake leaves to curb, etc.)? <i>(Please describe)</i> |   |

**SECTION E- CONTRACT INFORMATION**

|  |                                  |
|--|----------------------------------|
| CONTRACTED COMPANY NAME  |                                  |
| INITIAL CONTRACT TERM START DATE:  | INITIAL CONTRACT TERM END DATE:  |
| Contract Extensions Beyond Initial Term <i>(Please describe)</i>   |                                  |
| HOUSEHOLDS ARE BILLED BY   | RESIDENTS MAY OPT OUT OF SERVICE |
| Does the contracted company provide grant funding or revenue to applicant for collected recyclables?<br><br>If yes, please describe. |                                  |

# RECYCLING PROFILE

Does your organization/office have an active recycling program?

If not, are you interested in implementing a recycling program?

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.)

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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 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 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**

| FOR OFFICE USE ONLY         |                                   |                      |
|-----------------------------|-----------------------------------|----------------------|
|                             |                                   |                      |
| _____<br><b>Approved By</b> | _____<br><b>RMS Rate Approved</b> | _____<br><b>Date</b> |

**Stark-Tuscarawas-Wayne Joint  
Solid Waste Management District  
Recycling Makes Sense Grant Program**

**2017 Rate Sheet**

**DROP - OFF  
PROGRAMS**

Base Rate = \$25/ton

**SUBSCRIPTION  
CURBSIDE PROGRAM**

Base Rate = \$25/ton

**NON - SUBSCRIPTION  
CURBSIDE PROGRAMS**

Base Rate = \$25/ton

Plus \$5.00 per ton

If the following three requirements are met:

- #1 90% access rate for residents in the county
- #2 Open 40 hours per week
- #3 Collect at least five (5) materials from list provided in plan

Equals \$30.00 per ton

Plus \$10.00 per ton

If the following three requirements are met:

- #1 90% access rate for residents in the county
- #2 Collection one (1) time per week
- #3 Collect at least five (5) materials from list provided in plan

Equals \$35.00 per ton

Plus \$5.00 per ton

If the following requirement is met:

Collect at least seven (7) materials from list provided in plan

Equals \$35.00 per ton

Plus \$5.00 per ton

If the following requirement is met:

Collect at least seven (7) materials from list provided in plan

Equals \$40.00 per ton

Plus \$5.00 per ton

If the following requirement is met:

An average of 30 pounds per resident in the previous year

Equals \$40.00 per ton

Plus \$5.00 per ton

If the following requirement is met:

An average of 60 pounds per resident in the previous year

Equals \$45.00 per ton

Plus \$5.00 per ton

If the following requirement is met:

An average of 80 pounds per resident in the previous year

Equals \$45.00 per ton

Plus \$5.00 per ton

If the following requirement is met:

An average of 80 pounds per resident in the previous year

Equals \$50.00 per ton

**All recycling programs are required to meet the first three requirements before receiving additional funding for the requirements listed below them**