

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

FY2017 SHERIFF DEPARTMENT/HEALTH DEPARTMENT 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 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 (1st Quarter due April 30; 2nd Quarter due July 31; 3rd Quarter due October 31; and 4th 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 Narrative**
Detailed summary of the proposed program.

- Program Expense Budget**
Expense budget should equal or exceed amount of grant requested.

- Program Revenue Budget**
Revenue budget should equal or exceed 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.

FY2017 SHERIFF DEPARTMENT/HEALTH DEPARTMENT GRANT

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 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		
Approved By	Funding Amount Approved	Date