|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Kentucky Department for Environmental Protection  Division of Waste Management  Recycling and Local Assistance Branch  300 Sower Boulevard, Second Floor – Frankfort KY 40601  (502) 564-6716  2019 - 2020 Kentucky Pride Fund Household Hazardous Waste Management Grant Application | | | | | | | | | | | | *FOR OFFICIAL USE ONLY.*  *DO NOT WRITE IN THIS SPACE* | | | |
| **1. Federal ID Number** |  | | | | | | | | | | | | | | |
| **2. Applicant** | Name: | | | | | | | Title/Position: | | | | | | | |
| Signature: | | | | | | | Date Submitted:    /   / | | | | | | | |
| Mailing Address: | | | | | | | City: | | | | | | | |
| State: | | | | Zip Code: | | | Email Address: | | | | | | | |
| Phone Number: (   )   - | | | | | | | Fax Number: (   )   - | | | | | | | |
| **3. Official Signatory for Applicant** | Name: | | | | | | | | | | | | | | |
| Judge/Executive | | School Administrator | | | | Mayor | | | 109 Board Chair | | | | Other | |
| Mailing Address: | | | | | | | City: | | | | | | | |
| State: | | | | | | | Zip Code: | | | | | | | |
| Phone Number: (   )   - | | | | | | | Fax Number: (   )   - | | | | | | | |
| Email address: | | | | | | | | | | | | | | |
| **4. Project Coordinator** | Name: | | | | | | | Name: | | | | | | | |
| Mailing Address: | | | | | | | City: | | | | | | | |
| State: | | | | | | | Zip Code: | | | | | | | |
| Phone Number: (   )   - | | | | | | | Fax Number: (   )   - | | | | | | | |
| Email address: | | | | | | | | | | | | | | |
| **5. Applicant Status** | City | | | County | | College / University | | | | | Joint (partnership between two political subdivisions within one county) | | | | |
| Regional | | | School District | | Solid Waste Management Area | | | | | Solid Waste Management District | | Urban County Government | | |
| Other | | | | | | | | | | | | | | |
| **6. PROJECT SUMMARY** | | | | | | | | | | | | | | | |
| Provide a brief explanation of the proposed activity: | | | | | | | | | | | | | | | |
| **7. AUTHORIZED SIGNATURE** | | | | | | | | | | | | | | | |
| I hereby certify that the submission of this application has been duly authorized by the governing body of the entity, and that I am legally authorized to sign the application. For regional and joint recycling projects, signature by the governing body of each participating entity shall be required. | | | | | | | | | | | | | | | |
| Printed Name | | Signature | | | | | | | Date | | | | | | |
| **8. HOUSEHOLD HAZARDOUS WASTE PROJECT DETAILS**  Answer the following questions on a separate sheet of paper. Use additional pages as necessary. Number each response to correspond to the question. Applications will be evaluated based upon responses. | | | | | | | | | | | | | | | |
| **8(a). Project Description** | | | | | | | | | | | | | | | |
| 1) Describe the proposed project - is it a new program or the expansion of an existing program? | | | | | | | | | | | | | | | |
| 2) List the service area by physical boundaries - include cities, counties, etc. that will be active participants. | | | | | | | | | | | | | | | |
| 3) List materials to be collected and the expected increase in tons for the grant period. | | | | | | | | | | | | | | | |
| 4) How will materials be collected, processed and marketed? | | | | | | | | | | | | | | | |
| **8(b). Project Advertising and Education** | | | | | | | | | | | | | | | |
| 1) What media type (specify radio, TV, newspaper, etc.) will you use to advertise your program? Describe the proposed advertising and education plan for this proposed project. Include the target audience and media to be used. | | | | | | | | | | | | | | | |
| 2) Identify any advertising/education partners and how/what each will contribute. | | | | | | | | | | | | | | | |
| **9. HOUSEHOLD HAZARDOUS WASTE PROJECT EXPENDITURES**  Complete the budget tables in 9(a) and 9(b). | | | | | | | | | | | | | | | |
| **9(a). Vendor** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | **Estimate** |
|  | | | | | | | | | | | | | | | $ |
|  | | | | | | | | | | | | | | | $ |
| **Vendor Request Total** | | | | | | | | | | | | | | | **$** **0.00** |
| **9(b). Program Advertising and Education** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | $ |
|  | | | | | | | | | | | | | | | $ |
|  | | | | | | | | | | | | | | | $ |
| **Program Advertising And Education Request Total** | | | | | | | | | | | | | | | **$** **0.00** |
| **10. HOUSEHOLD HAZARDOUS WASTE PROJECT MATCH EXPENDITURES**  List all personnel titles, hourly rate, and number of hours projected for life of grant. | | | | | | | | | | | | | | | |
| **10(a). Cash and** **In Kind Personnel** | | | | | | | | | | | | | | | |
| **Cash** | | | | | | | | | | | | | | | **$** |
| **In Kind Personnel** | | | | | | | | | | | | | | | $ |
| **In Kind Personnel** | | | | | | | | | | | | | | | $ |
| **In Kind Personnel** | | | | | | | | | | | | | | | $ |
| **Cash and Personnel In-Kind Match Total** | | | | | | | | | | | | | | | **$** **0.00** |
| **10(b). In Kind Other**  List them. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | $ |
|  | | | | | | | | | | | | | | | $ |
|  | | | | | | | | | | | | | | | $ |
| **Other In Kind Total** | | | | | | | | | | | | | | | **$** **0.00** |
| **11. PROJECT TOTAL** | | | | | | | | | | | | | | | |
| **Cash + In-Kind Personnel + In-Kind Other MATCH** | | | | | | | | | | | | | | | **$****0.00** |
| **Grant Request GRANT REQUEST** | | | | | | | | | | | | | | | **$****0.00** |
| **Grant Request + Match PROJECT TOTAL** | | | | | | | | | | | | | | | **$****0.00** |

GENERAL INSTRUCTIONS

**Kentucky Pride Fund Household Hazardous Waste Management Grant Application**

For any questions regarding any category, please call the Division of Waste Management’s Recycling and Local Assistance Branch at (502) 564-6716. This form must be completed by typing or printing legibly.

**DEADLINE**: Received by April 1st.

**Submit DEP 7127 form to: Kentucky Department for Environmental Protection**

Division of Waste Management

Recycling and Local Assistance Branch

300 Sower Boulevard, Second Floor

Frankfort, KY 40601

(502) 564-6716

*All information submitted on this form will be subject to public disclosure to the extent provided by Kentucky law. Persons filing this form may make claims of confidentiality in accordance with 400 KAR 1:060.*