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| 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 Recycling 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: | | | | | | | Title/Position: | | | | | | | |
| 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. RECYCLING 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. | | | | | | | | | | | | | | | | |
| **8(a). Project Description** *(continued)* | | | | | | | | | | | | | | | | |
| 3) Why is the project needed? | | | | | | | | | | | | | | | | |
| 4) Is the proposed project otherwise unavailable for the service area? | | | | | | | | | | | | | | | | |
| 5) List materials to be collected and the expected increase in tons for the grant period. | | | | | | | | | | | | | | | | |
| 6) How will materials be collected, processed and marketed? | | | | | | | | | | | | | | | | |
| 7) Describe how and why the requested equipment is needed to implement the proposed project. | | | | | | | | | | | | | | | | |
| 8) Provide a 12 month timeline for implementation of the proposed project. | | | | | | | | | | | | | | | | |
| 9) Provide a list of potential buyers available for the materials to be collected. Include name and address of potential buyers. | | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | | | | |
| **8(c). Project Sustainability** | | | | | | | | | | | | | | | | |
| 1) Describe how the proposed project will remain financially viable after grant funds have been expended. | | | | | | | | | | | | | | | | |
| 2) Identify sources of revenue such as line item in budget, revenue generated from sale of collected materials, tax revenue, tipping fees, etc. Will the anticipated project generate revenue? | | | | | | | | | | | | | | | | |
| 3) If the project is regional or joint, explain various partners' roles and contributions. | | | | | | | | | | | | | | | | |
| 4) Describe the criteria and methods to be used for measuring success of the proposed project. | | | | | | | | | | | | | | | | |
| **9. RECYCLING PROJECT EXPENDITURES**  Complete the budget tables in 9(a) through 9(d). The cost should be an estimate based on a vendor quote. | | | | | | | | | | | | | | | | |
| **9(a). Equipment Requests**  List in order of priority - #1 would be the first choice. List the estimated amount. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | **Estimate** |
| 1st |  | | | | | | | | | | | | | | | **$** |
| 2nd |  | | | | | | | | | | | | | | | **$** |
| 3rd |  | | | | | | | | | | | | | | | **$** |
| 4th |  | | | | | | | | | | | | | | | **$** |
| 5th |  | | | | | | | | | | | | | | | **$** |
| 6th |  | | | | | | | | | | | | | | | **$** |
| 7th |  | | | | | | | | | | | | | | | **$** |
| 8th |  | | | | | | | | | | | | | | | **$** |
| 9th |  | | | | | | | | | | | | | | | **$** |
| **Equipment Request Total** | | | | | | | | | | | | | | | | $ 0.00 |
| **9(b). Program Advertising and Education** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | $ |
|  | | | | | | | | | | | | | | | | $ |
|  | | | | | | | | | | | | | | | | $ |
|  | | | | | | | | | | | | | | | | $ |
|  | | | | | | | | | | | | | | | | $ |
|  | | | | | | | | | | | | | | | | $ |
| **Program Advertising And Education Request Total** | | | | | | | | | | | | | | | | $ 0.00 |
| **9(c). Other - Specify** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | $ |
|  | | | | | | | | | | | | | | | | $ |
| **Other Request Total** | | | | | | | | | | | | | | | | $ 0.00 |
| **9(d). Requested Total** | | | | | | | | | | | | | | | | |
| **Equipment + Program Advertising and Education + Other TOTAL GRANT REQUEST** | | | | | | | | | | | | | | | | $ 0.00 |
| **10. RECYCLING PROJECT MATCH EXPENDITURES**  Complete the budget table in 10(a) and 10(b). Each grantee shall provide a 25% match to the grant amount. | | | | | | | | | | | | | | | | |
| **10(a). Cash and In Kind Personnel**  List all personnel titles, hourly rate, and number of hours projected for life of grant. | | | | | | | | | | | | | | | | |
| **Cash** | | | | | | | | | | | | | | | | $ |
| **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 Recycling 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 either by typing or printing legibly.

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

**Submit DEP 7126 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.*