MONTGOMERY COUNTY SOLID WASTE MANAGEMENT DISTRICT 2022 GRANT PROGRAM GRANT APPLICATION FORMS

The following information is the complete information you will need to fill out your 2022 Grant Application. For questions regarding eligible expenses please refer to the Grant Instruction Manual. The requested information below is in a fillable format and contains drop-down menus, it is important to complete each fillable box. If you need assistance filling the document out or have any questions, please contact John Minear for all District Incentive Grants and Business Grants at minearj@mcohio.org, phone number 937-781-3060; and for the Litter Prevention Grants contact Chris Hoffman at hoffmanc@mcohio.org, phone number 937-781-3064. Please return and electronically sign the completed application to the assigned District Grant Manager. Grant is due, via email: September 30, 2021 no later than Midnight EST.

GENERAL INFORMATION

| Date of Application Submission: | | (click inside box for arrow to appear) | | |
|--|----------------------|--|--|--|
| Municipality/Non-Profit/Business: | | | | |
| Widnicipality/14011-1 Tollib Dusiness | | | | |
| Name of Municipality/Non-Profit/Business: | | | | |
| Addus as #v | Otro at Name a | | | |
| Address #: | Street Name: | T | | |
| City: | State: | Zip Code: | | |
| | | | | |
| Phone Number: Email Address: | | | | |
| | | | | |
| Grantee Contact Person: | | Title: | | |
| Authorized to Sign Application: Y | es No If you checked | ves, sign next line; if No. | | |
| please fill out the name of the person authorized to sign this application (make sure the person | | | | |
| Authorized to sign the grant(s) does so before returning your grant application). | | | | |
| | | | | |
| Authorized Signature (If you checked yes above): | | | | |
| <u> </u> | | | | |
| Name of Authorized Signatory (if no is checked above): | | | | |
| (| | | | |
| Title of Authorized Signatory: | | | | |
| Have you applied for Montgomery County Solid Waste District Grant in the past? | | | | |
| That's you applied for monigomory county conditional blocklet affairs in the pasts | | | | |
| Yes: Date (Yea | r Only): No | : | | |
| | | | | |
| Attended Grant Meeting: August 24 2021 August 27, 2021 | | | | |

GRANT DETAILS Grant Type: Grant Goals: Grant Rank (this is only if you have multiple grant applications): **Project Description**

| Project Benefi | t to the Com | munity: | | | | | |
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| Project Financ | cial Justificat | ion: | | | | | |
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| Project Scalat If you do not re | ollity: eceive full fu | nding coul | d the proje | ct still be ir | mplemented | ? Yes: | No: |
| If you answered "Yes", what is the maximum amount of match % you could provide and the project still be completed (select one of the percentage boxes below, if applicable)? | | | | | | | |
| Check One: | | | | | | | |
| 35% | 40% | 45% | 50% | 55% | 60% | 65% | 70% |

GRANT BUDGET

| Expense Description | Total Grant Request in \$ | District Match % | District Funding in \$ | Grantee Match % | Grantee Funding in \$ |
|---------------------|------------------------------|---------------------|---------------------------|--------------------|--------------------------|
| | \$ | | \$ | | \$ |
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| | \$ | | \$ | | \$ |
| GRAND TOTALS | \$ | | \$ | | \$ |

BUDGET WORKSHEET INSTRUCTIONS: The above sheet provides an overview of the budget for the District Incentive Grant. In the "Total Grants Request in \$" field, type in the dollar amount and the remaining fields will automatically populate.

The following is the information being requested in the following categories:

- Expense Description: Provide a brief description of what you are requesting grants funds for. It
 does not need to be overly detailed; reviewers can refer to the page 2 of 5 for more detail if they
 need additional infromation.
- Total Project Costs: Total project costs are all costs the community will incur for this project. This may include eligible and non-eligible costs. Remember, only eligible costs will be reimbursed, and only eligible costs can be used as part of your match. Example: You are buying carts for your recycling program and the carts cost \$20,000.00 but you have to deliver them to the neighborhoods, and you are using a third-party contractor to do this (at \$3,000). The Total Project Expenses would be \$20,000.00 + \$3,000.00 =\$23,000.00; your eligible expenses would be \$20,000.00; District Reimbursement would be \$14,000.00 and Grantee Match would be \$6,000.00).
- Project Eligible Costs: See Grant Allowable and Non-Allowable eligible costs for all the Grant requests.
- District Reimbursement Match: The District Reimbursement Match is 70% of the Eligible grant expenses. The District Match may be less based on grant funds available.
- Grantee Match: The Grantee Match is 30% of the Eligible grant expenses. Grantee Match may be higher based on grant funds available.

GRANT TIMELINE

| PROJECT TIMELINE | | | | |
|------------------------|----------------------|--------------------|--|--|
| DESCRIPTION OF TASK(S) | ESTIMATED START DATE | ESTIMATED END DATE | | |
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GENERAL COMMENTS:

What improvements would you like to see in the grant process next year?

What information could the District provide to your community to improve waste reduction and recycling?

Contract for Trash and Recycling Services:

Yes, I have attached a copy of our contract for waste and recycling services?

No, we provide the service to our residents and we charge:\$ per month/hh and provide the following services:

- Weekly Trash Collection:
 - 96-Gallon Carts 64-Gallon carts Other:
- Weekly Recycling Collection:
 - 96-Gallon Carts 64-Gallon carts Other:
- Bulk Item Collection: Yes No Other:
- Separate Yard Waste Collection: Yes No Other:
- Other Trash/Recycling Related Collection Services: