

# **STOP!**

***This cover page is a requirement of the grant application.***

***If this cover page isn't signed and all application materials included,  
your grant application will be disqualified.***

***My application includes:***

***Initial:***

\_\_\_\_\_ ***Completed application with all fields filled out***

\_\_\_\_\_ ***Signed by an authorized representative***

\_\_\_\_\_ ***Before photos of the area the product will be installed***

\_\_\_\_\_ ***A quote ON VENDOR LETTERHEAD (not a brochure!)***

\_\_\_\_\_ ***A project diagram of the area the product will be installed***

***I certify that all the above application materials are included with this application.***

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**



## **Waste Tire Grant Program Surfacing Application**

Postmark Deadline is **January 15**

### *Background Information*

The *Waste Tire Grant Program* is a solid waste diversion program developed by legislation in State Fiscal Year (SFY) 2004. Legislation in 2007 allowed funds from the *Waste Tire Fee Fund* to be used towards the purchase of waste tire-derived products. The *Waste Tire Fee Fund* generates income from a twenty-five-cent excise tax on all new tires sold in Kansas.

The Governor established a seven-member Solid Waste Grants Advisory Committee that prioritizes projects and makes recommendations on competitive grant selection and disbursements. One member of the Advisory Committee represents the waste tire recyclers in the grant programs.

*Return the completed application to:*

KDHE  
Attn: Jessica Ruiz  
1000 SW Jackson, Ste. 320  
Topeka, KS 66612

*For questions:*

[jessica.ruiz@ks.gov](mailto:jessica.ruiz@ks.gov)

785-296-1617

## **Surfacing Application**

\_\_\_\_\_  
Name of Applicant/Organization County

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Contact Person (responsible for day to day project management) Title

\_\_\_\_\_  
Telephone Number Fax Number FEIN (IRS) Tax Number

\_\_\_\_\_  
E-mail Address Web Page

\_\_\_\_\_  
Name of Authorized Contract Signator Title

Have you been awarded a Waste Tire Derived Product Grant before? Yes  No

If so, have your prior grant(s) closed? Yes  No

Is this a request for a refill of loose fill rubber mulch? Yes  No

If you are requesting a refill what year did the original grant take place? \_\_\_\_\_

If you have a designated fiscal agent who is different from the authorized representative:

- Name: \_\_\_\_\_

- FEIN (IRS) Number (if different from above): \_\_\_\_\_

- Please give a brief description of the proposed project (What will this grant money purchase? Playground surfacing, horticulture, mulching products, carpet underlay, flooring material, dock bumpers, livestock mats, rubber tiles and bricks, and molded or extruded rubber products made from recycled waste, etc.).

- Please give a brief description of the proposed installation:

Please describe your education and outreach component. This is not to be used to promote KDHE or the grant, but how you will educate the public on the significance of using recycled materials and the benefits of the final project for your community. Please include at least two ways to disseminate information. (Newsletters, social media, newspaper, etc.)

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**Waste Tire Product Information –**

(For projects with more than one kind of waste tire product, use one form per product type)

Product Manufacturer: \_\_\_\_\_  
Product Name: \_\_\_\_\_  
Code Number: \_\_\_\_\_  
Vendor/Distributed by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
Email/Web page: \_\_\_\_\_

Name of Quality Officer who will oversee and certify proper installation: \_\_\_\_\_, with \_\_\_\_\_ is a (circle one) Licensed Engineer, Certified Playground Inspector, Representative of the Manufacturer or Trained Installer

Maximum fall height of playground equipment: \_\_\_\_\_

Required depth of material \_\_\_\_\_

*To calculate amount needed, please ask your product supplier to reference the ASTM 1292 test for this product.*

**Important Information – KDHE highly recommends that materials and installation of playground surfacing conform to Consumer Product Safety Commission guidelines for Public Playground Safety – Publication 325. Please consult with your manufacturer to determine the best material depth for your project.**

**Surface Coverage formula - Playground/ Sport turf/ other:**

Product size: \_\_\_\_\_ (for crumb rubber – give size range, or sq. ft. per mat)

Length \_\_\_\_\_ ft. x width \_\_\_\_\_ ft. = \_\_\_\_\_ sq. ft. "Surface Area" x (multiplied by) depth equals volume.

(Note: Depth in Inches / 12 = Depth in ft) \_\_\_\_\_ ft. = \_\_\_\_\_ cubic feet. (Volume)

**Pounds per cubic feet** \_\_\_\_\_

**Total pounds needed:** \_\_\_\_\_

**Project Diagram**

Please provide a diagram of the project area and attach a 'before' photo. Include locations of any relevant buildings, play equipment, roads, streams, slopes, equipment, parking lots, sidewalks, existing hazards, etc. Note: Must complete this form, if submitting a drawing diagram, it must be on an 8 1/2 by 11 sheet of paper.

Name and address (location of project): \_\_\_\_\_

If submitting multiple requests, what is the priority of this particular project? \_\_\_\_\_

Who will install this? \_\_\_\_\_

Note: Product Manufacturer or distributor is responsible for installation training

If installed by distributor, or subcontractor, is installation guaranteed? Yes / No

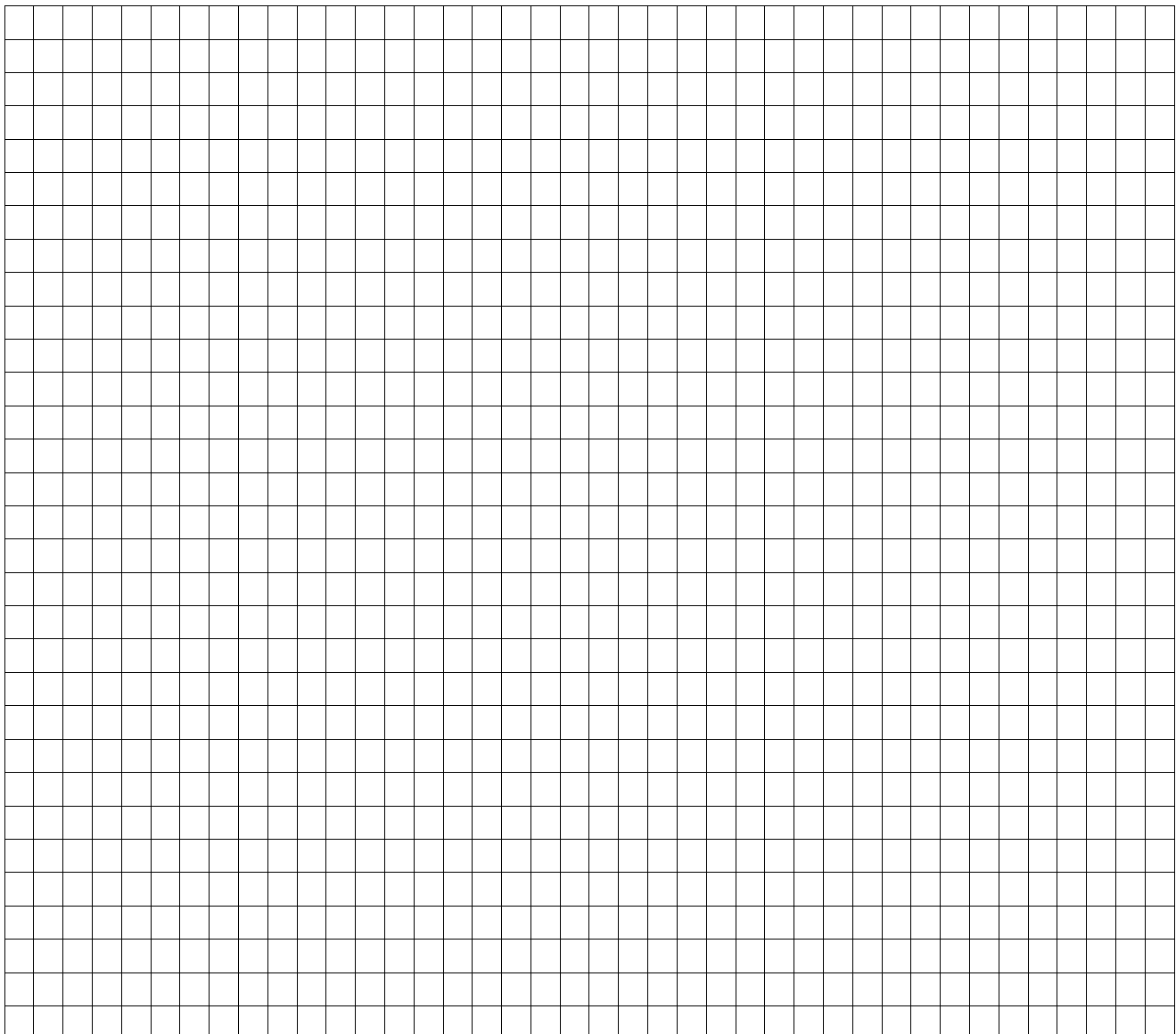
Does project include ADA accessibility features and surfaces or is it part of a system that does? Yes / No

If yes, please list: \_\_\_\_\_

Notes: \_\_\_\_\_

= One foot

NORTH ↑



**Budget**

Required Information:

- Submit: a “before” picture of the project location, a project diagram, and a price quote for all waste tire products that will be purchased partially or in full with grant funds. The price quote must include the name of the manufacturer, product name, product code, vendor name, price, coverage and amount of product in pounds and be on vendor letterhead.
- A Certificate of Installation is required (provided by BWM)
- Match must be at least 50% of the total project cost

Provide amount requested and related match for each of the following categories:

**\*See Grant Guide for additional funding information.**

Items	Matching Funds (Applicant) (50%)	Grant Funds (KDHE) (50%)
<b>LABOR</b>		
Management/Design		
Labor Salaries for base preparation of installation		
Volunteer Labor (12.00/hr)		
Equipment needed for install		
Shipping		
<b>WASTE TIRE DERIVED PRODUCTS:</b>		
Pour-in-place rubber surface		
Loose Fill Crumb Rubber		
Rubber Tiles for Unitary Mat		
Molded or Extruded Rubber edging		
Other:		
<b>SUPPLIES:</b>		
(specify)		
(specify)		
(specify)		
<b>OTHER:</b>		
(specify)		
(specify)		
(specify)		
<b>Totals for Each Column:</b>		
	\$	\$
<b>TOTAL PROJECT COST:</b>		
	\$	

**BUDGET JUSTIFICATION** – Provide a detailed description of the costs of the grant and match funding (use additional paper if needed).

**Labor:**

**Waste Tire-derived Surface Material:**

**Supplies:**

**Other:**

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CERTIFICATION: The undersigned is an official authorized to represent the applicant.

The person **signing this document must have the authority to contractually bind the applicant or be the designated fiscal agent.** For local governments, this is generally the mayor or the chairperson of the county commission. For schools, this is generally the superintendent, or board president. Secure all necessary approvals from government bodies prior to signing this application!

*I certify that all proposed activities will be carried out in a timely manner; that all grant money received will be utilized solely for the purposes for which it is intended; that records documenting the project implementation will be maintained and submitted when requested.*

\_\_\_\_\_  
Print Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date