

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.**

(For grants not greater than \$7,500.00)

My application includes:

Initials:

_____ **Completed application with all fields filled out**

_____ **Signed by an authorized representative**

_____ **Included signed Solid Waste Management Planning Committee form**

_____ **A detailed budget**

_____ **A detailed public education/outreach plan**

_____ **Letters of support or government resolutions**

_____ **Quotes for every item costing \$2,000 or more**

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

Name

Date



Solid Waste Grant Program - SFY 2023

Small Solid Waste Grant Application

Postmark Deadline is **May 15, 2022**

Return the completed application to: *For questions:*
KDHE candy.williamson@ks.gov
Attn: Candy Williamson 785-296-1540
1000 SW Jackson, Ste. 320
Topeka, KS 66612

Priority _____

Name of Applicant/Organization County

Mailing Address City State Zip

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

Name of Authorized Contract Signator Title

(_____) _____ (_____) _____
Telephone Number Fax Number FEIN (IRS) Tax Number

E-mail Address Web Page

Who will sign the contract? Name _____ Title _____

Have you been awarded a Solid Waste Grant before? Yes No

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

Area Served by this Organization: _____

Are there similar services in the same area? If yes, provide name: Yes No

Please give a brief description of the proposed project including site address:

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

How will the items purchased with this grant impact your program and community?

Budget Summary

Item:	Matching Funds (Applicant) (25% of Total)	Grant Funds (KDHE) (Up to \$7,500)	Total
Salaries (match only)			
Travel (match only)			
Volunteer Labor (match only)			
Supplies			
Capital Equipment			
Professional Services (match only)			
Other			
Shipping/Freight			
Totals for Each Column:	\$	\$	\$
PERCENTAGE OF TOTAL			

(Local match must be at least 25% of total project cost with 1/2 being cash match.)

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

SALARY/LABOR DETAIL:

TRAVEL DETAIL:

SUPPLIES DETAIL: (Public education materials, items and things with a lifespan of less than one year or are depleted as they are used)

Item _____ cost \$ _____

Item _____ cost \$ _____

Item _____ cost \$ _____

Item _____ cost \$ _____

CAPITAL EQUIPMENT DETAIL: (Items exceeding \$2,000 each)

Item _____ cost \$ _____

Item _____ cost \$ _____

PROFESSIONAL SERVICES DETAIL: (Professional and contractor’s fees)

Name _____ Activity _____ cost \$ _____

Name _____ Activity _____ cost \$ _____

OTHER DETAIL: (Items under \$2000 or that don’t fall under the category of “Supplies”)

Item _____ cost \$ _____

Item _____ cost \$ _____

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.

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 planning process and implementation will be maintained and submitted when requested, and KDHE is hereby granted access to inspect project sites and/or records.

Print Name of Authorized Representative

Title

Signature of Authorized Representative

Date

COUNTY SOLID WASTE MANAGEMENT PLANNING COMMITTEE SUPPORT FORM

A Solid Waste Grant Application cannot conflict with a KDHE approved county or regional solid waste management plan (as mandated by K.S.A. 65-3405). Grant funds to any entity within the jurisdiction of such county or regional authority shall be withheld if a county or regional authority fails to comply with K.S.A. 65-3405. The applicant must have the following form completed by the chairman of the county's Solid Waste Management Planning Committee or the county commission. The completed form must be received by KDHE by June 1, 2022.

COUNTY SOLID WASTE MANAGEMENT PLANNING COMMITTEE SUPPORT FORM (print or type)	
_____ , Chairman of _____ <small>(name)</small>	_____ <small>(Solid Waste Planning Committee or County Commission)</small>
for _____ County makes the following determination regarding the application <small>(county of proposed project)</small>	
for _____ _____ _____	
	<small>(please give a brief description of the proposed project)</small>
Date _____	
Is the county or regional solid waste management plan up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of last review/update _____	
Not sure? Call KDHE-BWM Jeff Walker 785-291-3764 or email at Jeff.Walker@ks.gov .	
I certify the project described in this Solid Waste Grant Application is consistent with the Solid Waste Management Plan.	
	_____ Chairman Solid Waste Planning Committee