

Waste Tire Grant Program – SFY 2024

Tables & Benches Application

Postmark Deadline is **January 16, 2024**

Submit Applications to:
KDHE.BWMGrant@ks.gov OR
mail to:

KDHE
Attn: Grant Coordinator
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 Signatory Title

(_____) _____
Telephone Number E-mail Address

Web Page FEIN (IRS) Tax Number

Waste Tire Product Information

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

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

Product Manufacturer (Vendor) _____

Location of Project (If different than above) _____

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

Describe your organizations education and outreach efforts related to waste reduction. Please include measurable data points and justification. (Example: Our organization has a monthly newsletter that informs students and faculty about waste reduction activities. The newsletter is sent to 300 people.)

Describe how this funding would directly benefit your organization and the people it serves.

Budget Summary

Item	Matching Funds (Applicant) (50% of Total)	Grant Funds (KDHE) (50% of Total)	Total Cost of Project
Management/Design (match only)			
Labor Salaries for Base Preparation or Installation (match only)			
Volunteer Labor (match only)			
Equipment Used for Install (match only)			
Shipping/Freight			
Tables			
Benches			
Other:			
Supplies			
Other			
Total for Each Column			
PERCENTAGE OF TOTAL	%	%	%

(Matching Funds must be at least 50% of total project cost.)

Budget Justification – Provide a detailed description of the expenses to be charged to the grant and match funding. See the grant guide for details.

Management/Design:

Labor Salaries/Volunteer Labor:

Equipment Used for Install

Supplies Detail: (Items with a lifespan of less than one year or are depleted as they are used)

Other Details: (Items under \$2,000 that don't fall under the category of "Supplies")

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

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Application Packet Checklist

Initials:

- _____ Completed application with all fields filled out
- _____ Signed by an authorized representative
- _____ A detailed budget
- _____ A detailed public education and outreach plan
- _____ Before photos of the area the product will be installed
- _____ A quote on Vendor Letterhead for every item to be purchased
(not a brochure)

Thank you for applying for a Waste Tire Grant!

