

Waste Tire Grant Program – SFY 2024

Surfacing 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

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? _____

Product Manufacturer (Vendor you plan to use) _____

Location of Project _____

Does this project include ADA compliant features and surfaces or is it part of a system that does?

Yes No

Please describe your proposed project. (What will the grant money be used to purchase? Loose -fill rubber mulch, pour-in-place surfacing, livestock mats, rubber tiles)

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			
Waste Tire Surfacing Product			
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")

Project Diagram

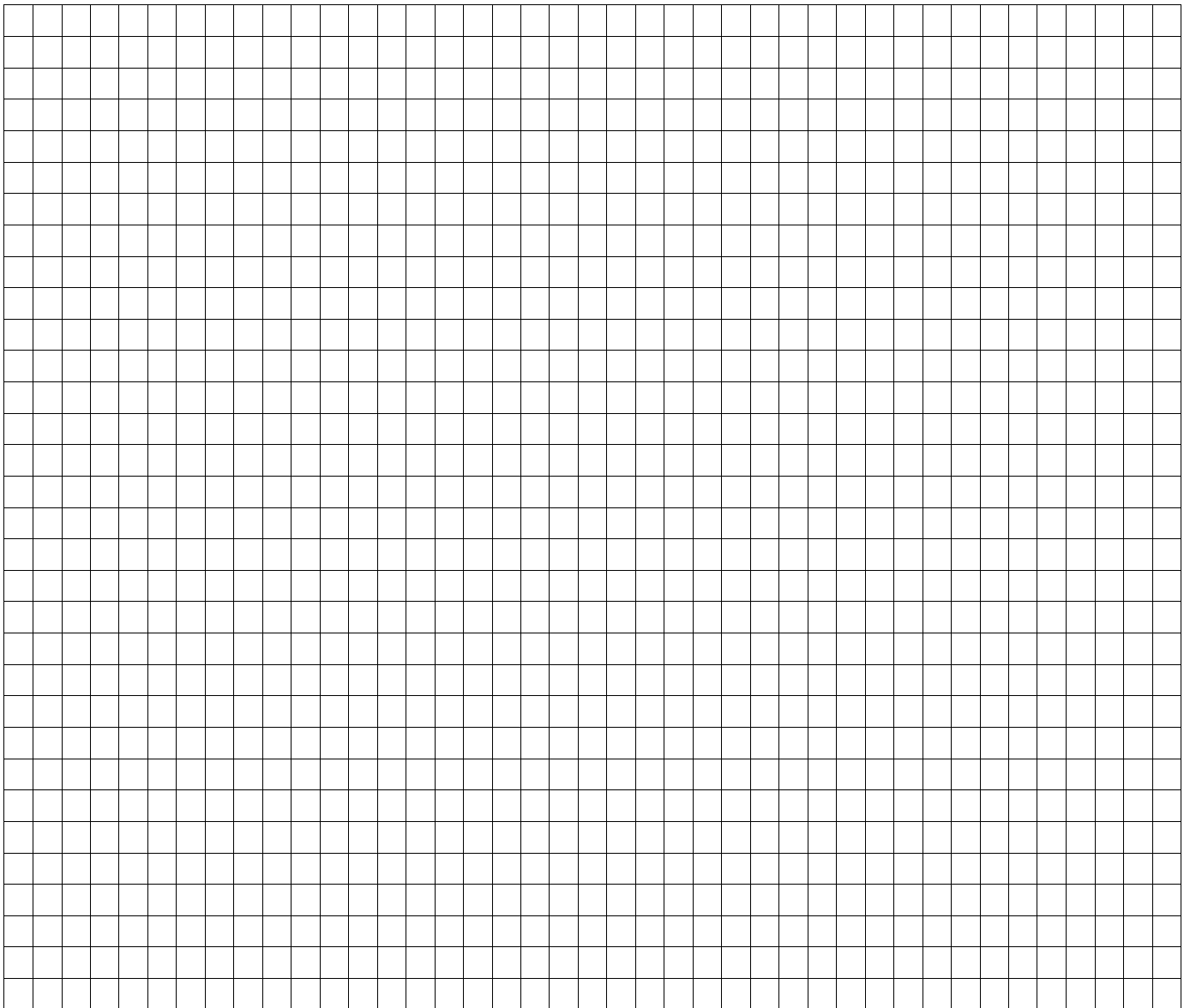
Attach a Google Maps satellite view of the proposed project area **OR** use the diagram below to roughly map out the project location.

Please include “before” photos of the area where the project will be installed.

Include any relevant buildings, play equipment or existing hazards.

☐ = One foot

NORTH ↑



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

Name of Quality Office who will oversee and certify proper installation

Title of Quality Officer

Organization of Quality Officer

Quality Officer Phone Number

The Quality Officer is a: (Check all that apply)

- Licensed Engineer
- Certified Playground Inspector
- Representative of the Manufacturer
- Trained Installer

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

The Kansas Department of Health and Environment does not discriminate on the basis of race, color, national origin, Limited English Proficiency, disability, age, or sex in administration of its programs or activities. KDHE does not intimidate or retaliate against any individual or group because they have exercised their rights to participate in programs or actions or opposed programs or activities. If you would like to learn more or believe that you have been discriminated against with respect to a KDHE program or activity, you may visit www.kdhe.ks.gov/1874 Policy or call 785-296-5156 to learn how and where to file a complaint of discrimination.

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
- _____ Project diagram attachment or drawing
- _____ 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!

