

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!)***

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

Name

Date



Waste Tire Grant Program - SFY 2021

Tables & Benches Application

Postmark Deadline is **January 15, 2021**

Return the completed application to: *For questions:*
KDHE jessica.ruiz@ks.gov
Attn: Jessica Ruiz 785-296-1617
1000 SW Jackson, Ste. 320
Topeka, KS 66612

Name of Applicant/Organization County

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

Have you been awarded a Waste Tire Derived Product Grant before? Yes No
If so, have your prior grant(s) closed? Yes No

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.)

Waste Tire Product Information –

Product Manufacturer:

Product Name:

KDHE Code Number:

Contact:

Name and address (location of project):

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

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

If yes, please list: _____

Budget

Required Information:

- Submit: a “before” picture of the project location, and a price quote for all 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 and price on vendor letterhead.

- **Match must be at least 50% of the total project cost**

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

Item:	Matching Funds (Applicant) (50%)	Grant Funds (KDHE) (50%)
LABOR:		
Management/Design		
Labor Salaries for Base Preparation or Installation		
Volunteer Labor		
Equipment Used for Install		
Shipping		
WASTE TIRE DERIVED PRODUCTS:		
Tables		
Benches		
Other:		
SUPPLIES:		
(Specify)		
(Specify)		
OTHER:		
(Specify)		
(Specify)		
Totals for Each Column:	\$	\$
TOTAL PROJECT COST:	\$	

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

Labor:

Waste Tire Derived Products:

Total Number of items _____: Tables _____ Benches _____

Supplies:

Other:

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