MONTGOMERY COUNTY SOLID WASTE MANAGEMENT DISTRICT

GRANT PROGRAM

DISTRICT INCENTIVE & BUSINESS GRANT APPLICATION FORMS

The following information is the complete information you will need to fill out your Grant Application. For questions regarding eligible expenses please refer to the Grant Instruction Manual. The requested information below is in a fillable format and contains drop-down menus, it is important to complete each fillable box. If you need assistance filling the document out or have any questions, please contact Chris Hoffman at hoffmanc@mcohio.org, phone number 937-781-3064.
Please return and electronically sign the completed application to Chris Hoffman at hoffmanc@mcohio.org. Grant is due, via email on the last Friday in August no later than 2:00 p.m. EST.

GENERAL INFORMATION

Date of Application Submission: (click inside box for arrow to appear)		
Municipality/Non-Profit/Business: Click arrow to the right		
Name of Municipality/Non-Profit/Business:		
Address #:	**Street Name:**	
City:	**State:**	**Zip Code:**
Phone Number:	**Email Address:**	
Grantee Contact Person:		**Title:**
Authorized to Sign Application: Yes ☐ **No** ☐ If you checked yes, sign next line; if No, please fill out the name of the person authorized to sign this application (make sure the person authorized to sign the grant(s) does so before returning your grant application).		
Authorized Signature (If you checked yes above):		
Name of Authorized Signatory (if no is checked above)**:**		
Title of Authorized Signatory:		
Have you applied for Montgomery County Solid Waste District Grant in the past?		
Yes: ☐ **Date** (Year Only)**:**		**No:** ☐
Viewed Grant Webinar: **Yes:** ☐		**No:** ☐

GRANT DETAILS

Grant Type: Click Arrow to the right
Grant Goals: Click Arrow to the right
Grant Rank (this is only if you have multiple grant applications): Click arrow to the right
Project Description

Project Benefit to the Community:

Project Financial Justification:

Project Scalability:
If you do not receive full funding could the project still be implemented? Yes: ☐ No: ☐

If you answered "Yes", what is the maximum amount of match % you could provide and the project still be completed (select one of the percentage boxes below, if applicable)?

Check One:

☐ 35% ☐ 40% ☐ 45% ☐ 50% ☐ 55% ☐ 60% ☐ 65% ☐ 70%

GRANT BUDGET

Expense Description	Total Grant Request in $	District Match %	District Funding in $	Grantee Match %	Grantee Funding in $
EXAMPLE: Carts for Curbside Recycling; (200) 96-gallon carts	$ 10000	.7	$ 7000	.3	$ 3000
	$	.7	$	.3	$
	$	.7	$	.3	$
	$	.7	$	.3	$
	$	.7	$	.3	$
	$	.7	$	.3	$
	$	.7	$	.3	$
	$	.7	$	.3	$
	$	.7	$	.3	$
Total Non-Eligible Expenses	$	n/a	$	n/a	$
GRAND TOTALS	$		$		$

BUDGET WORKSHEET INSTRUCTIONS: The above sheet provides an overview of the budget for the District Incentive Grant. Use the above form to calculate the grant request and matching funds.

The following is the information being requested in the following categories:

- Expense Description: Provide a brief description of what you are requesting grants funds for. It does not need to be overly detailed; reviewers can refer to the page 2 of 5 for more detail if they need additional infromation.

- Total Project Costs: Total project costs are all costs the community will incur for this project. This may include eligible and non-eligible costs. Remember, only eligible costs will be reimbursed, and only eligible costs can be used as part of your match. Example: You are buying carts for your recycling program and the carts cost $20,000.00 but you have to deliver them to the neighborhoods, and you are using a third-party contractor to do this (at $3,000). The Total Project Expenses would be $20,000.00 + $3,000.00 =$23,000.00; your eligible expenses would be $20,000.00; District Reimbursement would be $14,000.00 and Grantee Match would be $6,000.00).

- Project Eligible Costs: See Grant Allowable and Non-Allowable eligible costs for all the Grant requests.

- District Reimbursement Match: The District Reimbursement Match is 70% of the Eligible grant expenses. The District Match may be less based on grant funds available.

- Grantee Match: The Grantee Match is 30% of the Eligible grant expenses. Grantee Match may be higher based on grant funds available.

GRANT TIMELINE

PROJECT TIMELINE		
DESCRIPTION OF TASK(S)	ESTIMATED START DATE	ESTIMATED END DATE

GENERAL COMMENTS:

What improvements would you like to see in the grant process next year?

What information could the District provide to your community to improve waste reduction and recycling?

Contract for Trash and Recycling Services (if not applicable - type n/a in the box):

☐ Yes, I have attached a copy of our contract for waste and recycling services?

☐ No, we provide the service to our residents and we charge:$ per month/hh and provide the following services:

- Weekly Trash Collection:
  ☐ 96-Gallon Carts ☐ 64-Gallon carts ☐ Other:
- Weekly Recycling Collection:
  ☐ 96-Gallon Carts ☐ 64-Gallon carts ☐ Other:
- Bulk Item Collection: ☐ Yes ☐ No Other:
- Separate Yard Waste Collection: ☐ Yes ☐ No Other:
- Other Trash/Recycling Related Collection Services: