

***Green Schools Grant Program
School Year 2012 - 2013
Grant Application***

*Solid Waste Management
Green Schools Grant Program*

Get Caught 

Deadline is
February 15, 2012



BUREAU OF WASTE MANAGEMENT
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 320, TOPEKA, KS 66612-1366
Voice 785-296-1600 Fax 785-296-1592 kansasgreenschools.org

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4. TOTAL BUDGET: Please provide grant amount requested and related match for each of the following categories. Use the "Itemization Spreadsheets" to calculate the totals for each category. Additional information on "Funding and Match Requirements" can be found in the Grant Application Instructions.

	State Funds Grants	Match Amount	Total Cost this Category
SALARIES	\$ <u> N/A </u>	\$ _____	\$ _____
TRAVEL	\$ _____	\$ _____	\$ _____
SUPPLIES	\$ _____	\$ _____	\$ _____
CAPITAL EQUIPMENT	\$ _____	\$ _____	\$ _____
PROF. SERVICES	\$ _____	\$ _____	\$ _____
OTHER	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

PERCENTAGE OF TOTAL % **plus** % **equals** 100 %

Must be at least 25%

BUDGET CATEGORY DEFINITIONS AND EXPLANATIONS:

SALARIES: grant funds should not be used to pay salaries; however, salaries may be used as match.

TRAVEL includes costs incurred conducting public education, seminars, training, etc.

SUPPLIES include public education materials/supplies and items and equipment with a cost of less than \$500.

CAPITAL EQUIPMENT is for purchase of equipment with a useful life of at least one year and a cost of \$2,500 or greater.

PROFESSIONAL SERVICES include consultants and contractors fees.

OTHER includes expenditures for items that don't fall into the above categories or cash match.

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5. CERTIFICATION:

The person signing this document must have the authority to contractually bind the applicant or be the designated fiscal agent. For schools, this is generally the superintendent, or board president. Please be sure to secure all necessary approvals from government bodies prior to signing this application.

The undersigned is an official authorized to represent the applicant.

I certify that all proposed activities will be carried out; 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

Contact Information for Summer Months

In the past, we have experienced challenges contacting grant recipients during the summer months. Please provide us with contact information we may use when school is dismissed for the summer. Thank you.

Name

Title

Phone and/or e mail contact information

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6. ITEMIZATION SPREADSHEET: Please use these worksheets to provide a detailed breakdown of project expenses in each applicable grant and match category.

SALARIES

Person	Assigned Task	# of Hours	Cost	Total
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
			Salary TOTAL	\$ _____

TRAVEL: An example of completing this category could read as follows: “2 school buses for field trip to Stone Nature Center at \$80.00 each. Total: \$160.00.”

A.				
			TOTAL for A	\$ _____
B.				
			TOTAL for B	\$ _____
C.				
			TOTAL for C	\$ _____
D.				
			TOTAL for D	\$ _____
			Travel TOTAL	\$ _____

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SUPPLIES: An example of completing this category would be: "20 recycle bins at \$2.00 each for a total of \$40.00"

Item	# of Items	Cost per each	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Supplies TOTAL			\$ _____

CAPITAL EQUIPMENT: An example of an item for this category is any individual piece of equipment valued \geq \$2,500.

Item	# of Items	Cost per each	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Capital Equip. TOTAL			\$ _____

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PROFESSIONAL SERVICES: An example of completing this category could read as follows:
“1 speaker for school assembly at \$45.00/hour for 3 hours. Total: \$135.00”

A. _____

TOTAL for A \$ _____

B. _____

TOTAL for B \$ _____

C. _____

TOTAL for C \$ _____

Professional Services TOTAL \$ _____

OTHER: Please use this category for those items not included elsewhere including as much specific information as possible.

A. _____

TOTAL for A \$ _____

B. _____

TOTAL for B \$ _____

C. _____

TOTAL for C \$ _____

D. _____

TOTAL for D \$ _____

Other TOTAL \$ _____