Waste Tire Grant Program - SFY 2014

Tables & Benches Application

Postmark Deadline is February 1, 2014

Return the completed application to:

Karen Lollman or Megan MacPherson
Bureau of Waste Management
1000 SW Jackson, Suite 320
Topeka, Kansas 66612

For questions:

785-291-3510 or 785-296-1617
klollman@kdheks.gov
mmacpherson@kdheks.gov

_____ _____
Name of Applicant/Organization County

_____ _____ _____ _____
Address City State Zip

_____ _____
Contact Person (responsible for day to day project management) 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? _____
If so, have your prior grant(s) closed? _____

- Please give a brief description of the education and outreach component. An education and outreach component will outline how the organization receiving the grant plans to inform their population about the receipt of the grant, the benefit of the product and the final project:

Approved Vendor list is posted at:
http://www.kdheks.gov/waste/forms_grants.html

Waste Tire Product Information –
Product must be on the approved product list.
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 50%		Grant Funds 50%
Labor	In-Kind (1)	Cash (2)	Grant (3)
Management/Design (in-kind)			
Labor Salaries for base preparation or Installation (in-kind).			
Volunteer Labor (in-kind)			
Equipment (install cost)			
Shipping			
Waste Tire Derived Product:			
Item (1) - Tables			
Item (2) - Benches			
Item (3)			
Supplies:			
(Specify)			
(Specify)			
Other:			
(Specify)			
(Specify)			
Totals for each Column:	$	$	$
Total Match (add column 1 & 2):		$	
Total Project Cost (total match & total grant):		$	

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

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