



Application ***for*** ***FY 2022 Small Solid Waste Grant Program***

Postmark Deadline is
May 15, 2021

***Kansas Department of Health and Environment
Bureau of Waste Management
1000 SW Jackson, Suite 320
Topeka, KS 66612-1366
(785) 296-1600
(800) 282-9790 FAX (785) 559-4252***

Our Mission: To protect and improve the health and environment of all Kansans

**BUREAU OF WASTE MANAGEMENT
FY22 SOLID WASTE SMALL GRANT APPLICATION**

PRIORITY ____

APPLICATIONS MUST BE POSTMARKED BY MAY 15, 2021

Contact Person, Title : _____
Project Manager if Different: _____
Organization: _____
Contact Address: _____
City, State, Zip _____
FEIN: _____
Phone (_____) _____ - _____
E-Mail: _____
Who will sign the contract? Name _____ **Title** _____

The Solid Waste Committee must show their knowledge and support for this grant.

Short description of project including site address:

Public education and outreach plan:

Area served by this facility: _____

Are there similar services in the same area? _____ If so, provide name: _____

How will the items purchased with this grant impact your program?

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BUDGET SUMMARY:

	Match (Minimum 25% of TOTAL)	Grant (Up to \$7,500)	TOTAL
Salaries (match only)		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Travel		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Supplies			
Capital Equipment			
Professional Services		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Other			
TOTAL			

SALARY DETAIL: (MATCH ONLY)

Hours _____ Activity _____ Hourly rate (average) \$ _____

TRAVEL DETAIL: (MATCH ONLY)

Destination _____ Purpose _____ # Miles _____ Cost/Mile \$ _____

SUPPLIES DETAIL: (Public education materials, items and equipment with a lifespan of less than one year or a cost of less than \$500.00)

Item _____ cost \$ _____

Item _____ cost \$ _____

Item _____ cost \$ _____

Item _____ cost \$ _____

CAPITAL EQUIPMENT DETAIL: (Items exceeding \$2,000 each)

Item _____ cost \$ _____

Item _____ cost \$ _____

PROFESSIONAL SERVICES DETAIL: (Professional and contractor's fees—MATCH ONLY)

Name _____ Activity _____ Cost \$ _____

Name _____ Activity _____ Cost \$ _____

OTHER DETAIL:

Item _____ cost \$ _____

Item _____ cost \$ _____

Item _____ cost \$ _____

Item _____ cost \$ _____

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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 chairman of the county commission.

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

**BUREAU OF WASTE MANAGEMENT
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COUNTY SOLID WASTE MANAGEMENT PLANNING COMMITTEE SUPPORT FORM

A Solid Waste Grant Application cannot conflict with a KDHE approved county or regional solid waste management plan (as mandated by K.S.A. 65-3405). Grant funds to any entity within the jurisdiction of such county or regional authority shall be withheld if a county or regional authority fails to comply with K.S.A. 65-3405

The applicant must have the following form completed by the chairman of the county's Solid Waste Management Planning Committee or the county commission. The completed form must be received by KDHE by June 1, 2021.

COUNTY SOLID WASTE MANAGEMENT PLANNING COMMITTEE SUPPORT FORM (print or type)

_____, Chairman of _____
(name) (Solid Waste Planning Committee or County Commission)

for _____ County makes the following determination regarding the application
(county of proposed project)

for _____

(please give a brief description of the proposed project)

Date _____

Is the county or regional solid waste management plan up-to-date? ☐ Yes ☐ No

Date of last review/update _____

Not sure? Call KDHE-BWM Jeff Walker 785-291-3764 or email at Jeff.Walker@ks.gov .

I certify the project described in this Solid Waste Grant Application is consistent with the Solid Waste Management Plan.

Chairman
Solid Waste Planning Committee

BUREAU OF WASTE MANAGEMENT
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STOP!

YOU MUST REVIEW THE FOLLOWING ITEMS, INITIAL EACH
AND SUBMIT THIS PAGE WITH GRANT APPLICATIONS NOT
GREATER THAN \$7,500.00.

Initials	
	The requested grant amount is not greater than \$7,500
	I read the Grant Guide and followed the application guidelines.
	I enclosed the signed Solid Waste Management Planning Committee form*.
	I determined the Solid Waste Plan for my county/region is current.
	I attached price quotes for every item costing \$2,000 or more.
	I detailed a public education/outreach plan.
	I submitted a detailed budget.
	I included letters of support or government resolutions.
	The application is signed by the authorized representative.
	*If not attached, must be received by June 1, 2021

Date

Applicant Signature