

ATTACHMENT A
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
LOCAL GOVERNMENT RECYCLING COOPERATIVE GRANTS
APPLICATION FORM

1. Name of Applicant _____
2. Address of Applicant _____
City _____ State _____ Zip _____
3. Telephone No. of Applicant _____
4. Contact Person _____
5. Address of Contact Person _____
City _____ State _____ Zip _____
6. Telephone No. of Contact Person _____
7. Email Address of Contact Person _____
8. Federal Employee Identification Number _____
9. Descriptive Title of Project/Program _____

10. List all political subdivisions which the cooperative project/program will serve and the total population of each. (e.g. counties, cities, etc). Attach additional pages where necessary:

11. Is the Applicant in violation of or delinquent on, any condition of a previously awarded grant or loan from the MDEQ or a Federal agency? _____ yes _____ no (If yes, please attach an explanation)
12. Certification
To the best of my knowledge and belief, I certify that the information provided in this application (including attachments) is true, accurate, and correct. I further certify that I possess the authority to apply for this grant on behalf of the Applicant.

Name of authorized representative (Please type or print) Signature of authorized representative

Title of authorized representative (Please type or print) Date

ATTACHMENT A-1
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
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APPLICATION FORM

1. Grant Applicant: _____
2. Please indicate the total amount of grant funds requested: \$ _____. Using Attachment A-2 of the application form, attach a detailed budget for the proposed project/program and a description of any other proposed matching funds contributed to the project through other grants or other funds by the grant applicant or participating communities. Please enclose and provide documentation or information sufficiently justifying the costs proposed.
3. If the project involves an existing regional cooperative entity/organization or involves the establishment of a new regional cooperative entity/organization, please provide a copy of the articles of incorporation or other documentation that the organization has followed appropriate legal requirements in becoming established. If no such regional organization exists, skip to Number 4.
4. If the project involves a hub and spoke arrangement, please provide a copy of any and all inter-local agreements, letters of support, memorandums of participation or other documents demonstrating the cooperative efforts between the local governments participating in the project.
5. Please provide a detailed narrative of the proposed recycling project including at a minimum, a description of the recycling collection and processing system, the integral personnel involved in directing the project, the goals of the project and anticipated outcome of the project.
6. Please identify any known locations selected for recyclable material collection and/or processing sites/facilities. Please identify the need for any local, state, and/or federal permits or approvals that may be required to conduct the project at these sites. These permits may particularly be necessary for projects that propose new construction.
7. Please provide a detailed discussion of the ability of the project to satisfy the preference factors described in part VII of the FOA.
8. Please describe how the technical and economic aspects of the project will be sustained beyond the grant project dates.
9. Please provide any and all other forms, documents and supporting information that may be necessary to complete this application or that may be required by the Department of Environmental Quality.

Mississippi Department of Environmental Quality
Solid Waste Policy, Planning & Grants Branch
P. O. Box 2261, Jackson, MS 39225
Phone: 601-961-5171/Fax: 601-961-5785

ATTACHMENT A-2
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
LOCAL GOVERNMENT RECYCLING COOPERATIVE GRANTS
APPLICATION FORM

1. Grant Applicant: _____
2. Please check one or more of the following activities which the applicant intends to conduct with the requested funds and include the amount of the total funds needed to conduct each activity. Please attach a fully detailed breakdown for each activity on how the funds will be used, such as each piece of equipment, personnel, each facility to be constructed, etc). For any proposed personnel costs, be sure to specify the matching funds to be provided.

| | | Grant Funds Requested |
|--------------------------|--|-----------------------|
| <input type="checkbox"/> | A. Design/Develop Recycling System/Program | \$ _____ |
| <input type="checkbox"/> | B. Facility/Site Construction Costs | \$ _____ |
| <input type="checkbox"/> | C. Transportation Costs | \$ _____ |
| <input type="checkbox"/> | D. Personnel Costs | \$ _____ |
| <input type="checkbox"/> | E. Equipment Costs | \$ _____ |
| <input type="checkbox"/> | F. Public Education/Outreach Costs | \$ _____ |
| <input type="checkbox"/> | G. Other Recycling System Costs | \$ _____ |
| <input type="checkbox"/> | H. Grant Administration Costs | \$ _____ |
| | <i>(Note: No more than 3% of the grant funds may be used for administration of the grant.)</i> | |
| | TOTAL FUNDS REQUESTED | \$ _____ |

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