MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
GRANT APPLICATION
PART 1. GENERAL INFORMATION

1. Name of Applicant ________________________________________________________________

2. Address of Applicant _____________________________________________________________
   City __________________________ State __________________ Zip ______________________

3. Telephone No. of Applicant ______________________________________________________

4. Contact Person _________________________________________________________________

5. Address of Contact Person (if different than applicant) ________________________________
   City __________________________ State __________________ Zip ________________

6. Telephone No. of Contact Person __________________________________________________

7. Email Address of Contact Person __________________________________________________

8. Grant Request Category:
   ______ a. Local Government Solid Waste Assistance Grant (attach Part 2a)
             Competitive grant request ________ Non-Competitive grant request ________
   ______ b. Local Government Solid Waste Planning Grant (attach Part 2c)
   ______ c. Local Government Waste Tire Grant (attach Part 2b)

9. Descriptive Title of Project/Program ________________________________________________

10. Describe the geographic area which the project/program will serve including the population to be served and list all political subdivisions to be served (e.g. counties, cities, etc.):
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

11. Is applicant in violation of or delinquent on, any condition of a previously awarded grant or loan from the MDEQ?
    ______ 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 ____________________________

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