

HAMILTON COUNTY SOLID WASTE MANAGEMENT DISTRICT
School Waste Reduction Assistance Grant

**Application for Grant Award for
2008-2009 School Year**

Application deadline: February 25, 2008

Submit to:

**Hamilton County Solid Waste Management District
Attn: Sue Magness, Education Specialist
250 William Howard Taft Road
Cincinnati, OH 45219**

HAMILTON COUNTY SOLID WASTE MANAGEMENT DISTRICT
School Waste Reduction Assistance Grant

General Information

PURPOSE

The School Waste Reduction Assistance Grant Program will distribute up to \$10,000 through a competitive grant application process in 2008. Grants are available to assist schools with innovative waste reduction, recycling, and/or compost programs that will significantly reduce the grantees' waste stream.

ELIGIBILITY

- PreK-12 schools within Hamilton County boundaries, recognized by the Ohio Department of Education.
- Previous solid waste district grant recipients will be eligible for additional grants for new activities. Expansion of existing programs will be considered new activities. The District will partially fund previously funded programs, 50% cash match required for second year applicants.
- All grant activity must be conducted within the District boundaries (the District consists of Hamilton County, including portions of Sharonville and Loveland that are located in Butler, Warren and Clermont Counties).
- Grant funds can not replace existing funding.

APPLICATION SIGNATURE

An authorized representative of the school applying for the grant must sign all applications. The District may verify such authorization.

GRANT SIZE AND MATCHING FUNDS

Grant requests can only be made for one year. Matching funds are not required for first time applicants, but a commitment of matching funds or in-kind services is a positive evaluation criterion in reviewing grant applications. Schools applying for a grant may request up to \$3,000, but the District encourages applications for less than \$700.

FUNDING DECISIONS

District staff and the District Finance Subcommittee will review Grant applications. The Finance Subcommittee will make recommendations on behalf of the District Policy Committee to the Hamilton County Board of Commissioners. Recommendations by the Finance Subcommittee will be based on the published selection criteria available to applicants that are included in this package. Decisions on grant applications will be made once each year. Applicants selected for grant funding will be notified by June 30, 2008. Several steps must be completed by all grantees

before checks can be issued. Due to circumstances beyond our control, the issuance of the check may be later than anticipated.

ACCOUNTABILITY AND REPORTING REQUIREMENTS

- The District has the right to visit a project site at any reasonable time and to audit expenditures of grant funds and project status.
- Quarterly reports, as well as a final report, must be submitted to the District. The following must be included in all reports: total expenditures (including invoices), activities, and a project status report (for quarterly reports) and a project evaluation (for final reports). Quarterly reports are due on October 31, 2008; January 31, 2009; and April 30, 2009. The final report is due on July 31, 2009.
- Grant monies will be provided for expenses that have been agreed upon in the application. Any programmatic or budgetary changes require a written request for a revision. Grantees are allowed two revisions.
- Reporting requirements will be established in conjunction with the disbursement schedule.
- The District requires repayment of any funds not spent on the approved project within 60 days after the grant is complete.

SCHOOL GRANTS PROGRAM SELECTION CRITERIA

MANDATORY

1. The project must be conducted within the Solid Waste Management District boundaries.
2. The applicant must be a school as defined by the Ohio Department of Education.
3. The application is for projects occurring in the 2008-2009 school year.
4. Other sources of funding for the project must be identified in the application.
5. Applicant must provide a letter of support signed by the governing body of the organization.
6. Applicant must provide a letter of support signed by the building facility manager (custodian).
7. Applications must be reproducible and submitted on 8.5x11 size paper using 10-pt or larger font. The submittal must be double-sided and printed on recycled-content paper.
8. The project must include a waste audit.

9. The application must include a copy of your school's last monthly garbage bill.
10. Grant application is complete, including all required attachments, and appropriately signed and notarized.

EVALUATION FACTORS

Highest priority will be given to programs that best meet the following criteria:

1. The program is innovative for the school and has value as a demonstration that can be used by other schools in Hamilton County.
2. The applicant demonstrates the ability to complete the program objectives in a cost-effective manner. Budget and program description information submitted in this application will be reviewed and used in part to demonstrate an applicant's ability to complete their program objectives.
3. The quantity of waste that can be cost-effectively diverted from disposal is measurable and significant. Include methods used to determine the total quantity of waste diverted and cost savings realized by implementation of the recycling program.
4. Matching funds are provided or the program demonstrates a cooperative approach involving several organizations, communities, or schools. Include a commitment letter from cooperating entities.
5. Second-year applicants continuing the same program must verify that a 50-percent cash match will be provided from another source.

UNALLOWABLE COSTS

1. Litter collection programs or beautification projects.
2. Entertainment costs.

GRANT APPLICATION INSTRUCTIONS

Complete the grant application form (Section I, II, III, and IV) and provide the required attachments as described in the General Information section. Insert the Detailed Program Description pages after the Application Cover Sheet. Submittal must be in 10-point font or larger. Please number the pages of your detailed program description.

Application must be received by February 25, 2008.

Send original (notarized) application to:

Hamilton County Solid Waste Management District
School Waste Reduction Assistance Grant
ATTN: Sue Magness, Education Specialist
250 William Howard Taft Road
Cincinnati, OH 45219

Direct any questions to Sue Magness at (513) 946-7736 at Solid Waste Management District, Education Outreach Programs.

Hamilton County Solid Waste Management District
School Waste Reduction Assistance Grant Application

I. Application Cover Sheet

Full School Name _____

Address _____

City _____ State _____ Zip _____

Contact Person Name/Title _____

Site Contact (if person above not employed by school) _____

School Phone _____ Home Phone _____ Fax _____

E-mail Address _____

School Type (check one): Public (list school district) _____ Private ___ Parochial _____

Grade Level _____ No. of Students _____ No. of Adults (faculty and staff) _____

Project Title _____

Grant Amount Requested \$ _____
(Part B, #1)

Total Project Value \$ _____
(Add Part A and C)

<p>PROJECT SUMMARY</p> <p>Please provide a <i>brief</i> description of your program in the space provided.</p>

Authorized Official _____
(Print)

Notary

Signature _____

Name _____

Title _____

Signature _____

Date _____

My Commission Expires _____

II. Program Details

Provide a detailed description of the program for which you are requesting grant assistance. Present the information described below in no more than six type-written pages, using 10-pt font or larger. Please number the pages of this section as follows: B-1, B-2, etc.

1. **Background:** Present organizational structure, experience, and qualifications that will demonstrate your ability to complete the project objectives. Include the resume of program leader that demonstrates his/her qualifications in implementing the proposed project. Indicate grade levels (e.g., 9-12), number of students, and number of adults (faculty and staff) in the school.
2. **Program Description:** Describe program activities. Identify who will be served by your program and any limitations on those served. Include program objectives.
3. **Program Schedule/Timeline:** Describe the schedule using a table or chart to illustrate events, tasks, and major milestones. (Project start date: No earlier than August 1, 2007.)
4. **Project Results:** Describe anticipated program results in terms of a) an estimate of pounds or tons diverted from disposal, and b) an estimate of overall cost-savings realized by implementing the recycling program. Provide a basis for any estimates and define how the amounts will be determined.
5. **Sustainability:** Indicate what steps you will take or other funding sources you will research to ensure the program could become financially self-sufficient, or if it will terminate when grant funds are exhausted.
6. **Cooperation:** List any cooperating organizations, including full address, zip, telephone, and name of contact person. Describe their role in the program.

III. Budget Proposal

BUDGET FOR GRANT APPLICATION			
A. Expenses			
	Grant	Cash Match <small>(other cash contributions- provide details in Part B)</small>	Total
1. Personnel	\$	\$	\$
a.			
2. Contractual Service <small>(i.e., hauling service, program fees)</small>	\$	\$	\$
a.			
b.			
Subtotal Personnel and Contractual Services	\$	\$	\$
3. Equipment <small>(i.e., durable items over \$500)</small>			
a.			
4. Materials & Supplies <small>(i.e., collection containers, liners)</small>			
a.			
b.			
c.			
Subtotal Equipment, Materials and Supplies	\$	\$	\$
5. Promotion & Advertising <small>(i.e., flyers, posters, ads.)</small>			
a.			
6. Other			
a.			
b.			
Subtotal Promotion, Advertising and Other	\$	\$	\$
TOTAL EXPENSES <small>(Sum A.1 through 6)</small>	\$	\$	\$

III. Budget Proposal (continued)

B. Funds & Income (include cash match here)		
Source List other cash contributors below. (e.g., PTA, company, etc.)	Amount The amount you have requested	Status/Expected Decision Date Do you already have the money or is it contingent on a match or other factors?
1. District Grant	\$	
2.		
3.		
TOTAL Funds & Income (Part B)	\$	

C. In-kind Services		
Source Donor (e.g., school time, personal time, environmental club, PTA, etc.)	Nature of Services Describe the nature of the service or item. Include number of volunteer hours anticipated/needed for the project to be successful.	Est. Value (\$)* Use real hourly rate or value if possible. Otherwise use: \$15 for skilled labor (teacher coordinator time) \$10 for unskilled (student time).
1.		\$
2.		
TOTAL In-kind Value (Part C)		\$ *Define methods to estimate value of in-kind services:

<p>Budget Summary</p> <p>Part A (Expenses): _____</p> <p>Part B (Cash Income): _____</p> <p>Part C (In-Kind): _____</p>
<p>Total Project Value (Add A and C): _____</p>

IV. GRANT APPLICATION CHECKLIST

Before mailing, check your grant application using this checklist. Initial each line. Applications lacking any of these items will be returned. Incomplete applications received after February 25, 2008, will not be considered for funding during this grant year.

- ___ Is the application form signed and notarized (I. Application Cover Sheet)?
- ___ Is a specific dollar amount requested (I. Application Cover Sheet)?
- ___ Does the application include a detailed program description of no more than six type-written pages in the order requested (II. Program Details)?
- ___ Does the program budget show a breakdown of expenses and funding in the required format (III. Budget Proposal, 2 pages)?
- ___ Is the submittal double-sided and on recycled-content paper?
- ___ Does the description of "Project Results" include the long-term impact of the waste reduction, reuse, or recycling program? (II. Program Details, item 4)
- ___ Have you included your letters of support and a copy of your school's most recent garbage bill?
- ___ Have you completed the appropriate pages of the grant application, filled in all the blanks, and provided the necessary information? The information on these pages must be submitted to the District in order for your application to be complete.
- ___ Have you made a copy of your submittal for your own records?
- ___ The 'Full School Name' listed is the legal name and the entity to which you want the check issued. (See I. Application Cover Sheet).