

# Boston Mountain Solid Waste District 2017 Mini-Grant Application



## Organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Contact/ Applicant

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Project

Project Title: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Matching investment?    Yes    No                      If Yes, amount of match: \_\_\_\_\_

Name of the provider of the matched funds: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Approximate number of people impacted by this project: \_\_\_\_\_

Approximate age or grade of people impacted by this project: \_\_\_\_\_

## **Please fill out and attach the following:**

1. *Project Description* (see Page 2 for required details)
2. Signed *Statement of Approval* from the head of your organization or school (Executive Director, Principal, etc.). (Page 3)
3. Other supporting documents as desired (letters of support, photos of requested equipment, information from waste audit, etc.)

Please submit all application materials to [recycle@bmswd.com](mailto:recycle@bmswd.com) no later than

November 10, 2017. Grant recipients will be notified by December 1, 2017.

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## Project Description

Attach additional pages as needed to provide sufficient detail of the following:

- a. Project Summary — provide a general narrative of the project.
- b. Project Goals — provide a desired impact statement and the data collection tools you plan to use for benchmarking or evaluating success.
- c. Project Education — how, specifically, will this project expand solid waste education in our District?
- d. Project Continuation — how will the project be maintained, funded, or continued once the grant funds are expended?
- e. Project Budget — please provide a detailed line item budget.

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## Statement of Approval

I, \_\_\_\_\_ (NAME), \_\_\_\_\_ (POSITION)  
of \_\_\_\_\_ (ORGANIZATION), have reviewed this grant  
application and approve its submission to the Boston Mountain Solid Waste District's 2017  
Mini-Grant Program. If this applicant is awarded the requested funds, I give full permission for  
them to implement the project as described in this proposal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If the project requires special use of campus/ organization facilities or changes in physical  
arrangements, please provide details and contact information for the person who has approved  
these uses or changes:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_