

Delaware Department of Natural Resources and Environmental Control	Universal Recycling Grant and Low Interest Loan Program Application Seventh Cycle and Eighth Cycle	Revised April 2016
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**This page must be completed in its entirety. Failure to provide the information requested could result in your application being deemed ineligible. Grant Guidance document can be located at:
www.dnrec.delaware.gov/dwhs/pages/recyclinggrants.aspx**

Project Title	
Name of Organization	
EIN/Tax ID Number	
Brief Project Description	
# of Customers/Target Population	
Total Funding Requested	

Have you requested/received previous funding from this program before?

Is the organization applying for this program delinquent on any state or federal taxes?

Please Select the funding you are applying for

I certify under penalty of law that I have personally examined and am familiar with the information contained in this application and that to the best of my knowledge, I believe that submitted information is true, accurate, and complete:

Original Signature and Date		Original Signature and Date
Organization Manager/Director Name		Project Manager/Director Name
Title		Title
Address Line One		Address Line One
Address Line Two		Address Line Two
Phone Number with Area Code		Phone Number with Area Code
Email Address	Email Address	

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Goal	Text in this section should not exceed allowable area. Describe what your proposed recycling project will accomplish.		
Empty space for Goal description			
Need and Benefit	Text in this section should not exceed allowable area. Please describe why this grant is necessary and how, and by what amount, your project will increase diversion of the targeted waste stream.		
Empty space for Need and Benefit description			
Organization Name:		EIN:	

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Implementation	Text in this section should not exceed allowable area. Please describe how the project will be implemented, including the timeframe and individual program aspects.		
Outreach & Education	Text in this section should not exceed allowable area. Discuss your plan for informing the potential participants of your program that recycling is available, how to participate, and of any benefits.		
Organization Name:		EIN:	

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Performance Measures	Text in this section should not exceed allowable area. Please discuss what unit(s) of measure you will use to determine the success of the project. Discuss how and when you will calculate or track these measurements.		
Sustainability	Text in this section should not exceed allowable area. Describe how your project will continue once you have used the grant or loan funds. Will you be able to continue independent of future grants or loans?		
Organization Name:		EIN:	

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Partnering	Text in this section should not exceed exceed allowable area. Please describe any partnering relationships that will occur and the nature of those partnerships. How will they affect the effectiveness or efficiency of your project?	
Empty space for text entry		
Organization Name:		EIN:

Proposed Budget

Organization:

EIN:

Product/Service Description	Vendor	Unit Cost/Hourly Rate	Quantity or Number of Hours	Universal Recycling Funds Requested	Applicant Match Cash (Not Required)	Applicant Match In-Kind (Not Required)
			Total:			

Important Notes:

You must attach a quote, pricing sheet, or similar supporting documentation for each line item listed above.

Only items included in table above will be eligible for funding; **NO** new items will be considered after the fact. Substitutions of like items will require prior approval.