



## POLLUTION PREVENTION – COMPETENCY - BASED TRAINING GRANT PROJECT PROPOSAL

*(Authority: Part 145, PA 451 of 1994, as amended. To be considered for a grant, completion of this application is required.)*

### Part I. Application

*Please print with black ink or type all information.*

<b>SECTION I. GENERAL INFORMATION</b>			
1. NAME AND TITLE OF OWNER/PERSON WITH GRANT ACCEPTANCE AUTHORITY			
2. ORGANIZATION NAME			
3. TYPE OF ORGANIZATION			SIC Code (if known)
4. MAILING ADDRESS (number and street)			P.O. BOX (if applicable)
CITY	STATE		ZIP CODE
5. TELEPHONE NUMBER (include area code)		6. FAX NUMBER (include area code)	
7. E-MAIL ADDRESS (if available)		8. ORGANIZATION WEBSITE ADDRESS (if available)	
9. ARE YOU A MEMBER OF DEQ'S POLLUTION PREVENTION PARTNERSHIPS TECHNICAL ASSISTANCE PROVIDER, OR ASSOCIATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			10. RETAP WASTE ASSESSMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

<b>SECTION II. CERTIFICATION</b>	
<p>I certify that I have personally examined and am familiar with the information submitted, and that, based on my inquiry of those individuals responsible for obtaining the information; I believe that the submitted information is true, accurate, and complete.</p>	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> DATE

<b>SECTION III. PROJECT INFORMATION</b>		
1. PROJECT TITLE <b>Pollution Prevention – Competency-Based Training</b>		
2. ESTIMATED PROJECT START DATE		ESTIMATED PROJECT COMPLETION DATE
3. GRANT AMOUNT REQUEST	APPLICANT MATCH	TOTAL COST OF PROJECT
4. PROJECT ADDRESS (if different from mailing address above)		
CITY	COUNTY	ZIP CODE
5. PROJECT CONTACT (if different from Section I, subsection 1 above). <b>Same As Section 1.</b>		
PROJECT CONTACT TITLE		E-MAIL ADDRESS (if available)
TELEPHONE NUMBER (include area code) (       )		FAX NUMBER (include area code) (       )
6. IF ALL CORRESPONDENCE IS TO GO TO THE PROJECT CONTACT, CHECK THIS BOX.		<input checked="" type="checkbox"/>







Pollution Prevention – Competency Based Training (continued)

<b>SECTION VIII. BUDGET</b>			
<b>Column A BUDGET CATEGORIES</b>	<b>Column B GRANT FUNDS</b>	<b>Column C APPLICANT MATCH</b>	<b>Column D TOTAL</b>
<b>1. BUILDING &amp; FACILITIES MODIFICATIONS</b>			
<b>Subtotal:</b>			
<b>2. EQUIPMENT, SUPPLIES &amp; MATERIALS</b>			
<b>Subtotal:</b>			

Pollution Prevention – Competency Based Training (continued)

<b>SECTION VIII. BUDGET - CONTINUED</b>			
<b>Column A BUDGET CATEGORIES</b>	<b>Column B GRANT FUNDS</b>	<b>Column C APPLICANT MATCH</b>	<b>Column D TOTAL</b>
<b>3. CONTRACTUAL SERVICES:</b>			
<b>Subtotal:</b>			
<b>4. STAFFING COSTS: Include Fringe benefits and Travel costs.</b>			
<b>Subtotal:</b>			
<b>5. OTHER COSTS:</b>			
<b>Subtotal:</b>			
<b>6. INDIRECT COSTS (Rate 10%___of Grant)</b>			
<b>7. GRAND TOTAL (add Subtotals only)</b>			