RECYCLING AND ORGANICS INFRASTRUCTURE GRANT APPLICATION COVER SHEET

Applicant Name:

Street Address:

City/State/Zip/County:

Mailing Address (if different than above):

City/State/Zip:

Contact Person and Title:

Contact Person's E-Mail Address:

Contact Person's Telephone Number:

Grant Amount Requested:

Local Match Amount (must be equal to or greater than 20 percent of the total grant budget):

Total Grant Budget:

DUNS Number:

State Senator:

Federal Identification Number:

State Representative:

Applicant Signature (application must be signed by the person accepting responsibility for the terms and conditions of the grant agreement if awarded):

Print Name:

Signature: _____

Date:

For information or assistance on this publication, please contact the Materials Management Division, through EGLE Environmental Assistance Center at 800-662-9278. This publication is available in alternative formats upon request.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.

MATERIAL MANAGEMENT INFRASTRUCTURE GRANT APPLICATION BUDGET FORM

Applicant Name:				
Line Item No.	Budget Line Item Description	Quantity	Unit Price	Budget Amount
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
Total Grant Budget				$ 0.00

Grant Amount Requested	Local Match Amount	Total Grant Budget

The local match amount must equal at least 20 percent of the ***total grant budget***. The local match amount can be greater than 20 percent of the total grant budget. The grant amount requested cannot exceed $1,000,000.

For example, if the **total grant budget** is $1,500,000, the grant amount requested can only be the maximum amount of $1,000,000, and the local match amount would have to be $500,000, which is greater than 20 percent of the **total grant budget.**

If the **total grant budget is** $100,000, the local 20 percent match amount would have to be at least $20,000.

MATERIAL MANAGEMENT INFRASTRUCTURE
NON-REIMBURSEABLE BUDGET FORM

Applicant Name:

Line Item No.	Budget Line Item Description	Quantity	Unit Price	Budget Amount
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
Total				$ 0.00

Note: These costs are NOT eligible for reimbursement under the Recycling and Organics Infrastructure Grant but are necessary to complete the project.