

104 East Main Street

Brownsburg, IN 46112-1216

Phone: 317-858-6070 ● Fax: 317-858-6071

www.HendricksSolidWaste.com

***Grant Application Summary and Cover Page***

Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Program/Project Title/Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Program/Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Total Cost of Program/Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Grant Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If program/project is not completely funded, can it be completed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Grant Application***

**Please answer the questions below about your organization and your proposed program/project:**

**1) Organization Information:**

Briefly describe your organization. Include a mission statement and information on why it is an asset to the community.

**2) Program/Project Information:**

Describe the program/project for which you want financial support. Explain how the program/project will benefit your organization and further the mission of the Hendricks County Solid Waste Management District. Outline your plan to develop and execute the program/project.

* If the program/project involves recycling of materials, provide detailed information regarding how the logistics of the program/project will occur –How will recycling receptacles be monitored and emptied?

–Will a recycling contractor be involved? If so, how will those services be obtained?

–What steps will be taken to limit contamination of the recyclables?

* Provide an expense itemization and the total cost of your program/project.

–Explain which expenditures are most critical to the success of your project.

**3) Project Evaluation:**

Describe how will the success of your program/project be measured and what impact you expect to achieve. Explain how you estimated the impact your program/projects will have.

**Required Attachments to the Application:**

* A list of your organization’s Board of Directors, if applicable.
* A copy of your organization’s IRS 501 (c) (3) designation letter or tax exemption certificate.

**Other Requirements:**

* Applications may be mailed to:

**Hendricks County Solid Waste Management District**

**104 East Main Street**

**Brownsburg, IN 46112-1216**

* Application may also be submitted via email to:

**Ldetwiler@HendricksSolidWaste.com**

* Applications must be received by: March 13, 2015