

Boston Mountain Solid Waste District 2021 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 no later than

November 2, 2021. Grant recipients will be notified by December 2, 2021.

Boston Mountain Solid Waste District 2021 Mini-Grant Application



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.

Boston Mountain Solid Waste District 2021 Mini-Grant Application



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 2021
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: _____