



## Geauga-Trumbull Solid Waste Management District

### **Application for 2024-2025 Drop-off Improvement Grant (DIG)**

**\*\*May attach additional sheets if necessary\*\***

#### **1) Organization, Agency, or Business Information**

Applicant Organization:	
Mailing Address, City, Zip:	
Phone:	
Fax:	
Authorizing Official Name & Title:	
Authorizing Official Email:	

#### **2) Reporting: Please indicate who will be responsible for signing the grant agreement, overseeing grant funds, and providing a closeout report.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email address

#### **3) Description of physical location where project and/or equipment will be utilized. Please include who will have access to the project and/or equipment.**

#### **4) Project Narrative: Provide a brief description of your project, the need for the project, and what the goal of the project will be. Please include how the project will initiate or expand upon a recycling program, promote recycling efforts and/or waste reduction within Geauga or Trumbull Counties, or utilize recycled content materials for community purposes. Also include the timeline of the project and how it will be accomplished. (Project must be completed and reimbursement requested by June 30, 2025.)**

Support letter(s) attached.

**6) Recognition:** As a condition of reimbursement, all grantees will be required to show acknowledgement of District grant funding for their project. Details regarding requirements for this acknowledgement are available in the Go Green Grant Information packet.

Please acknowledge this requirement by initialing here:

[illegible]

- 8) Financial Information:** Please complete a detailed summary of project costs that will equal the grant request. If project costs exceed the grant amount requested, please state how the overage will be funded. \*If there is no remaining cost please mark N/A in this section.

Product/Service	Unit Cost \$	Quantity	Total Cost \$	Grant Funds Requested \$	Grantee Remaining Cost* \$
			Total Project Cost	Total Grant Request *max \$15,000	Total Remaining Cost *min 10% of grant funds requested

- 9) Additional documents (optional):** Attach additional documents (equipment quotes, add'l background info, site pictures, etc.)

Documents are attached

**10) Signature**

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date

By signing above, I hereby certify that the information provided in this application is true and accurate. I further certify that I possess the authority to apply for this grant on behalf of the applicant.

If there are any questions regarding this application, please feel free to contact the Geauga-Trumbull Solid Waste Management District for assistance. Applications can be completed online or emailed, faxed, or mailed to:

Gauga-Trumbull Solid Waste Management District  
5138 Enterprise Dr.  
Warren, OH 44481  
Phone: (330) 675-7967  
Fax: (330) 675-2672  
Email: [jenn@startrecycling.com](mailto:jenn@startrecycling.com)

**APPLICATION DEADLINE: FRIDAY, FEBRUARY 2, 2024**