



Application for 2026 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, 2027.)

5) Camera funding requests: If you are requesting funding to purchase security cameras, you are **REQUIRED** to attach a letter of support from the law enforcement entity for your community stating they support the project and will work with you to prosecute/follow-up on complaints. District access to camera feeds is recommended, to allow us to monitor site servicing.

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 Drop-off Improvement Grant Instructions.

Please acknowledge this requirement by initialing here: _____

7) Products/Services Needed: Provide a list of products and/or services to be purchased. Give a brief description of the items.

Product/Service	Vendor <small>*if already chosen</small>	Description

- 8) Financial Information: Please complete a summary of project costs that will equal the grant request. Enter estimated cost based on expense categories below. Drop-off Improvement Grants REQUIRE a 10% financial match from the community applying for funding.**

Category	Total Cost \$	Grant Funds Requested \$	Grantee Remaining Cost \$
Equipment			
Supplies			
Disposal Costs (tires/trash)			
Advertising			
Education/Outreach			
Signage			
Contract Services			
Other			
"Other" description:			
	Total Project Cost	Total Grant Request *max \$15,000	Total Remaining Cost

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

Attach to email or send via mail separately.

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

APPLICATION DEADLINE: FRIDAY, JANUARY 30, 2026

Received: _____