

Geauga-Trumbull Solid Waste Management District

Application for 2026 Go Green Community Grant

May attach additional sheets if necessary

1) Organization Agency or Rusiness Information

1) Organization, Agency, or busine	33 IIIOIIIatioii
Applicant Organization:	
Mailing Address, City, Zip:	
Phone:	
Fax:	
Authorizing Official Name & Title:	
Authorizing Official Email:	
grant funds, and providing a clo	seout report.
Title	
Phone	
Email address	
 Description of physical location who will have access to the pro 	where project and/or equipment will be utilized. Please include ject 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.)

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
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	public outreach that the applicant will provide during the course of the project (including newspaper articles, educational material, presentations, dedications, etc.).
5)	Public Participation/Outreach: Describe what audience will be directly influenced by this p as well as how it might affect other audiences within Geauga or Trumbull Counties. Include the control of the country of the control of the country of the

Product/Service	Vendor *if already chosen	Description	Recycled Content % *if purchasing benches, etc.

description of the item including % recycled content (if purchasing recycled benches, tables, etc.). Recycled content items must have a minimum of 50%-recycled materials. Attach quotes if you have them. *If applicable, please include vendor quotes with proof of % recycled content and type

for items listed above.

8) Financial Information: Please complete a summary of project costs that will equal the grant request. Enter estimated cost based on expense categories below.

Category	Total Cost \$	Grant Funds	Grantee Remaining
		Requested \$	Cost \$
Equipment			
Supplies			
Disposal Costs (tires/trash)			
Advertising			
Education/Outreach			
Signage			
Contract Services			
Other			
"Other" description:	-		
	Total Project Cost	Total Grant Request *max \$3,500	Total Remaining Cost

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

Attach to email or send 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:

Geauga-Trumbull Solid Waste Management District 5138 Enterprise Dr. Warren, OH 44481

Phone: (330) 675-2673 Fax: (330) 675-2672

Email: jenn@startrecycling.com