



Waste Reduction + Innovation Grant

Completed applications and support materials must be submitted by November 1, 2021. Applicants will be notified by December 1 about funding decisions. BizRecycling may request additional information prior to approval. Applicants must have received a site assessment from a BizRecycling Recycling Expert prior to submitting an application.

Submit applications via email to: info@bizrecycling.com
For assistance contact 651-259-1845

Date of Site Assessment: _____

Name of Recycling Expert who helped complete this application: _____

Section 1: Business Information

Business Name: _____

Street Address: _____ City: _____

Zip Code: _____ County: Ramsey Washington Website: _____

Industry/Business Type: _____

Employee Size: 5-9 10-19 20-49 50-99 100-249 250-499 500+

Business Ownership: American Indian/Alaska Native Asian Black White

Latinx/Hispanic Two or more races Not applicable Prefer not to answer

Is this business women-owned? Yes No

Is this business veteran-owned? Yes No

Section 2: Contact Information

Contact Name: _____ Contact Title: _____

Phone Number: _____ Email: _____

Is the primary contact authorized to sign the grant contract if awarded? Yes No

If no, provide authorized contact information.

Contract Signer Name: _____

Contract Signer Title: _____

Contract Signer Email Address: _____

Do you want the check mailed to the business address? Yes No

If no, add mailing address.

Mailing Name: _____ Mailing Address: _____

Mailing City: _____ Mailing Zip: _____

Do you want the containers shipped mailed to the business address? Yes No Not applicable

If no, add container delivery address

Name: _____ Street Address: _____

City: _____ State: Minnesota Zip: _____

Section 3: Project Description

Project Objectives (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Reduce waste at the source | <input type="checkbox"/> Improve organics/food waste collections |
| <input type="checkbox"/> Food waste prevention or food donation | <input type="checkbox"/> Improve recycling collections |

Project Description:

Describe your proposed activities and how they will meet your project objectives listed in Question 1.

250 Word Minimum

Describe the anticipated outcomes for the project. Where available, provide estimates in amount of waste reduced or increase in recycling/organics collections. Describe other anticipated impacts of the project such as energy savings, improved safety for workers or enhanced customer experience, etc. **200 word minimum**

How will you engage employees to implement the project and increase participation in recycling?
100 word minimum

How will you sustain your project efforts in your business over time (ex. ongoing education, policy changes, operational changes)? **100 word minimum**

Section 4: Budget Request

Grant requests must be between \$10,000 and \$50,000. All projects require a 10% cash match. In-kind matches are not allowed.

Grant awards will be issued 50% at project start. The remaining funds will be released once the project is verified as implemented. Grantees will receive \$250 when they complete an exit interview and final report at the end of the 18-month grant period.

Budget

Trash, Recycling, and Organics Containers Ordered Directly by BizRecycling

Attach a completed Container Order Form (Appendix B) for trash, recycling, and organic containers that BizRecycling will purchase and deliver directly to your business.

Cost of Standard Trash, Recycling & Organics Containers: _____

Project Costs

For each item attach a proposal, price quote, or screenshot verifying the cost. Price quotes from contractors **must be guaranteed for 90 days**. For items in this category, BizRecycling will mail a check directly to your business.

| Project Activity (Grant Funded) | Item | Cost |
|---------------------------------|------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

| Project Activity (Match Funded - Must be 10% of total project) | Item | Cost |
|--|------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

Total Cost

| Item | Price |
|--|-------|
| Containers | |
| Project Cost | |
| Final Report | \$250 |
| Total Project Cost | |
| Required Match (10% of total request) | |
| Grant Request (Total Project – 10%) | |

Waiver Request

Match requirement may be waived if it is a barrier for your business to implement the project.

- Check here if you would like to request a waiver. A staff person will contact you to discuss your request and verify need.

Section 5: Required Activities

If awarded a grant, you agree to the following activities:

| | Yes |
|--|-----|
| Host 3 site visits with a BizRecycling Recycling Expert to (1) develop your project plan and grant application, (2) implement activities, and (3) 18-month exit interview and final report. | |
| Carry out grant activities for 18 months. | |
| Complete an exit interview and report at the end of your grant about how well you met your project objectives, volumes of materials reduced or recycled, and challenges, successes, and lessons learned. Submit any developed plans. | |

Section 6: Attachments

The following attachments must be submitted with your application.

- W-9
- Container order form (If applicable.)
- Price supporting documentation for each requested item.