



**CHITTENDEN SOLID WASTE DISTRICT**  
1021 Redmond Road ♦ Williston, VT 05495-7729  
802-872-8100 ♦ Fax: 802-878-5787 ♦ Web: [www.cswd.net](http://www.cswd.net)

## FORM B

### CSWD COMMUNITY WASTE REDUCTION GRANT

Agreement to Administer Grant Funds

Name of group proposing project: \_\_\_\_\_

Project name: \_\_\_\_\_

Municipality: \_\_\_\_\_

Municipal contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This is to verify that the municipality of \_\_\_\_\_ supports the project named above and agrees to administer grant funds, if awarded, on behalf of the project.

By: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Date