

## **2018-19 CSWD RECYCLING MARKET DEVELOPMENT GRANT PROGRAM**

### Application Materials

**Deadline: July 18, 2018 – 2:00 p.m.**

The CSWD Recycling Market Development Grant Program is intended to help create or improve markets for hard-to-recycle products and packaging from Chittenden County. \$40,000 is available to be awarded. One or more awards may be made. Applicants must commit a minimum financial or in-kind match of at least 25% of the total project cost.

### **I. ELIGIBILITY REQUIREMENTS**

Applicant must:

- Be an individual, organization, or a company or corporation (for-profit or non-profit).
- Have a location in Vermont where the proposed recycling or recycling-related activity, such as aggregation, processing, reclaiming, manufacturing, or reuse, would occur.

OR

- Plan to conduct research regarding development of a recycling or recycling-related activity in Vermont.
- Plan to source a significant amount of the materials to be recycled from Chittenden County.
- Be in compliance with federal, state, and local laws.

### **II. TARGETED MATERIALS**

The materials targeted for 2018-19 are mattresses and box springs, tires, and glass aggregate (crushed glass) from CSWD's Materials Recovery Facility. Proposals must focus on one or more of these materials.

### **III. GRANT EXPENSES & PAYMENTS**

Eligible expenses must be incurred within the grant agreement term (up to 12 months). The expenses must be project-related and documented.

## **Eligible expenses**

- equipment
- engineering services
- staff time devoted to project
- feasibility studies
- permit fees associated with project
- related business development costs

## **Ineligible expenses**

- cost of preparing the grant application
- costs incurred prior to execution of a grant agreement
- general operating support such as routine overhead expenses not related to the proposed project
- fundraising lobbying, lobbyists, political contributions, entertainment, gifts, bad debt, late payment fees, and finance charges

## **Payments**

Funds are distributed on a reimbursement basis. Requests for reimbursement must include proof that funds were spent for the budgeted items and include a copy of the paid receipt for the purchased equipment or work completed under the grant project. Purchases made before a grant contract is signed by CSWD will not be reimbursed.

The grant reimbursement schedule will include a performance-based component. The final payment will be made after a satisfactory final report is submitted.

## **IV. PROPOSAL EVALUATION**

The evaluation criteria shall include, but not be limited to:

- the applicant's capabilities and experience,
- the extent to which the project fosters stronger recycling markets,
- the potential impact on diversion of materials from Chittenden County from disposal
- the technical feasibility of the project,
- the location of the project (preference will be given to projects located in Chittenden County),
- the applicant's financial or in-kind match (minimum 25% of total project cost), and
- the likelihood of success and continued sustainability of the project after the grant.

CSWD may require a site visit and/or interview with the top ranked applicants as part of the evaluation process and may request additional information. CSWD makes no guarantee that any grants will be awarded to any applicant. In addition, CSWD may offer partial grant awards.

## **V. TIMELINE**

**July 18, 2018:** Deadline for applications

**July - August, 2018:** Review and selection of applications

**September 2018:** Execute grant agreement(s)

## **VI. APPLICATION INSTRUCTIONS**

1. Complete the attached application.
2. Submit the application to Nancy Plunkett at CSWD via:  
Email ([nplunkett@cswd.net](mailto:nplunkett@cswd.net))  
Fax (802-878-5787)  
Mail or in person (1021 Redmond Rd., Williston, VT 05495)
3. Submit the application by July 18, 2018 at 2:00 p.m.

Questions about the application may be directed to Nancy Plunkett (802-872-8100 ext. 222; [nplunkett@cswd.net](mailto:nplunkett@cswd.net)).

# APPLICATION COVER SHEET

**Project Name:**

**Applicant:**

Tax ID:

**Authorized Official:**

Title:

Address:

Phone:

Email:

**Grantee Contact Person** (if different from above):

Title:

Address:

Phone:

Email:

**Physical Address of Proposed Project** (if different from above):

**Grant Funds Requested:**

**Match Funds Committed:**

**Total Project Cost:**

**Targeted Material(s):**

**Projected tons processed annually once fully operational:**

**Portion of projected tons sourced from Chittenden County:**

## **AUTHORIZED SIGNATURE FOR APPLICANT**

I, the undersigned Authorized Official of the grant applicant, certify that the applicant possesses all necessary authority and ability to undertake the proposed activities identified in this application. I certify the information in this grant application is accurate and complete.

\_\_\_\_\_  
Authorized Official's signature

\_\_\_\_\_  
Date

## PROJECT DETAILS

**I. Project Description** – Provide detailed information on the items below.

This section should not exceed six pages (three double-sided pages).

- a. the goals of the project and expected benefits including how the grant will be used to increase the quality of materials, quantity of materials diverted, and/or advance new markets for materials from Chittenden County
- b. the type, quantity, and source of materials to be utilized as feedstock (include any documentation from sources and/or generators, such as copies of letters of commitment or contracts indicating long-term arrangements)
- c. the facility that will be used
- d. the equipment and processing activities to be utilized
- e. the market(s) for the end product (include any documentation from end-users that your product will be purchased, such as copies of letters of commitment or contracts indicating long-term arrangements)
- f. the methods that will be used to evaluate the project
- g. how you will sustain the project after the grant ends

**II. Budget** – Please complete the table below. Add lines as necessary.

BUDGET	Grant Funds	Match Funds	Total Funds
Item(s) Description			
TOTAL BY CATEGORY			

**III. Qualifications** – Describe and document the relevant experience, qualifications, and skills of the applicant organization and the principals that will be involved in the grant-funded activity (resumes may be attached and are not included in the 6-page limit).

**IV. Timeline** – In the table below, insert approximate implementation dates for project tasks, milestones, and significant activities associated with the project beginning September 4, 2018 or after and ending 12 months later, but not later than December 31, 2019. Add rows to the table as needed.

Examples of project tasks include “order equipment,” “install equipment,” “contract with engineer,” “complete permitting process,” and “submit final report to CSWD.”

PROJECT TASK/MILESTONE	Approximate Implementation Date

Dates provided above are estimated and subject to change in order to correspond with the official start and end dates provided in a grant agreement.

**V. Partners** – If the applicant is partnering with other organizations on the project, please provide letters of support and commitment from the partners (not included in the 6-page limit).