

**Application for a Dept. of Natural Resources (DNR)
Redemption Center Grant – one per facility.**

SECTION 1 – Identification Information

Name of Redemption Center

Name of the Grant Applicant

Mailing Address of Redemption Center

STREET	CITY	ZIP
--------	------	-----

Physical Address of Redemption Center (if different from mailing address)

STREET	CITY	ZIP
--------	------	-----

Phone, FAX, E-Mail

PHONE	FAX	E-MAIL
-------	-----	--------

• This Redemption Center’s Facility is Property that the Grant Applicant:

- Owns Rents or Leases (attach any useful additional information)

This Redemption Center was “approved” by the DNR, as of (date):

Or This Redemption Center was “Un-approved” but registered with the DNR, as of (date):

Or This Redemption Center is not on record with the DNR, but has been in operation since (date):

_____ [ATTACH PROOF OF DATE OF OPERATION]

Also, This Redemption Center is a totally independent business, doing business solely as a Redemption Center

Or This Redemption Center is operating closely with other business(es). but is independent
•NAME(S) OF THE OTHER BUSINES(ES), AND HOW THE REDEMPTION CENTER IS INDEPENDENT:

Or This Redemption Center is part of a business or businesses selling beverages covered by the “Containers Control” law, but the Redemption Center is independent

•NAME(S) OF THE BUSINES(ES) SELLING BEVERAGES, AND HOW THE REDEMPTION CENTER IS INDEPENDENT:

SECTION 2 – Redemption Center Grant Funding Proposal

•Proposed Improvement or Improvements. Must address the Goals of Sustainability, Convenience, and/or Accessibility; see IAC 567—107.16(1), attached. Check all that apply. Number each Proposal, and Describe at a minimum: [a] What it is; [b] the Need for it; [c] Planning done for it.

Physical improvements to the facility that the Grant Applicant owns.

Equipment.

Staffing/payroll. [number of additional staff to be hired, extra hours of operation to be staffed, etc.]

•REQUESTED GRANT – Total and Itemized Costs for Proposed Improvements

REMEMBER - No Grant Will Total More Than \$15,000; cash match NOT required.

Proposal #	Cost	Grant Funds Requested	Cash match, if any
1	\$	\$	\$
2	\$	\$	\$
3	\$	\$	\$
TOTALS -			

Attach additional sheets for more than three proposed improvements.

•I affirm the information provided on this Application is true, and that I will provide all other information requested for further substantiation. I agree that if awarded a Grant, I will execute the contract the DNR provides for conveying those funds, which contract will include, but not be limited to, conditions for expending those funds, and for making reasonable accounting of those expenditures and cash match, if any.

Signature of Grant Applicant

Date

•Applications Received at the Dept. of Natural Resources after 4:30 PM on October 3, 2008 will NOT be considered for Grant Awards.

Mail or deliver your completed, signed and dated Application to:
Iowa Dept. of Natural Resources
502 E. 9th Street
Des Moines, IA 50319,
Attention: Bill Blum

or FAX your completed, signed and dated Application to:
(515) 281-8895, Attention: Bill Blum.