FORM A – PROPOSAL COVER SHEET

SOLID WASTE ALTERNATIVES PROGRAM
Project Requests Greater than $10,000

Project Title: _____

Applicant Name: _____

Street Address: _____

City/State/Zip: _____ County: _____

Mailing Address (if different): _____ PO Box: _____

City/State/Zip: _____

Contact Person: _____

Telephone Number: _____ Email Address: _____

Applicant Type:

☐ Local Government ☐ Private For Profit ☐ Private Not For Profit

Amount of Funding Requested: $ _____

Amount of Applicant Cash Match Committed: $ _____

Total Project Cost: $ _____

OPTIONAL: Value of Other Project Related Applicant Resources $ _____

Identify: _____

Facility Location: _____

Project Service Area Description: _____

Is the targeted solid waste currently landfilled? ☐ Yes ☐ No

Is the targeted solid waste landfilled in Iowa? ☐ Yes ☐ No

Signature: _____ Printed: _____

Title: _____ Date: _____

FORM B – PROJECT NARRATIVE

SOLID WASTE ALTERNATIVES PROGRAM
Project Requests Greater than $10,000

NOT TO EXCEED 8 PAGES OF TEXT – FOLLOW OUTLINE – USE HEADINGS

FORM C – PROJECT TIMETABLE

SOLID WASTE ALTERNATIVES PROGRAM
Project Requests Greater than $10,000

Applicant Name: _____

Project Beginning Date: _____ Project Ending Date: _____

This timetable should account for all tasks from planning through project completion including the first year of project operation, as applicable.

Task or Activity	Beginning Date For Each Task	Ending Date For Each Task	Group/Person Responsible

FORM D – BUDGET SUMMARY

SOLID WASTE ALTERNATIVES PROGRAM
Project Requests Greater than $10,000

Applicant Name: _____

ITEM AND QUANTITY	DNR REQUEST	APPLICANT CASH MATCH	TOTAL
TOTAL			

Note:

- Applicants are required to provide a minimum of 25% cash match for each budget line item in which SWAP funding assistance is requested.
- Applicants MUST submit a Form D – Budget Narrative detailing each item for which funding assistance is requested, why this item(s) was chosen and its role in the proposed project.

FORM D – BUDGET NARRATIVE

SOLID WASTE ALTERNATIVES PROGRAM
Project Requests Greater than $10,000

Applicant Name: _____

Applicants are required to submit a budget narrative that details specific budget line items and their role in the project.

Applicants are encouraged to discuss other resources committed to the proposed project.

FORM E

COMPREHENSIVE PLANNING AGENCY REVIEW AND COMMENT FORM

SOLID WASTE ALTERNATIVES PROGRAM

Project Requests Greater than $10,000

See Application Guidelines for appropriate Comprehensive Planning Agency contact information

Applicant Name: _____ Date Application Received: _____

Comprehensive Planning Area Agency Name: _____

Signature: _____ Title: _____

Date: _____

1. Is the proposed project consistent with the solid waste comprehensive plan or Environmental Management System participant goals? Please elaborate.

2. Is the Agency aware of competitors for the targeted solid waste materials identified in the application? If yes, will the proposed project adversely affect the operations of the competing entity and how?

3. Is all or a portion of the targeted solid waste materials currently landfilled? If not, please elaborate.

4. Can the project, as proposed, be considered to have a regional impact on the targeted solid waste stream? If not, is there the potential for it to be expanded to have a regional impact and how?

5. Are the landfill diversion figures proposed in the application consistent with the solid waste comprehensive plan figures? If not, how are they inconsistent?

6. In the Agency's opinion, does the applicant's project staff have the experience and knowledge to successfully implement the proposed project? Please elaborate.

7. Does the Comprehensive Planning Area agency feel the project is viable as proposed, given current and projected populations, the available solid waste stream, and current and proposed landfill diversion activities? Please elaborate.

8. Other Comments

Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

☐ The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project.

Indicate which group is impacted:

- ☐ Women
- ☐ Persons with a Disability
- ☐ Blacks
- ☐ Latinos
- ☐ Asians
- ☐ Pacific Islanders
- ☐ American Indians
- ☐ Alaskan Native Americans
- ☐ Other

☐ The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project.

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

- ☐ Women
- ☐ Persons with a Disability
- ☐ Blacks
- ☐ Latinos
- ☐ Asians
- ☐ Pacific Islanders
- ☐ American Indians
- ☐ Alaskan Native Americans
- ☐ Other

☐ The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons. Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____

Title _____

Definitions

"Minority Persons", as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

"Disability", as defined in Iowa Code Section 15.102, subsection 5, paragraph "b", subparagraph (1):

b. As used in this subsection:

(1) *"Disability"* means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

"Disability" does not include any of the following:

(a) Homosexuality or bisexuality.
(b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
(c) Compulsive gambling, kleptomania, or pyromania.
(d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

"State Agency", as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.

Applicant Disclosure

The Applicant must provide the following information. This is a continuing disclosure requirement from application submittal through agreement end date (if funding is awarded).

1. During the last three (3) years, has the Applicant received written notification from a state agency that a debt is owed to a state agency or a debt is being enforced through the Income Offset Program (including the state child support recovery unit if the Applicant is an individual) that will in any way impact receipt of monies awarded through this program? ☐ Yes ☐ No

   If yes, provide the date by which the Applicant will or has satisfied debts owed to or being collected by the state.

2. During the last three (3) years, has the Applicant had a contract for goods and/or services terminated for any reason, or has the Applicant received a notice of breach, notice of default, or similar notice? ☐ Yes ☐ No

   If yes, provide full details related to the termination or notice.

3. During the last three (3) years, describe any damages or penalties or settlements pertaining to contract disputes under any of the Applicant's existing or past contracts as it relates to goods and/or services performed that are similar to the goods and/or services contemplated by this application. If so, indicate the reason for the penalty, damages or exchange of property, goods, or services and the estimated amount of the cost of that incident to the Applicant.

4. During the last three (3) years, list and summarize all litigation, threatened litigation, administrative or regulatory proceedings, or similar matters to which the Applicant or its officers have been a party. Any such matter commencing after submission of an application, and with respect to the successful Applicant after the execution of a contract, must be disclosed in a timely manner in a written statement to the Department's contract officer.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____

Title _____