## **Solid Waste Alternatives Program - Application Checklist**

Use for Funding Requests of \$10,000 or Less

Before submitting your application, please review the following checklist to ensure that your application is complete.

Form A - PROPOSAL COVER SHEET	
Project Title	Amount of Funding Requested
Applicant Name, Street Address, City/State/Zip	Amount of Applicant Cash Match Committed
Mailing Address (if different)	Total Project Cost
County	OPTIONAL: Value of Other Project Related Applicant
County	Resources
Contact Person	Facility Location
Telephone Number	Project Service Area Description
Email Address	Is the targeted waste stream landfilled
Applicant type	Is the targeted waste stream landfilled in Iowa
Primary Project Type	Signature, Printed, Title and Date
Form B - PROJECT NARRATIVE	
1. Project Description - discuss all as appropriate	
Operations Related	
Describe, type, source and amount of so	olid waste targeted
Discuss operation efficiencies	
Discuss processing and/or storage capa	
Describe differences from current solid	waste management
☐ Education/Promotion related	iance desired number in attendance number of
presentations planned, etc.	ience, desired number in attendance, number of
Describe desired audience behavioral cl	hanges resulting from presentations
	reness materials to be developed and method of delivery
Describe staff training	eness materials to be developed and method of denivery
Describe expected impacts	
General	
Describe amount/level of cost savings a	and how (i.e. landfill fees, transportation, staff time, reduced
purchases, etc.)	
Describe amount/level of revenue gene	
Describe jobs create/retained and corre	
Describe sustainability of proposed proj	•
	ce and role in developing/implementing the proposed project
	teps to be taken to achieve project goals and objectives
<ol><li>Identify projects goals and objectives and describe s points</li></ol>	steps to be taken to achieve project goals and objectives 25
3. Describe how you will measure meeting your goals	and objectives - 25 points
5. Describe now you will measure meeting your goals	and objectives. 25 points
FORM C - PROJECT TIMETABLE	_
Applicant Name	Project Ending Date
Project Beginning Date	Project Timetable
FORM D - BUDGET SUMMARY	
Budget Summary Sheet (25% cash match for ear	ch budget line item required)
Budget Narrative	
FORM E - RESPONSIBLE AGENCY REVIEW and COMMENT F	ORM
Submit your application and Form E to your Soli	

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MINORITY IMPACT STATEMENT	
Signed	
APPLICANT DISCLOSURE STATEMENT	
Signed	

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