

Solid Waste Alternatives Program - Application Checklist

For Funding Requests Greater Than \$10,000

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

Form A - PROPOSAL COVER SHEET

- | | |
|---|---|
| <input type="checkbox"/> Project Title | <input type="checkbox"/> Amount of Funding Requested |
| <input type="checkbox"/> Applicant Name, Street Address, City/State/Zip | <input type="checkbox"/> Amount of Applicant Cash Match Committed |
| <input type="checkbox"/> Mailing Address (if different) | <input type="checkbox"/> Total Project Cost |
| <input type="checkbox"/> County | <input type="checkbox"/> OPTIONAL: Value of Other Project Related Applicant Resources |
| <input type="checkbox"/> Contact Person | <input type="checkbox"/> Facility Location |
| <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Project Service Area Description |
| <input type="checkbox"/> Email Address | <input type="checkbox"/> Is the targeted waste stream landfilled |
| <input type="checkbox"/> Applicant type | <input type="checkbox"/> Is the targeted waste stream landfilled in Iowa |
| <input type="checkbox"/> Primary Project Type | <input type="checkbox"/> Signature, Printed, Title and Date |

Form B - PROJECT NARRATIVE

- ☐ Project Description
- ☐ Project Need, including:
 - ☐ Project Service Area and Population
 - ☐ Type, Source and Amount of Waste Targeted
 - ☐ Current Waste Management Method in Terms of Targeted Population
- ☐ Project Objectives and Participation, including:
 - ☐ Project Objective
 - ☐ Project Goal(s)
 - ☐ How Project Goal(s) will be:

<input type="checkbox"/> Obtained	<input type="checkbox"/> Sustained
<input type="checkbox"/> Measured	<input type="checkbox"/> Justified
- ☐ Project Participants Relevant Experience and Role(s)
- ☐ Project Impact, including:
 - ☐ Amount and Type of Solid Waste Diverted
 - ☐ Relationship to Department's Targeted Waste Streams, if any
 - ☐ Avoided Costs
 - ☐ Jobs Created / Retained
 - ☐ Waste Stream Toxicity Reduction, if any
 - ☐ Effects on Existing or New Markets
 - ☐ Project Replicability
 - ☐ Project Sustainability

FORM C - PROJECT TIMETABLE

- | | |
|---|--|
| <input type="checkbox"/> Applicant Name | <input type="checkbox"/> Project Ending Date |
| <input type="checkbox"/> Project Beginning Date | <input type="checkbox"/> Project Timetable |

FORM D - BUDGET SUMMARY

- ☐ Budget Summary Sheet (25% cash match for each budget line item required)
- ☐ Budget Narrative

FORM E - RESPONSIBLE AGENCY REVIEW and COMMENT FORM

- ☐ Submit your application and Form E to your Solid Waste Planning Area

MINORITY IMPACT STATEMENT

☐ Signed

APPLICANT DISCLOSURE STATEMENT

☐ Signed