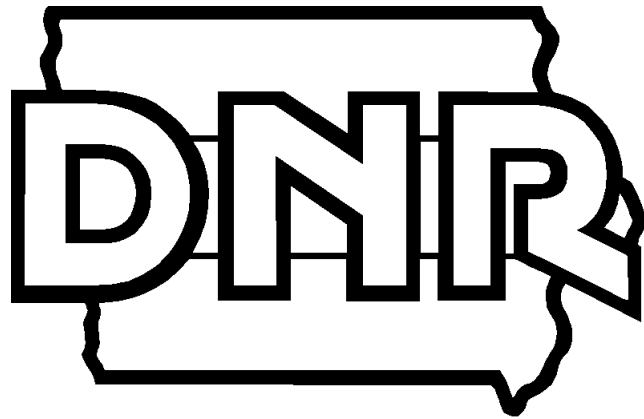


**SOLID WASTE
ALTERNATIVES
PROGRAM (SWAP)**

**Proposal Application
and Guidelines for
Project Requests
Greater Than \$10,000**

2025

**Iowa Department of Natural Resources
Kayla Lyon, Director**



**Land Quality Bureau
6200 Park Avenue
Des Moines, Iowa 50321
515-725-8200**

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Purpose

The purpose of the Solid Waste Alternatives Program is to provide financial assistance to applicants implementing projects and programs leading to the reduction of solid waste generation and the diversion of solid waste from Iowa sanitary landfills.

How To Apply

Project applications are reviewed two times per year. To be considered for funding, your application must be received by 4:00 PM on the following dates:

January 2	If either of these dates occurs on a weekend, proposals must be
July 1	received by 4:00 PM on the next business day.

Applications must be submitted via email to:

Becky Jolly
becky.jolly@dnr.iowa.gov
515-725-8308

Program information, guidelines and fillable application forms can be downloaded at www.iowadnr.gov/SWAP.

Also available at the above website are solid waste planning area descriptions and contacts to assist with Form E as well as access to the SWAP searchable database for information on past projects funded through SWAP.

Financial Assistance Awards

The information, guidelines and applications forms contained herein pertain to application requests greater than \$10,000.

Information, guidelines and forms for applicant requests of \$10,000 or less can be found at www.iowadnr.gov/SWAP.

SWAP Process

1. Application submitted for funding consideration by the assigned deadline
2. Applications distributed to review committee members
3. Review committee members individually review applications and provide questions to the Program Manager for follow-up with the applicant(s)
4. Applicant responses are distributed to review committee members
5. Review committee members meet jointly to discuss submitted applications and make funding recommendations to the DNR
6. DNR reviews committee recommendations for approval
7. Project award amounts greater than \$25,000 require Environmental Protection Commission (EPC) approval, prior to the DNR entering into an agreement with the applicant
8. With EPC approval, an agreement is executed between the applicant and the DNR

Pre-Funding Suitability Review

The Department may require a pre-funding suitability review be conducted of private for profit applicants and its principal officer(s) by a third party CPA firm, **prior** to finalizing a funding award offer to help ensure repayment of loaned monies. The applicant will be requested to provide various documents needed to conduct the pre-funding suitability review. Failure to provide requested documents in a timely fashion may result in the project not being funded. A pre-funding suitability study **does not** guarantee funding.

Personal Loan Guarantee

The Department may require a personal loan guarantee of private for profit applicants to help ensure repayment of loaned monies. If required, a completed Loan Guarantee Form, provided by the Department, will be required at the time the Solid Waste Alternatives Program agreement is signed by the applicant.

Application Assistance

Application assistance is available by contacting:

Tom Anderson
tom.anderson@dnr.iowa.gov
515-240-6059

Stephanie Graham
stephanie.graham@dnr.iowa.gov
515-344-0055

Free assistance in preparing a SWAP application is available from representatives of the Iowa Waste Exchange Program. To find your IWE Representative, click on the [IWE Representative Service Area Map](#).

Eligibility

Eligible applicants have an interest in or responsibility for solid waste management in Iowa.

Eligible applicants include:

Municipalities
Counties
Public institutions

Not-for-profit organizations
Private business
Individuals

In order to determine funding eligibility, the Department reserves the right to verify any information presented in the application and to determine the applicant's compliance status with applicable Local, State and Federal statutes and regulations. If an applicant is selected to receive financial assistance, an offer of financial assistance may be rescinded if the applicant is determined to be out of compliance with applicable Local, State and Federal regulations.

Eligible and Ineligible Expenses

Eligible Expenses

Applicants may request financial assistance in the implementation and operation of a project that includes, but is not limited to, the following:

1. Waste reduction equipment purchase and installation including labor for installation;
2. Collection, processing, or hauling equipment including installation and labor for installation;
3. Education/public awareness materials development, distribution/posting, printing;
4. Planning and implementation of educational forums including, but not limited to, workshops and conferences;
5. Materials and labor for construction or renovation of buildings;
6. Salaries directly related to implementation and operation of the project (salaries are **not** a high funding priority)
7. Laboratory analysis costs; and
8. Engineering or consulting fees.

Ineligible Expenses

Financial assistance shall not be provided or used for costs including, but not limited to, the following:

1. Rent of facility or equipment used in daily operations;
2. Taxes;
3. Vehicle registration;
4. Overhead expenses;
5. Indirect costs;
6. Legal costs;
7. Contingency funds;
8. Application preparation
9. Agreement administration;
10. Land acquisition;
11. Office furniture, office computers, fax machine and other office furnishings/equipment;
12. Costs for which payment has or will be received under another federal, state or private financial assistance program; and
13. Costs incurred before a written agreement has been executed between the applicant and the Department.

Project Cost Share

Applicants are required to provide a minimum cash match of 25 percent (25%) for each budget line item in which SWAP funding is requested.

Financial Assistance Type

The type(s) of financial assistance awarded to selected projects depends on the total amount awarded. Award disbursement for projects occur as follows:

- Awards of \$1 to \$10,000 is eligible as a forgivable loan
- Awards of \$10,001 to \$50,000 is eligible as a zero interest loan
- Award amounts greater than \$60,000 is eligible as a 3% interest loan

At the Department's discretion, financial assistance awarded may deviate from the award disbursement listed above.

Project Types

The following project categories are a general description of project examples that are considered eligible for funding. This is a representative list of project types, **not** an all-inclusive list of project types. Projects must result in a decreased reliance on Iowa sanitary landfills for final disposal of materials.

- Source Reduction: Activities and actions that reduce the amount of waste generated.
- Research, Development and Demonstration: New processes that reduce the amount of waste produced or collection, processing or market development of re-manufactured new products.
- Collection / Processing: Activities that recover or transport materials or prepare materials for recyclable material markets.
- Composting / Anaerobic Digestion: Actions that facilitate the controlled biological decomposition of organic solid waste.
- Market Development: Activities that stimulate or increase the demand for recovered recyclables.
- Education: Projects that inform and instruct the public on waste management.

Completing the Application

All proposals will be reviewed based on the applicant's thoroughness in addressing identified evaluation criteria on Form B, Project Narrative. Points assigned to the evaluation criteria for each project type total 100 points. The review committee shall evaluate each proposal and determine its merits based on the following criteria:

1. Project Description

- Concisely summarize the proposed project and its expected outcome.

2. Project Need - 20 Points

- Provide a detailed narrative of the proposed project.
- Identify the need or problem the proposed project will address.
- Describe the project service area.
- Identify the targeted population.
- Explain the current management method of targeted solid waste.

3. Project Objectives and Participation - 30 Points

- Describe project objective (overall project accomplishment).
- Describe project goals (actions to reach objective).
- Describe how project goals will be:
 - a) Obtained - describe *actions* that will lead to accomplishment of the goals;
 - b) Measured - describe *tools* that will verify achievement of the goals;
 - c) Sustained - describe *methods* that will sustain the project; and
 - d) Justified - describe *why* the goals chosen are relevant to the overall objective.
- Describe project participants' relevant experience and role in the project.

4. Project Impact - 50 Points

- Describe amount and type of solid waste to be diverted from Iowa sanitary landfills.
- Identify how the proposed project will be monitored and metrics that will be used.
- Calculate the avoided landfill costs per ton diverted over one year, three years, and five years (*e.g., tonnage fees, tipping fees, transportation costs, treatment, etc.*).
- Describe number, type, and wage scale of jobs created and jobs retained.
- Describe if and how the project will reduce the toxicity of the solid waste stream.
- Describe market effects and/or new markets developed for recyclable materials.
- Describe project replicability.

DEPARTMENT CONTACTS and RESOURCES

Iowa Department of Natural Resources
502 East Ninth Street
Des Moines, Iowa 50319-0034

Phone: (515) 725-8200
Fax: (515) 725-8202

Solid Waste Alternatives Program

Tom Anderson	(515) 240-6059	tom.anderson@dnr.iowa.gov
Stephanie Graham	(515) 344-0055	stephanie.graham@dnr.iowa.gov

Solid Waste Permitting

Mike Smith	(515) 229-8356	mike.smith@dnr.iowa.gov
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Air Quality Permitting

General Number	(515) 725-9500	
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Water Quality Permitting

General Number	(515) 725-8200	
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Recycling Assistance and Market Development

Tom Anderson	(515) 240-6059	tom.anderson@dnr.iowa.gov
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Mobile Education Exhibit

Stephanie Graham	(515) 344-0055	stephanie.graham@dnr.iowa.gov
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Comprehensive Solid Waste Plans / Responsible Agency

Laurie Rasmus	(515) 474-4921	laurie.rasmus@dnr.iowa.gov
Becky Jolly	(515) 725-8308	becky.jolly@dnr.iowa.gov

Solid Waste Environmental Management Systems Program

Laurie Rasmus	(515) 474-4921	laurie.rasmus@dnr.iowa.gov
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Household Hazardous Materials Programs

Kathleen Hennings	(515) 725-8359	kathleen.hennings@dnr.iowa.gov
Tom Anderson	(515) 240-6059	tom.anderson@dnr.iowa.gov

Pollution Prevention (P2) Services

Jeff Fiagle	(515) 322-9928	jeff.fiagle@dnr.iowa.gov
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Derelict Building Grant Program

Reid Bermel	(515) 217-7230	reid.bermel@dnr.iowa.gov
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Dept. of Natural Resources Homepage
www.iowadnr.gov

Financial and Business Assistance Homepage
www.iowadnr.gov/faba

Application Forms

The following pages contain **required forms** for an application to be considered complete. Application form can be downloaded at www.iowadnr.gov/SWAP.

Note: Form E – Comprehensive Planning Agency Review and Comment Form

- Applicants are required to provide a completed application to the comprehensive solid waste planning area for their review and comment prior to submitting an application for funding consideration.
- A completed Form E is encouraged to be submitted with your application, though not always possible. At a minimum, acknowledgement that a completed application has been submitted to the comprehensive solid waste planning area contact is required.

Below are links to assist applicants complete Form E requirements.

Form E - To determine an applicant's Comprehensive Planning Area Agency, use the interactive map on the Comprehensive Planning webpage or visit the online directory at: [Comprehensive Planning Area Descriptions](#).

Contact information for each Comprehensive Planning Area Agency can be found at: [Comprehensive Planning Area Agency Contacts](#) – Select “Comprehensive Planning Contacts List” from the Report menu.

For assistance, contact Laurie Rasmus at laurie.rasmus@dnr.iowa.gov or 515-474-4921.

FORM A – PROPOSAL COVER SHEET
SOLID WASTE ALTERNATIVES PROGRAM
Project Requests Greater than \$10,000

Project Title:					
Applicant Name:					
Street Address:					
City/State/Zip:					
Mailing Address (if different):					
P.O. Box:					
City/State/Zip:					
County:					
Contact Person:					
Telephone Number:					
E-mail 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 <input type="checkbox"/>	No <input type="checkbox"/>		
Is the targeted solid waste landfilled in Iowa?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Signature:					
Printed:					
Title:			Date:		

FORM B – PROJECT NARRATIVE

SOLID WASTE ALTERNATIVES PROGRAM

Project Request Greater Than \$10,000

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

FORM C – PROJECT TIMETABLE

SOLID WASTE ALTERNATIVES PROGRAM

Project Request 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 Request Greater Than \$10,000

ITEM AND QUANTITY	DNR REQUEST	APPLICANT CASH MATCH	TOTAL
TOTAL			

Note:

- Applicants are required to provide a minimum cash match of 25% for each budget line item in which SWAP funding 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 Request Greater Than \$10,000

Applicant Name: _____

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

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

FORM E

COMPREHENSIVE PLANNING AGENCY REVIEW AND COMMENT FORM

SOLID WASTE ALTERNATIVES PROGRAM

Project Request of Greater Than \$10,000

See Page 2 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 any solid waste comprehensive plan or Environmental Management System participant goals? Please elaborate.
2. Is the Agency aware of other entities currently diverting the targeted materials? If yes, please describe any potential adverse effects.
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. Does the responsible 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.

6. 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
_____ 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
_____ 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 _____