



**COMMUNITY RECYCLING GRANT PROGRAM
APPLICATION**

State Form 56847 (R4 / 4-26)
Approved by State Board of Accounts, 2026

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT
OFFICE OF PROGRAM SUPPORT
100 North Senate Avenue
Indianapolis, IN 46204
Telephone: (317) 232-8603
Toll-Free: (800) 451-6027



COVER SHEET

Please be sure to include the exact spelling of your organization's name and matching Federal Identification Number as it is listed with the Indiana Secretary of State*.

Organization name			
Address (number and street)			
City	County	State	ZIP code
Website		Federal Identification Number*	
Primary Contact Name and Title			
Telephone with area code		E-mail	
Secondary Contact Name and Title			
Telephone with area code		E-mail	
Financial Officer Contact Name and Title			
Telephone with area code		E-mail	
Project street address (number and street) (if different from above)			
City	County	State	ZIP code

REGISTRATIONS

Registered vendor with the state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bidder ID	Supplier ID
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TYPE OF APPLICANT (Check one)

<input type="checkbox"/> Solid waste management district (SWMD)	<input type="checkbox"/> Municipality	<input type="checkbox"/> County
<input type="checkbox"/> Nonprofit (Must provide proof of 501(c) status)	<input type="checkbox"/> School	<input type="checkbox"/> University

TYPE OF Project (Check all that apply)

<input type="checkbox"/> Recycling	<input type="checkbox"/> Source reduction	<input type="checkbox"/> Reuse	<input type="checkbox"/> Buy-recycled	<input type="checkbox"/> Composting
<input type="checkbox"/> New service	<input type="checkbox"/> Collect new material	<input type="checkbox"/> Serve new area through the establishment of a new permanent service		
<input type="checkbox"/> Increase volumes of materials collected	<input type="checkbox"/> Better processing of materials	<input type="checkbox"/> Cost savings	<input type="checkbox"/> Resource conservation	

GRANT DATA

Target number of households (Schools, provide number of students)	Pounds of material to be diverted through project
SWMD cash and investment balance (year-end) (Solid Waste Management District applicants only)	

Proof of funding provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total project cost	Total grant amount requested	Total cash match

I acknowledge that my submission of this proposal has been duly authorized by the governing body of the organization listed above.	
Signature (<i>type name</i>)	Date (<i>month, day, year</i>)



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ATTACHMENT CHECKLIST

- Include proof of funding for the entire project cost from the organization's financial officer (e.g., Controller, Clerk-Treasurer, or Chief Financial Officer). Acceptable documentation must include a letter of funding allocation, an organizational budget sheet for the applicable fiscal year, or financial statements
- Include a PDF containing a quote for each project item listed in each corresponding line of the budget sheet below. All quotes must be recent, no older than three months as of the application deadline. If a quote is not available, provide an explanation of how the listed cost was determined.
- Include a copy of your organization's W9 and Direct Deposit (State Form #47551) forms. These documents are used to verify that the account information the State has on file is accurate. Forms can be found at: www.in.gov/comptroller/forms/
- Letter of support, optional, from organizational leadership, governing board, stakeholders, partners, etc.
- Include a copy of the most recent financial report (required for solid waste district applicants only).

BUDGET SHEET

District's per capita income (District's income divided by population of area served) (solid waste district applicants only):
\$_____

See Community Recycling Grand Program (CRGP) guidelines for match requirements and eligible funding/match items. The total for the cash match column must equal at least 25 percent for each line item.

Insert additional rows or attach a separate sheet as needed.

#	Project Item	Quantity	Grant Request	Cash Match	Total Cost (Grant Request + Cash Match)
1			\$	\$	\$
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$
5			\$	\$	\$
6			\$	\$	\$
7			\$	\$	\$
8			\$	\$	\$
9			\$	\$	\$
10			\$	\$	\$
11			\$	\$	\$
12			\$	\$	\$
13			\$	\$	\$
14			\$	\$	\$
15			\$	\$	\$
Totals			\$	\$	\$

PROJECT TASK SHEET

Tasks are tangible activities undertaken to advance the project toward its goals.

Please note that, if awarded, the grant term will be eighteen months for project completion.

Insert additional rows or attach a separate sheet as needed.

Task	Time to Complete	Applicable Budget Sheet Line Items



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APPLICATION

Applications will be evaluated on the criteria listed below. Applicants must provide complete responses to all questions. The question for solid waste districts, equipment purchases, and organic projects are the only questions that may not apply to all applicants. Incomplete responses may result in a determination that the application is incomplete and not eligible for funding. For more grant information, please refer to the [CRGP Guidelines](#). All application material must be *typed* and formatted for Microsoft Word or Adobe PDF and submitted via e-mail to CRGP@idem.IN.gov. The agency will accept hand-written forms in special circumstances only, such as undue burden for the applicant. Additional sheets may be attached.

1. Project Summary – provide a comprehensive and concise overview of the proposed project, including key details, objectives, results planned to achieve, etc.

2. Tell us about your organization. What is your mission, role within state and/or local community, and how does this project fit within your organizational strategy and vision?

3. Tell us about the need and motivation of your project. What need are you addressing for the community served?

4. What outcomes do you expect from this project? How do you plan to measure outcomes, such as, behavior change, public benefit to the environment and individuals, and the return on public investment.

5. Describe the environmental outcomes of your project. Provide estimates and/or precise numbers of outcomes, and how you determined the numbers.

Estimated annual waste quantity generated before project (mark lbs or tons):
Estimated annual waste quantity to be diverted from landfill, either by source reduction or recycling/composting:
Percent reduction from landfill:

6. What are the economic impacts of the proposed project, and will the impact be organizationally, locally and or/statewide? Will this project serve communities with higher concentrations of low-income residents? If yes, describe.

7. Describe the project's education component. How will you educate your community about the type of project selected on the application?

8. What is the lifespan of the project and/or purchases? Describe how the project will remain financially sustainable after the grant term has ended.

9. Tell us about the key personnel involved in your project. Describe their experience and qualifications related to implementing and completing the proposed project. Was any outside guidance or technical assistance sought when planning the project?

10. How will you measure impact? Is there a clear and observable method for program evaluation, including baseline statistics and benchmarks for future success?

11. What will be the method for evaluation, and, if necessary, modifying project operations during implementation?

12. **For Solid Waste District applicants only:** If the district maintains a cash balance greater than \$500,000, provide a statement of why grant funding is necessary. Considerations may include the cash balance required to maintain district operations, one-time capital purchases, and declining district revenue patterns.

13. **For equipment purchases only:** Describe why or how private sector services will not be displaced as a result of the proposed project, in accordance to IC 13-20-22-2.1(b)(1). Consider the anticipated impact of the project when it is fully operational, comparing the types of materials being collected, the method of collection, the source of the materials, and the waste diversion achieved to that of any relevant non-governmental services.

14. **For organics projects only:**

- A. Does your region have or plan to have an ordinance that prohibits the burning of leaves and yard waste? If you have one already, please attach a copy.
- B. Identify the registered compost facility where materials will be managed, if being managed in an area greater than 300 square feet. However, if collected organic materials are added to other materials requiring a permit for land application, provide details including the type of material, location, volume, etc. A copy of your agreement with the receiving facility or a letter stating the facility's intention to accept the collected materials must accompany the final application.
- C. Owners or operators of facilities conducting compost operations must submit a registration application and receive approval from IDEM before beginning compost activities. They also must comply with requirements in IC 13-20-10, which include, but are not limited to, design, location, and operation of yard waste composting facilities; dust, odor, and noise control; vector, and pathogen control (if compost material contains food waste); and annual reporting.