

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF LAND QUALITY

100 North Senate Avenue Indianapolis, IN 46204 Telephone: (317) 234-0338 Toll-Free: (800) 451-6027 WasteTireGrants@idem.IN.gov



COVER SHEET

Please be sure to include the <u>exact</u> spelling of your organization 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	on Number		
Primary Contact Name and Title						
Telephone with area code		E-mail				
Secondary Contact Name and Title						
Telephone with area code	F-mail	E-mail				
		2 mail				
Registered vendor with the state? Yes No						
Project street address (number and s	treet) (if different from above)					
City	County	State		ZIP code		
TYPE OF APPLICANT (Check one)						
Solid waste management district (SWMD)						
— Colid Made Management district (CTTMID) — Invariopality — Country						
GRANT DATA (Required)						
Target number of tires or lbs. to be collected						
Total project cost		Amount requeste	d			
Check all that are applicable.						
Chock all that are applicable.						
Your Organization will						
Self-Process tires Self-Transport tires						
Your Organization will hire Waste Tire Processor						
Waste Tire Transporter						
☐ Waste Tire Storage Waste Tire Processor number:						
Waste Tire Transporter number:						
Waste Tire Storage numb	er:					
I acknowledge that my submiss Signature (Type name.)	sion of this proposal has been duly	/ authorized by th	e governing body Date (month			
Signature (Type Hame.)			Date (month)	i, day, year)		



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Applications will be evaluated on the criteria listed below. Applicants must provide complete responses to all applicable questions. Incomplete responses may result in a determination that the application is incomplete and, therefore, not eligible for funding. All application material must be *typed* and formatted for Microsoft Word or Adobe PDF and submitted via e-mail to <u>Waste-TireGrants@idem.IN.gov</u>. The agency will accept hand-written forms in special circumstances only, such as undue burden for the applicant. Additional sheets may be attached.

1.	. Provide brief (three to four sentences) summary of your project. What are the primary purchases and goals?			
2.	What is the need or motivation behind your project?			
3.	How will the outcomes and effectiveness of the project be measured ? Measurable outcomes vary, but ideally should be quantifiable measures that document the number of tires removed.			
4.	What will be the method for evaluating, and, if necessary, modifying project operations during its implementation?			