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|  | **WASTE TIRE GRANT PROGRAM APPLICATION**  State Form 57241 (3-23) | **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](mailto:WasteTireGrants@idem.IN.gov) |  |
| **COVER SHEET** | |

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

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| --- | --- | --- | --- | --- | --- | --- |
| 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 | | | |
| Registered vendor with the state? | | Yes  No | | | | |
| Project street address *(number and street) (if different from above)* | | | | | | |
| City | County | | State | | | ZIP code |

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| **TYPE OF APPLICANT *(Check one)*** |
| Solid waste management district (SWMD)  Municipality  County |

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| --- | --- |
| **GRANT DATA *(Required)*** | |
| Target number of tires or lbs. to be collected | |
| Total project cost | Amount requested |

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| *Check 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 number: |

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| I acknowledge that my submission of this proposal has been duly authorized by the governing body of the organization listed above*.* | |
| Signature *(Type name.)* | Date *(month, 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 [WasteTireGrants@idem.IN.gov](mailto:WasteTireGrants@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.

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| 1. Provide brief (three to four sentences) summary of your project. What are the primary purchases and goals? | |
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| 1. What is the need or motivation behind your project? | |
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| 1. 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. | |
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| 1. What will be the method for evaluating, and, if necessary, modifying project operations during its implementation? | |
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