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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 AvenueIndianapolis, IN 46204Telephone: (317) 234-0338Toll-Free: (800) 451-6027WasteTireGrants@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. 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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