



MUNICIPAL SERVICES PROGRAM GRANT PROGRAM
for CVSWM Member Communities
Application Form

Before completing this application, please consult the Municipal Services Program (MSP) Grant Program Grant Guidelines.
[See grant award application due dates and project award dates.]

- Application Materials Required:**
- MSP Grant Application Cover Sheet – signed and dated
 - Grant Request
 - Budget Worksheet

MSP Grant Application Cover Sheet - PLEASE USE THE TAB KEY TO GO TO THE NEXT QUESTION ON THIS FORM.

City/Town Name _____
[If multiple municipalities are applying, please list all municipalities here.]

Grant Amount Requested: \$ _____

Project description (25 words max):

Contact Person & Phone _____

Mailing Address _____

City/Town/ZIP _____

Physical Address (if different) _____

E-mail _____

Website (if applicable) _____

Please attach a copy of meeting minutes that show municipal legislative body endorsement of application submission

In signing below, I attest that all information provided in this application is true and accurate to the best of my knowledge.

Signature (Please type name.)

Date

Grant Request

Each proposal must identify what the applicant wishes to do with funding. Grant funds must be used to manage solid waste by:

- Developing infrastructure for solid waste management local satellite (“hub and spoke”) activities;
- Promoting community-based solutions to Act 148 requirements.

Please review the Grant Guidelines (separate document) before preparing this application.

Eligible MSP Grant Activities - Listed below are separate tables for seven grant categories. **Please check only the box(s) indicating the categories for which your municipality is applying.** Please provide the requested information for each of those categories. [If you are not applying for a category, please do not check that box.]

A. Special collection event – CVSWMD staffed and operated event	
Electronics [Grant award = \$1,500]	\$
Books [Grant award = \$1,500]	\$
Textiles [Grant award = \$1,500]	\$
Tires [Grant award = \$1,500] (<i>customer is charged a per tire fee, unless that cost is covered by municipality or additional MSP grant.</i>)	\$
Paint, Batteries & Bulbs [Grant award = \$1,500]	\$
Metals [Grant award = \$1,500]	\$
Other Material: Please describe _____	
Total Amount Requested [total dollar value of all events requested]: \$	
Requested season(s) of year when activity/activities will take place:	

B. Special collection event – Municipal-Run Event	
Bulky Waste	
Other Material: Please describe_	
Total Amount Requested [total dollar value of all events requested]: \$	
Timeline when activity/activities will take place:	

C. Infrastructure – Vehicle or Equipment
List vehicle(s) or equipment:
Detailed information regarding vehicles or equipment: <i>[If grant provides partial funding for vehicle or equipment]</i>
Please indicate how the equipment will be used specifically for MSP purposes:
Where will the vehicle or equipment be housed? <i>[If vehicle will be used by multiple member municipalities]</i> Which municipality will own or lease/hold loan?

Total Amount Requested:	\$
Timeframe when vehicle or equipment will be obtained:	

D. Infrastructure – Supplies for municipal staff or volunteers participating in MSP activities.	
List types of supplies:	
Details about supplies (quantity by type):	
How will the supplies be used?	
Total Amount Requested:	\$
Timeline when supplies will be procured:	

E. Infrastructure – Satellite (hub and spoke) facility - for management of solid waste – municipal owned or leased space, transportation of materials, municipal staff, other expenses	
Describe proposal for grant funding:	
Total Amount Requested:	\$
Timeline when facility will become operational or expanded:	

F. Food scraps	
List residential food scrap collection and processing services, including whether proposal is for new or expanded	
Please list location:	
Describe proposal for grant funding:	
Total Amount Requested:	\$
Timeline when services will be implemented:	

G. Technical Assistance/Technical Support	
Technical Assistance from:	
____ CVSWMD	
____ CVSWMD-approved consultant/vendor	
Describe your project:	
Total Amount Requested:	\$
Timeline when technical assistance or services will be utilized:	

A. Other information (Attach a Separate Sheet)

1. What is the long-term sustainability for the proposed project(s)?
2. What are your benchmarks for success for the proposed project(s)?
3. Number of staff members and volunteers involved in the proposed project(s)?

4. What work will these staff/volunteers be performing?
5. What resources (funding, donated time/equipment, professional expertise, etc.) will the municipality bring to the project? Are there additional funding sources?
6. How will your municipality advertise or provide information about the project(s) to members of the public and municipal partners?
7. [For applications from multiple municipalities] Which municipality is taking the lead and how will coordination take place?

B. Proposed Budget (Attach a Separate Sheet)

Each proposal must complete the accompanying *Budget Worksheet*. Budget information should be presented in the following manner:

1. The budget should contain both expense and income sections.
2. Applicants may combine similar expenses or income sources into one line item.
3. If a line item needs to be explained, there should be an accompanying explanation that describes the item in one or two sentences.
4. If there are resources from other sources than this grant for the same project, such as in kind donations, they should be clearly identified in the income section. Contributions of resources from the applicant, if any, should be identified. The District reserves the right to verify other income sources.

C. Supporting Materials (Attach a Separate Sheet)

Applicants may provide information that supports their proposal. The decision to add information is left up to each applicant, and such support materials should be concise and directly relevant to the proposal. Additional support materials may be requested during the review process.

Please email this application to the MSP Coordinator at cathleeng@cvsmd.org , or mail hard copy to:

CVSWMD
Attn: Cathleen Gent
137 Barre St.
Montpelier, VT 05602