

# Emergency Municipal Solid Waste Response Program

## Grant Application Form

### *for CVSWMD Member Communities*



**Before completing this application, please consult the EMSWRP *Grant Guidelines*.**

Please print or type so that the application is readable. Incomplete applications, as well as those transmitted by a facsimile machine will not be accepted. Applications will be accepted via email or mail.

#### **Required Application Materials:**

- Emergency Municipal Solid Waste Response Program Application Cover Sheet- signed and dated
- Project Narrative
- Budget Worksheet

Central Vermont Solid Waste Management District • 137 Barre Street Montpelier, VT 05602  
www.cvswmd.org • 802.229.9383 ext. 103 • grantprograms@cvswmd.org

Emergency Municipal Solid Waste Response Program

Cover Sheet

City/Town Name: \_\_\_\_\_

Name and title of City/Town official filling out this form: \_\_\_\_\_

Project Name: \_\_\_\_\_

**Grant Amount Requested:** \_\_\_\_\_

Project Contact Name (if different): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

How did you learn about the Municipal Solid Waste Special Projects Grant Program?

- District Mailing or Email
- Friend/Colleague
- District Web Page
- District E-Newsletter
- Town Official
- Advertisement
- Previous Program Participation
- Other \_\_\_\_\_

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

\_\_\_\_\_  
**Applicant Signature/Title**

\_\_\_\_\_  
**Date**

## Project Narrative

Please attach a description of the emergency situation(s) which you propose to address with the Emergency Municipal Solid Waste Response Program. **Please limit answers to no more than 3 pages.**

1. Please provide a brief description of the project and include a project timeline.
2. What events prompted your town to take action?
3. What do you expect to accomplish to both clean up and prevent recurrence of such problems or events?
4. Who do you plan to involve in the project? Please explain their roles, and if they are staff, volunteers or partner organizations, etc.
5. Please explain how you will share information and promote this project within your community.

**Budget Worksheet:** On a separate page, please include full project budget, listing both expenses and income.

### Proposed Budget

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

1. The budget should reflect both expense and revenue sections. New revenue anticipated as a result of the grant must be identified as part of the budget.
2. Applicants may combine similar expenses or revenue 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 revenue section. Contributions of resources from the applicant, if any, should be identified. The District reserves the right to verify other revenue sources.
5. On budget worksheet only fill out information that is applicable to grant request.

## Supporting Materials

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 [grantprograms@cvswwmd.org](mailto:grantprograms@cvswwmd.org) or mail a hard copy to**

CVSWMD  
Attn: Theron Lay-Sleeper  
137 Barre Street  
Montpelier, VT 05602