



**Application for the  
Organizational Waste Reduction & Reuse Program**  
*A Program of the Central Vermont Solid Waste Management District*

**Before completing this application, please consult the *Grant Guidelines*.**  
Please print or type. Faxed applications will not be accepted.

- Application Materials Required:**
- OWRRP Grant Application Cover Sheet – signed and dated
  - Organizational Background Information
  - Grant Narrative
  - Budget Worksheet

**Applicant/Organization Name** \_\_\_\_\_ **SSN/VT Tax ID#** \_\_\_\_\_

**Applying as:** (check one)

- Business
- Community Group
- Institution
- Non-Profit
- Other \_\_\_\_\_

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

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City/Town** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Website (if applicable)** \_\_\_\_\_

**How did you find out about the OWRP Grant Program?**

- |   |   |
|---|---|
| <input type="checkbox"/> District Mailing               | <input type="checkbox"/> Town Official: _____                         |
| <input type="checkbox"/> Friend/Colleague               | <input type="checkbox"/> Advertisement in: _____                      |
| <input type="checkbox"/> District Web Page              | <input type="checkbox"/> Business Assistance/Loan Organization: _____ |
| <input type="checkbox"/> Previous Program Participation | <input type="checkbox"/> Event: _____                                 |
| <input type="checkbox"/> Flyer                          | <input type="checkbox"/> Other: _____                                 |

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

\_\_\_\_\_  
**Applicant's Signature**

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

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**Organizational Background** (Please do not exceed 1page)

Type of Business/Organization/Institution/Non-Profit, please state the nature of the organization:

Mission statement/goal(s) of the organization:

Physical address (if different from address on cover):

Number of current personnel:

- Full time employees: \_\_\_\_\_
- Part time employees: \_\_\_\_\_
- Volunteers: \_\_\_\_\_

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### **Grant Narrative**

Each proposal must have a narrative explaining what the applicant wishes to do with funding. Applicants must demonstrate a tangible benefit to the CVSWMD's service area in their proposed grant activity. Recommended length for the narrative is 2-3 pages. Narratives should address the following:

1. Brief description of project for which you are seeking funding, including clear, achievable objectives and activities. Please provide a timeline or schedule of grant activities (note- all grant purchases shall be completed within one year after the grant has been awarded).
2. People who will be involved in the project. Please include qualifications for all staff and/or volunteers involved.
3. Description of your organization or group. Please explain how your organization has the capacity to implement the proposed project.
4. Plan for sustainability of the project or programs created under the grant. Please include all expected sources of funding.
5. Benchmarks for success. Please explain how you will evaluate success using measurable results.
6. Budget justification. Please explain the justification behind budgeted purchases, expected additional funding sources, and in-kind dollar match description if applicable (no match required).

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### **Proposed Budget**

Each proposal must complete 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, please add it to the budget justification in the grant narrative.
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.

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### **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 or mail a hard copy of this application to the OWRRP representative:**

Central Vermont Solid Waste Management District  
Attn: Brenna Toman  
137 Barre Street  
Montpelier, VT 05602

[grantprograms@cvsmd.org](mailto:grantprograms@cvsmd.org)