

# PROJECT GRANT APPLICATION Form

Pursuant to Rhode Island Resource Recovery Corporation’s Municipal Grant Policy, municipalities must use this form to apply for a project-based grant, utilizing separate forms for each project request. Please refer to the [Municipal Grant Policy](http://www.rirrc.org/municipal-officials-haulers/municipal-officials/grant-program) for detailed considerations, matching requirements and submittal instructions. When submitting the application, attach other relevant information including quotes from vendors, product specifications and/or pictures.

## MUNICIPAL INFORMATION

Applicant Name: Enter your name Position: Enter your position Date: Select today’s date

Department of: Enter your department City/Town of: Enter your municipality

Project Manager Name & Title: Enter the project manager, if different from the applicant

Project Manager Email Address: Enter e-mail address Phone Number: Enter phone number

## GRANT FUNDS REQUESTED

Fiscal Year & Grant Cycle: Select the fiscal year - and cycle number Total Project Cost: Enter the dollar amount

Grant Funds Requested: Enter the dollar amount, including the 20% match if applicable

## PROJECT PROPOSAL

Project Title: Enter a title, preferably under 5 words and no more than 10

### Project Need

*In the space provided below explain the problem or issue the project is trying to address.*

Describe the project need

Project Description

*In the space provided below describe in detail how the proposed project will meet the identified need*.

Describe your project

Expected Results and Performance Measures

*Document in the space provided below the specific performance measures that will be used in gauging the success of the project (e.g. who will benefit, how many people will participate, percent of population educated, pounds of waste diverted, changes to recycling and or load rejection rates, etc.).*

Document the performance measures and expected results

### Project Schedule

*Provide a detailed schedule including the anticipated start and end dates as well as quarterly benchmarks and milestones. In determining the anticipated start date, keep in mind that all grant applications are subject to review and approval by the Board of Commissioners at a scheduled meeting. In determining quarterly benchmarks and milestones, use the first quarterly report due date as the first quarter (December 30 for Cycle 1 grants, June 30 for Cycle 2 grants).*

Anticipated Start Date: Select the start date Anticipated End Date: Select the end date

#### Benchmarks and Milestones by Quarter:

Describe the project’s quarterly benchmarks and milestones

### Project Budget

*Please complete the budget worksheet below and provide a narrative explaining any items that have not been previously addressed. Hyperlinks to specific items that are intended to be purchased are appreciated.*

| **ITEM** | **VENDOR** | **QTY** | **UNIT PRICE** | **TOTAL PRICE** | **GRANT FUNDS REQUESTED** |
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| **TOTALS** | | | | **PROJECT COST** | **GRANT REQUEST** |
| Total the dollar amount | Total the dollar amount |

#### Provide additional budget narrative or hyperlinks below:

Enter the additional information here