



# Grant Application

## Applicant Information

Business Name	
Contact Name	
Contact Title	
Address	
City, Zip Code	
Phone Number	
Email Address	

## Shipping Information

Business Name	
Contact Name	
Address	
City, Zip Code	
Phone Number	
Email Address	

**Duties and Budget Justification:** Please provide a brief justification for the budget items requested. Include an explanation of how costs were determined. Describe how the business will implement the program. (Less than 500 words)

## Reference Questions *(Please check yes or no for each of the following questions)*

	Yes	No
Did you work with MN Waste Wise?	<input type="checkbox"/>	<input type="checkbox"/>
Does your business currently have a recycling program?	<input type="checkbox"/>	<input type="checkbox"/>
Does your business currently have a food waste or organics recycling program?	<input type="checkbox"/>	<input type="checkbox"/>
If an institution did you consult with County staff before submitting the application?	<input type="checkbox"/>	<input type="checkbox"/>

## How did you hear about us? *(Please check yes or no for each of the following questions)*

	Yes	No
SCENE or website?	<input type="checkbox"/>	<input type="checkbox"/>
Professional Association (Chamber, Economic Development Association)?	<input type="checkbox"/>	<input type="checkbox"/>
MN Waste Wise Foundation	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please explain:		

## Eligibility Questions *(Please check yes or no for each of the following questions)*

	Yes	No
Is your business physically located in Scott County?	<input type="checkbox"/>	<input type="checkbox"/>
Is your business a non-residential waste generator?	<input type="checkbox"/>	<input type="checkbox"/>
Is your business responsible for managing the recycling and trash hauling contract for the properties you own, lease, rent, manage or maintain?	<input type="checkbox"/>	<input type="checkbox"/>

## Grant Request

**Container/Bins:** Please select containers from Container Catalog and complete order form below. Scott County will order containers and ship directly to applicant.

Container Name - Description (Make and Model)	Quantity	Cost per Container	Total Cost
<b>Container Sub-Total</b>			\$

### Other Items

Line Item	Description	Total Proposed Amount
Supplies		
Equipment		
Other Expenses		
<b>Other Item Sub-Total</b>		\$

<b>Grant Grand Total (Container/Bins + Other Items)</b>	
<b>Scott County reimbursement up to \$10,000. Subtract \$10,000.</b>	
<b>Remaining Grant Balance</b>	
<b>Applicant Match 50% of grant over \$10,000 (if required)</b>	
<b>County Reimbursement</b>	

Scott County will reimburse up to \$10,000 no match required and may reimburse %50 of the grant request over \$10,000. Please deduct 50% from the remaining grant balance over \$10,000 to determine the required applicatn cash match.

If awarded a grant, \_\_\_\_\_ <grantee> agrees to the following activities:

Host a site visit with MN Waste Wise
Carry out recycling activities for a minimum of 18 months.
Provide a 3 sentence testimony and agree to serve as a "Success Story," if asked.
Complete report documenting baseline pre-grant and post-grant quantities of: a) Materials recycled, b) Food recovered, and c) Trash

**Mail to:** Scott County Environmental Services  
Attn: Recycling-Organic Collection Application  
200 Fourth Ave W Shakopee, MN 55379

**Fax to:** 952-496-8496 | Attn: Recycling-Organic Collection Application

**Email to:** [ssteuber@co.scott.mn.us](mailto:ssteuber@co.scott.mn.us) | Subject: Recycling-Organic Collection Application