

Solid Waste KS Green Schools Grant Application

Please supply the information below to apply for a grant of up to \$4500 for the Kansas Green Schools Solid Waste Grants Program. Guidance and reference documents are available at: <http://www.kansasgreenschools.org/grants>

If you have any questions concerning this application please contact Rachel Wahle at rwahle@kacee.org, 785-539-7943 or Maureen Ruhlman at mruhlman@kdheks.gov or 785-296-6596

The grant criteria may be found at: <http://www.kansasgreenschools.org/grants>

* 1. Date of Application

Application Date: MM DD YYYY
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* 2. Name of School

* 3. My school is registered on the Kansas Green Schools Network (Note, this is a requirement, but it's free and easy, at www.kansasgreenschools.org)

- Yes
 No

* 4. Name of School District and USD

Example: Topeka, USD #501

* 5. Please provide the following information for the individual responsible for day-to-day project management. Please provide a title for this individual.

Name & Title:

Address:

Address 2:

City/Town:

State: KS

ZIP:

Email Address:

Phone Number:

6. School webpage, if applicable:

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***7. FEIN (IRS) Tax Number:**

8. Mailing address for payments (if same as above, leave blank)

***9. Please tell us how many students are enrolled in the school.**

Current Enrollment

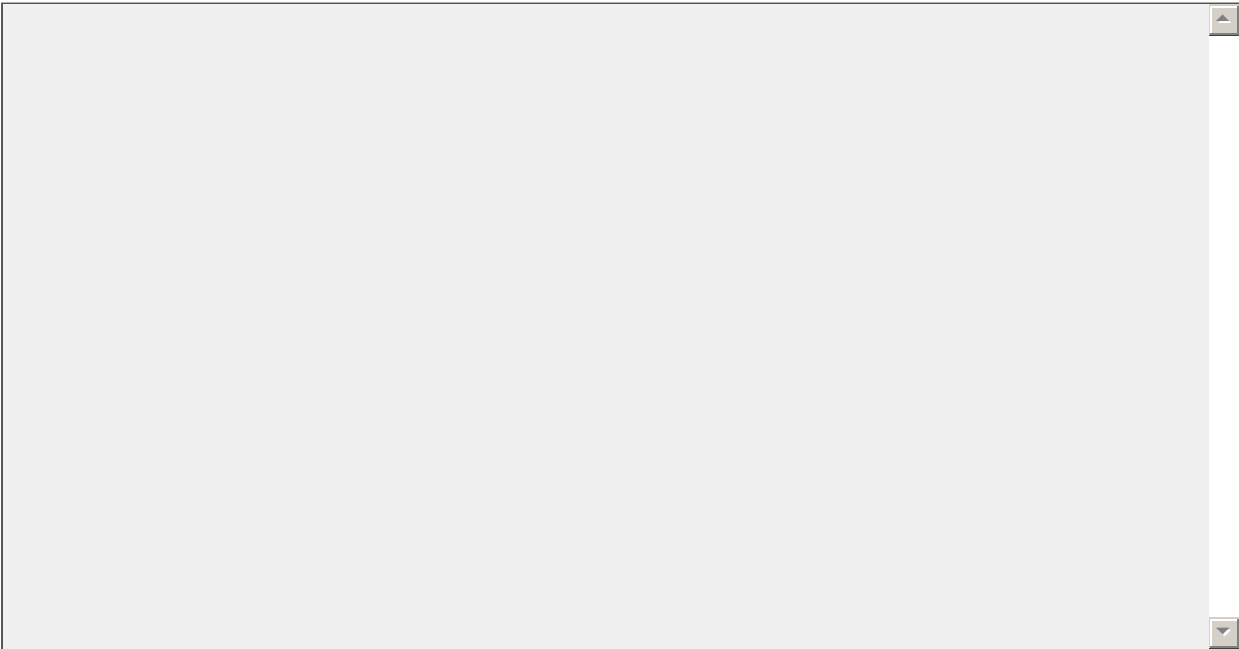
10. We are applying for a Kansas Green Schools Solid Waste grant for: (see Kansas Green Schools Solid Waste Guidelines at www.kansasgreenschools.org/grants for more information on these categories)

- Field trips to recycling centers/landfills/composting facilities
- Waste Audits
- Recycling containers
- Purchasing Audit
- Composting and vermicomposting equipment
- Environmental Stewardship Education Programs
- Sponsorship of Environmental Program
- Waste Reduction School to Home Projects
- Production costs for Bring It Up

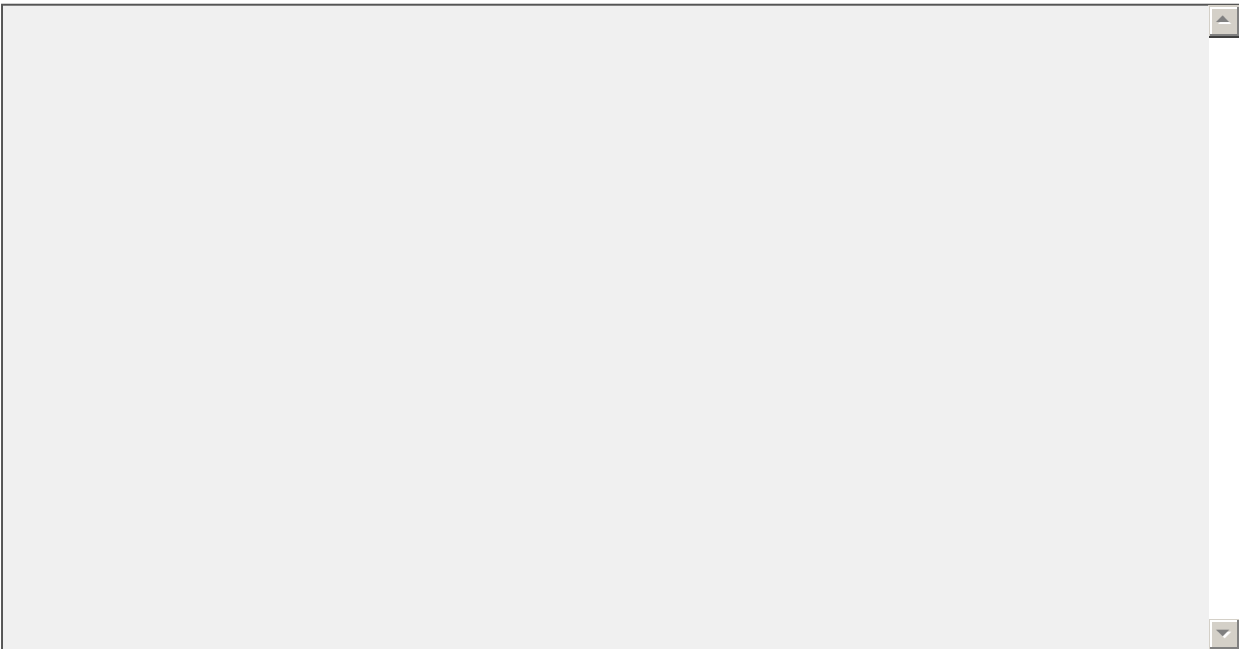
***11. Please describe your proposed Kansas Green Schools Solid Waste Grant Project:**

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***12. Please describe the anticipated environmental benefits of the project:**

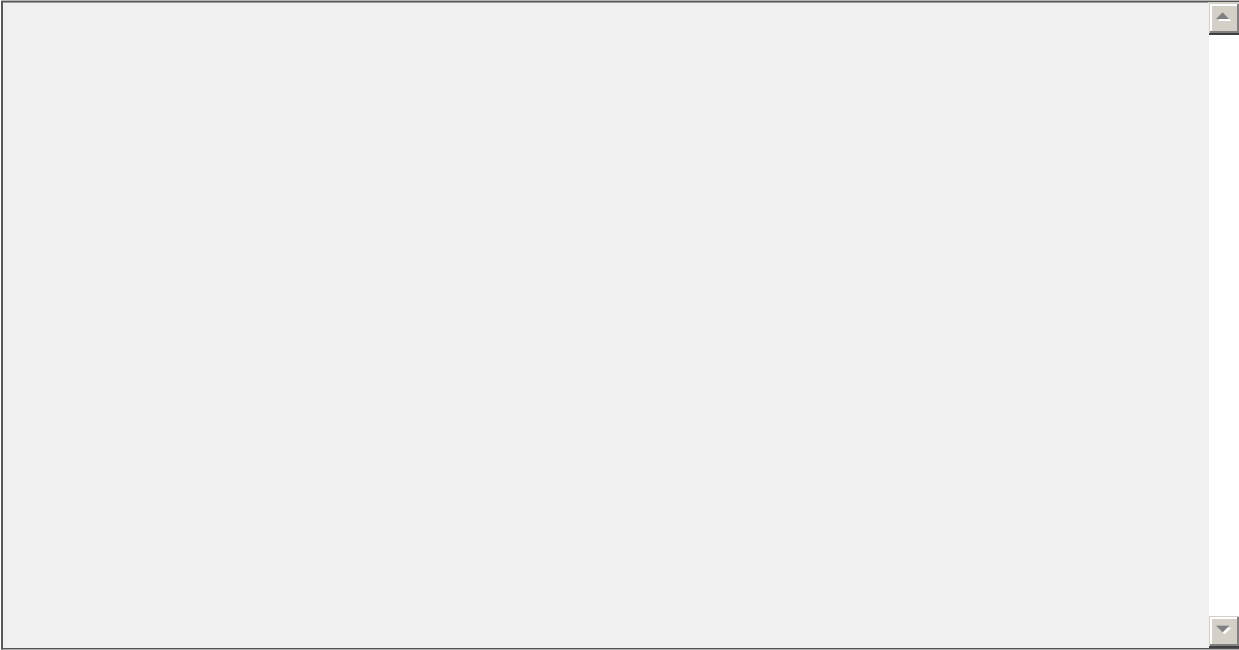


***13. Please describe how you will use environmental education to tie the project to classroom curriculum in your school. Include your learning objectives, how your students will be involved, and approximately how many parents, students, and community members will be impacted.**

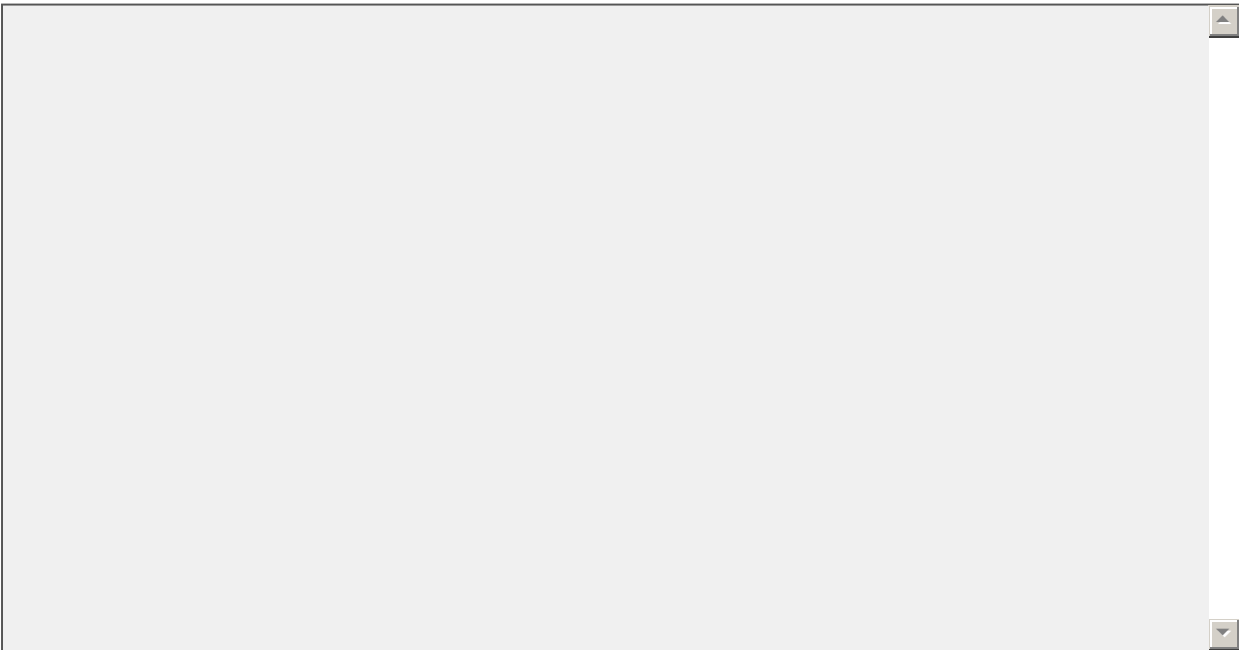


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14. Provide any additional information about your project that you important for reviewers to know:

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***15. Please provide a timeline of activities for your project:**

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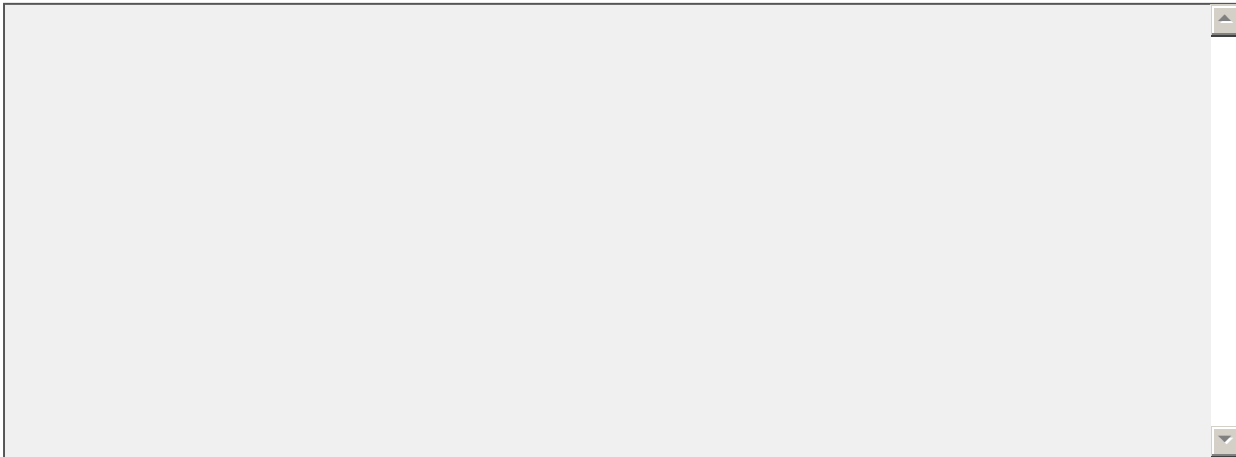
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***16. Provide a basic budget for your project. Include the following information: itemized list of expenses, sources of funding beyond a Kansas Green Schools Solid Waste Grant and which expenses you are requesting the Grant to cover. A match of at least 25% of the total project costs is required. Specify how you will meet this requirement. The local match requirement is a minimum of 25% of the total proposed project cost. This match may be comprised of either financial and/or in-kind commitments such as hourly rates for volunteers or administrative overhead. In-kind donations such as community donations, volunteer time, services such as printing provided by the school, etc. are also acceptable sources of matching funds.**

To calculate the minimum required match, divide the amount of grant funding your are requesting by 0.75. This will give you the total amount of "funding" required for the project. Subtract the amount you are requesting in grant funds and the remainder is the minimum required match. For example, if your school is requesting a grant of \$4500 divided by 0.75 gives you total amount of required funding for the project of \$6000. Therefore the minimum required match would be \$1500.

Please round budget items to whole numbers.

For a sample budget go to: <http://www.kansasgreenschools.org/files/AQ-E%20Sample%20Budget.pdf>



Budget Category Definitions and Explanations

- Salaries: Grant funds should not be used to pay salaries; however, salaries may be used as match.
- Travel: Includes costs incurred conducting public education, seminars, training, etc.
- Supplies: Include public education materials/supplies and items and equipment with individual costs of under \$2500.
- Professional Services: Include consultants and contractors fees
- Capital Equipment: Single items costing \$2500 or more (e.g. large scale composter for cafeteria waste)

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-Other Includes expenditures for items that don't fall into the above categories or cash match

Please round budget figures to whole numbers. NOTE: Columns do not automatically calculate totals.

* 17. Requested Grant

Funding:

Salaries:	<input type="text"/>
Travel:	<input type="text"/>
Supplies:	<input type="text"/>
Capital Equipment:	<input type="text"/>
Prof Service:	<input type="text"/>
Other:	<input type="text"/>
TOTAL:	<input type="text"/>

* 18. Matching Funding:

Salaries:	<input type="text"/>
Travel:	<input type="text"/>
Supplies:	<input type="text"/>
Capital Equipment:	<input type="text"/>
Prof Service:	<input type="text"/>
Other:	<input type="text"/>
TOTAL:	<input type="text"/>

* 19. Total Project: (Grant + Match):

Salaries:	<input type="text"/>
Travel:	<input type="text"/>
Supplies:	<input type="text"/>
Capital Equipment:	<input type="text"/>
Prof Service:	<input type="text"/>
Other:	<input type="text"/>
TOTAL:	<input type="text"/>

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*20. CERTIFICATION:

The person signing this document must have the authority to contractually bind the applicant or be the designated fiscal agent. For schools, this is generally the principal, superintendent, or board president. Please be sure to secure all necessary approvals from government bodies prior to signing this application.

The undersigned is an official authorized to represent the applicant.

I certify that all proposed activities will be carried out; and all grant money received will be utilized solely for the purposes for which it is intended; that records documenting the planning process and implementation will be maintained and submitted when requested. KACEE is hereby granted access to inspect project sites and/or records.

Signature of Authorized Representative:

21. Submitted on

Date: MM DD YYYY
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