



**APPLICATION FORM
RECYCLING AND WASTE
DIVERSION GRANT FUNDS**

INTRODUCTION OF APPLICANT:

A. APPLICANT INFORMATION:

B. INFORMATION OF CONTACT PERSON:

C. LEGAL ORGANIZATION OF APPLICANT:

D. FUNDING:

Amount Requested:

E. BRIEF DESCRIPTION OF ORGANIZATIONS PURPOSE/MISSION STATEMENT AND YEAR FOUNDED.

F. LIST AND EXPLAIN CHARITABLE ACTIVITIES UNDERTAKEN IN THE COUNTY OF KAUAI.

PROJECT TITLE: Recycling and Waste Diversion Grant

PROJECT TIMELINE: Services are to be implemented and completed within one year of grant dispersal. We estimate award to be made between late February to late March. Please outline estimated service schedule below.

QUESTIONNAIRE: Please provide detailed answers to all questions below.

- 1) Provide a narrative of your project. Please provide information including but not limited to: the location(s) of your operation, description of services to be provided. If this is an existing agency or program, explain how funds will be used to add new activities and enhance the program. If this is a startup program, describe how the program will introduce new waste diversion activities on Kaua‘i.**

2) How will you track and report the project's success? (Note: Grant recipients will be required to submit a final report summarizing project outcomes.)

3) What is your organization's experience in implementing this or similar projects?

4) Complete Attachment 1 Project Budget Summary. In addition, provide a narrative description of your budget (i.e. breakdown of overhead costs, background on relationship with other funders, etc.). Any information provided would be helpful in evaluating the budget feasibility.

5) Are you leveraging other funding sources to complete this project? Is the project anticipated to be self-sustaining after the grant period?

APPLICANT IS HEREBY NOTIFIED THAT THE APPLICANT MUST BE COMPLIANCE OR WILL COMPLY WITH, THE FOLLOWING REQUIREMENTS:

- A. TO COMPLY WITH ALL APPLICABLE FEDERAL AND STATE LAWS PROHIBITING DISCRIMINATION AGAINST ANY PERSON ON THE GROUNDS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, CREED, SEX OR AGE, IN EMPLOYMENT AND ANY CONDITION OF EMPLOYMENT WITH THE RECIPIENT OR IN PARTICIPATION IN THE BENEFITS OF ANY PROGRAM OR ACTIVITY FUNDED IN WHOLE OR IN PART BY GOVERNMENT FUNDS.
- B. TO COMPLY WITH ALL APPLICABLE LICENSING REQUIREMENTS OF THE COUNTY, STATE, AND FEDERAL GOVERNMENTS, AND WITH ALL APPLICABLE ACCREDITATION AND OTHER STANDARDS OF QUALITY GENERALLY ACCEPTED IN THE FIELD OF THE RECIPIENT'S ACTIVITIES.
- C. TO HAVE IN ITS EMPLOY OR WITHIN ITS MEMBERSHP SUCH PERSONS AS ARE QUALIFIED TO ENGAGE IN THE ACTIVITY FUNDED IN WHOLE OR IN PART BY GOVERNMENT FUNDS;
- D. TO COMPLY WITH SUCH OTHER REQUIREMENTS AS THE DIRECTOR OF FINANCE MAY PRESCRIBE TO ENSURE ADHERENCE BY THE PROVIDER OR RECIPIENT WITH THE COUNTY, FEDERAL AND STATE LAWS AND TO ENSURE QUALITY IN THE SERVICE OR ACTIVITY RENDERED BY THE RECIPIENT; AND
- E. TO ALLOW THE EXPENDING COUNTY AGENCY FULL ACCESS TO RECORDS, REPORTS, FILES AND OTHER RELATED DOCUMENTS IN ORDER THAT THEY MAY MONITOR AND EVALUATE THE MANAGEMENT AND FISCAL PRACTICES OF THE EXPENDITURE OF COUNTY FUNDS; AND
- F. TO KEEP GRANTED FUNDS FINANCIALLY SEPARATE IN THEIR BOOK OF ACCOUNTS AND SUBMIT A YEAR-END REPORT ON THE USE OF THE FUNDS WITHIN 30 DAYS FOLLOWING CLOSE OF THE FISCAL YEAR IN WHICH THE MONEY IS APPROPRIATED, THE REPORTS SHALL CONTAIN BUT NOT BE LIMITED TO:
 - I. documentation of all scope of work activities performed throughout the period;

II. documentation of budget expenditures throughout the period.

G. THE COUNTY SHALL BE NOTIFIED IN THE EVENT OF ANY DELAY IN SERVICES. NOTIFICATION SHOULD BE PROVIDED AS SOON AS THE GRANTEE KNOWS THAT A DELAY WILL OCCUR.

APPLICANT UNDERSTANDS THAT FAILURE TO MEET THE QUALIFYING CRITERIA OR FAILURE TO COMPLY WITH THE ABOVE REQUIREMENTS WILL RESULT IN INELIGIBILITY FOR COUNTY FUNDS AND REIMBURSEMENT OF ANY FUNDS APPROPRIATED.

WE HEREBY CERTIFY THAT APPLICANT MEETS THE QUALIFICATION CRITERIA AND COMPLIES OR WILL COMPLY WITH THE ABOVE REQUIREMENTS.

Print: _____

Sign: _____

Title: _____

