



# Waste Reduction + Innovation Grant

Completed applications and support materials must be submitted by **4:00 pm April 14, 2023**. Applicants will be notified by May 23 about funding decisions. BizRecycling may request additional information prior to approval. Applicants **must** receive a site assessment and work with a program Recycling Expert prior to applying.

Submit applications via email to [info@bizrecycling.com](mailto:info@bizrecycling.com).  
For assistance contact your Recycling Expert or 651-259 -1845.

Date of Site Assessment: \_\_\_\_\_

Name of Recycling Expert who helped complete this application: \_\_\_\_\_

## Section 1: Business Information

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County:  Ramsey  Washington  Website: \_\_\_\_\_

Industry/Business Type: \_\_\_\_\_

Employee Size:  5-9  10-19  20-49  50-99  100-249  250-499  500+

Business Ownership:  American Indian/Alaska Native  Asian  Black  White  
 Latinx/Hispanic  Two or more races  Not applicable  Prefer not to answer

Is this business women-owned? Is  Yes  No

this business veteran-owned?  Yes  No

## Section 2: Contact Information

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Is the primary contact authorized to sign the grant contract if awarded?  Yes  No

If no, provide authorized contact information.

Contract Signer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contract Signer Email Address: \_\_\_\_\_

Do you want the check mailed to the business address?  Yes  No

If no, add mailing address.

Name:

Address:

City:

State: Minnesota

Zip:

Do you want the waste & recycling bins sent to the business address?  Yes  No  Not applicable

If no, add container delivery address

Name:

Address:

City:

State: Minnesota

Zip:

### **Section 3: Business Story**

Describe your business and its history. Include your founding mission and operational structure.

Describe your business' commitments to environmental sustainability. Include both organizational values and tangible activities as they relate to purchasing, reuse, operations, energy or water conservation, or waste management.

## Section 4: Project Description

**Project Activities:** Describe your proposed waste reduction activities. How will the changes eliminate or reduce a currently discarded material? Where applicable, attach photos or video of current equipment, processes and waste produced. Describe what waste, if any, the new activities will create.

**Waste Reduction Outcomes:** You must consult with your Recycling Expert on this section. They are skilled at calculating waste and recycling diversion weights.

List each waste, recycling or organic material that will be reduced or eliminated. For each material, include the following information:

- How is the material currently managed? If hauled off site, name the hauler and destination of the material.
- Provide an estimate of the amount of material ***in pounds*** that will be reduced over 12 months. Include how you calculated your estimated weights.

**Additional Benefits:** Describe any additional environmental impacts of the project. This may include reductions in water or energy usage, hazardous waste or pollution generation, or an impact on greenhouse gas emissions or carbon footprint.

Describe any financial benefit to your business, for example reductions in material purchasing or labor costs.

How will you engage employees and/or customers in the project and increase participation in waste reduction activities?

How will you sustain your project efforts over time (ex. ongoing education, policy changes, operational changes)?

## Section 5: Budget Request

Requests must be between \$10,000 and \$50,000. All projects require a 10% cash match. In-kind matches are not allowed.

Half (50%) of the awarded funding will be issued at project start. The remaining funds will be paid once the project is verified as implemented. Grantees will receive \$250 at the end of the 18-month grant period when they complete the exit interview and final report.

### Budget

#### (1) Trash, Recycling, and Organics Containers Ordered Directly by BizRecycling

Attach the Container Order Form (Appendix B) for trash, recycling, and organic containers.

Containers will be delivered directly to your business.

Cost of Standard Trash, Recycling & Organics Containers: \_\_\_\_\_

#### (2) Project Costs

For each item attach a proposal, price quote, or screenshot verifying the cost. For items in this category, BizRecycling will mail a check directly to your business.

Project Activity (Grant Funded)	Item	Cost
<b>Total</b>		

Project Activity (Match Funded - Must be 10% of total project)	Item	Cost
<b>Total</b>		



**Total Cost**

Item	Price
(1) Containers	
(2) Project Cost	
(3) Final Report	\$250
<b>Total Project Cost</b>	
Required Match (10% of total request)	
<b>Grant Request (Total Project – 10%)</b>	

**Waiver Request**

Match requirement may be waived if it is a barrier to implement the project.

Check here if you would like to request a waiver. A staff person will contact you to discuss your request and verify need.

**Section 6: Required Activities**

If awarded a grant, you agree to the following activities:

	Yes
Host 3 site visits with a Recycling Expert to (1) develop your project plan and grant application, (2) implement activities, and (3) 18-month exit interview and final report.	
If requested, host program staff on site to review project.	
Carry out grant activities for 18 months.	
Complete an exit interview and report at the end of your grant about how well you met your project objectives, volumes of materials reduced or recycled, and challenges, successes, and lessons learned. Submit any developed plans.	

## Section 7: Attachments

The following attachments must be submitted with your application.

- Photos and/or videos of current project equipment or process (If applicable)
- W-9
- Container order form (If applicable)
- Price supporting documentation for each requested item.