Complete this application and submit to [info@bizrecycling.com](mailto:info@bizrecycling.com).

Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Information**

|  |  |
| --- | --- |
| Organization Name |  |
| Director Name |  |
| Director Title |  |
| Mailing Address |  |
| Email Address |  |
| Phone Number |  |

**Grantee Liaison Information**: The day-to-day project contact, if different than the authorized contract signatory.

|  |  |
| --- | --- |
| Liaison Name |  |
| Liaison Title |  |
| Mailing Address |  |
| Email Address |  |
| Phone Number |  |

**About Organization**

|  |  |
| --- | --- |
| What is your organizations mission? |  |
| How many staff are employed by your organization? |  |
| How many current business members are represented by your organization? |  |
| What geographical, industrial and/or demographic area does your organization *primarily* serve? |  |
| Does your organization currently have a food waste or organics recycling program? |  |
| Does your organization currently have a food waste or organics recycling program? |  |

**Annual Work Plan**Grantees are required to do outreach to all members in each year of the grant and prepare an annual work plan. Describe up to five business outreach objectives, proposed activities to achieve the objective and performance measurements. Your proposed activities should actively engage all your business members. This will serve as your annual work plan. Work plans are due January 1 of each year.

|  |  |  |
| --- | --- | --- |
|  | **Activities** | **Performance Measures** |
| **Objective 1** |  |  |
| **Objective 2** |  |  |
| **Objective 3** |  |  |
| **Objective 4** |  |  |
| **Objective 5** |  |  |

**Key personnel:** List the key personnel who will be assigned to implement the business outreach activities described as described in the work plan and provide the required grant reports described in Appendix A. Indicate number of hours or percent time assigned to the project.

|  |  |  |
| --- | --- | --- |
| **Name** | **Explanation of Duties for Grant Project** | **Hours or Percent Time on Grantee Project** |
|  |  |  |
|  |  |  |
|  |  |  |

**Eligibility Questions**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Is your organization physically located in Ramsey or Washington County? |  |  |
| Is your organization a Commercial Club, Chamber of Commerce, Economic Development Commission, Economic Development Authority (EDA), Business Leagues including Professional Organizations and service clubs such as Rotary International, or a Non-Profit Development Corporation? |  |  |

**Budget:** Outline your budget and brief description for the budget items.

|  |  |  |
| --- | --- | --- |
| **Line Item** | **Description** | **Total Proposed Amount** |
| Staff/Personnel (Number of hours by staff) |  |  |
| Design Fees |  |  |
| Advertising |  |  |
| Outreach Activity Expenses (i.e. supplies, room reservation fees) |  |  |
| Other Expense |  |  |
| Other Expense: |  |  |
| **Grant Total** |  |  |

If awarded a BizRecycling Partner grant, the partner agrees to the following:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Attend grantee orientation meeting. |  |  |
| Provide three business members that are willing to agree to serve as a “Success Story,” if asked. |  |  |
| Submit progress and final reports. |  |  |
| Documented outreach to all business members. |  |  |
| Promote BizRecycling services and resources on website and in offices |  |  |
| Provide a W-9. |  |  |
| Agree to terms and conditions on contract. |  |  |
| Submit a certificate of insurance. |  |  |