

Household Hazardous Waste Grant 2002-03 APPLICATION COVER SHEET

Applicant:	
Department or Agency:	
Street Address:	
Mailing Address (if different from street address):	
City & Zip Code:	County:

Regional Participants (if applicable):

Primary Contact (Name & Title):

Phone:	Fax:
Email Address:	

Program Director (Name & Title):

Phone:	Fax:
Email Address:	

Assembly District(s):

Senate District(s):

Brief Description of Project (3-5 Sentences):

Total Grant Request: \$ _____

Certification:

Certification: I declare, under penalty of perjury, that all information submitted for CIWMB's consideration for allocation of grant funds is true and accurate to the best of my knowledge.

Signature of person as authorized in the resolution: _____ Date: _____

Type or print name and title: _____

_____ Applicant certifies that if awarded a grant it shall in the performance of the Grant Agreement conduct its programs, policies, and activities that substantially affect human health or the environment in a manner that ensures the fair treatment of people of all races, cultures, and income levels, including minority populations and low-income populations of the State. (Please check the box and initial.)

INSTRUCTIONS FOR APPLICATION COVER SHEET

Applicant

This is the name of the jurisdiction that is submitting the proposal (e.g. City of Anaheim, or Santa Clara County, etc.).

Department or Agency

List specific department or agency (e.g., Department of Public Works Agency, Fire Department, or Environmental Management Department).

Regional Participants

Those jurisdictions participating in a regional application should be listed here. Each listed jurisdiction must designate the lead jurisdiction (Applicant) to act on their behalf by including one of the following: (a) a resolution, (b) a letter from the City Manager or County Administrator; or (c) a Memorandum of Understanding specifically for this grant. See Application Instructions for more details.

Primary Contact

This person is responsible for carrying out the day-to-day management and implementation of the grant. All CIWMB correspondence will be directed to this individual (e.g., Recycling Analyst, Environmental Technician, Solid Waste Engineer, etc.). **The Primary Contact must be a local government employee.**

Program Director

This individual has ultimate responsibility for the project (e.g. Public Works Director, City Engineer, Solid Waste Management Director, etc.).

Assembly and Senate Districts

List the district numbers for all districts affected by the proposed project.

Brief Description of Project

Include a three to five sentence summary of the proposed project. This summary may be distributed by the CIWMB to the public.

Total Grant Request

The total number of dollars being requested from the CIWMB rounded to the nearest dollar. Do not include applicant contributions or in-kind services.

Signature

Please select the designated signature authority carefully because only the person in the designated position will be able to sign the Grant Agreement Form and Payment Request Form. Be sure to check and initial the Environmental Justice certification.