

**SAMPLE MINIGRANT APPLICATION: INDUSTRIAL SETTING**

StopWaste.Org  
**StopWaste Partnership Mini-grant Program**

**FORM A**

***Application Cover Page***

***Applicant Information***

Applicant/Organization Name: **Sample Manufacturing or Food Processing Company** \_\_\_\_\_

Type of Organization:     corporation     sole proprietorship     partnership     non-profit  
    government agency     other

Year Established: \_\_\_\_\_ 1982 \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ xxxxxxxx \_\_\_\_\_ State & Date of Incorporation: \_\_\_\_\_ California, 1995 \_\_\_\_\_

Address: \_\_\_\_\_ 10 Industrial Park Lane \_\_\_\_\_

City, Zip Code: \_\_\_\_\_ Fremont, CA 94536 \_\_\_\_\_

Main Phone Number: (510) xxx-xxxx Fax Number: (510) xxx-xxxx

Contact Person: \_\_\_\_\_ Tim Overseer \_\_\_\_\_ Title: \_\_\_\_\_ Plant Manager \_\_\_\_\_

Contact Phone: \_\_\_\_\_ (510) xxx-xxxx \_\_\_\_\_ Email: \_\_\_\_\_ toverseer@samplecompany.com \_\_\_\_\_

Name/Title Authorized to be Signatory of grant contact: \_\_\_\_\_ Caroline Capital, VP of Operations \_\_\_\_\_

***Project Information***

Project Name: \_\_\_\_\_ Plastics Recycling Program \_\_\_\_\_

Amount Requested: \_\_\_\_\_ \$5,000 \_\_\_\_\_ Total Project Budget: \_\_\_\_\_ \$6,500 \_\_\_\_\_

Project Duration (Start up and Completion Dates): \_\_\_\_\_ March 2009 – December 2009 \_\_\_\_\_

Project Service Area: \_\_\_\_\_ Fremont Plant \_\_\_\_\_

***Certification***

In submitting this application, I attest that I have read and understood the terms and requirements for release and use of the mini-grant funds. I certify that the information contained in this proposal is true and accurate to the best of my knowledge and belief. I further certify that this grant application is submitted with the endorsement of the governing board of this organization, which is empowered to enforce compliance with all contract conditions.

Signature(s): \_\_\_\_\_ *Tim's Signature* \_\_\_\_\_

Name and Title: \_\_\_\_\_ Tim Overseer \_\_\_\_\_ Plant Manager \_\_\_\_\_

Date: \_\_\_\_\_ December 12, 2008 \_\_\_\_\_

*If submitting application electronically, please fax (510-893-2308) or scan/mail this page (Form A).*

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FORM B

*Project Summary & Narrative*

**Applicant:** \_\_\_\_\_ *ABC Food Processing* \_\_\_\_\_

**Project Summary**

Briefly summarize (2-3 sentences) the specific purpose for which you are requesting funds.

We are requesting funds for the implementation of a full scale plastic recycling program at the ABC Food manufacturing facility in Fremont. The recycled material will consist of 5 gal plastic containers, stretch wrap, plastic bag liners, hairnets, beard nets, and disposable smocks. The full scale program is based of the learning experience from the StopWaste Audit conducted in October 2007. ABC Food Processing currently has a recycling program for wood, fiber, and food waste, but does not have a program for Plastics. The money will be used to purchase color coded containers to be used throughout the plant. The Plant is currently at a 64% recycling rate by weight and hopes to achieve an 85% recycling rate at project completion.

**Project Narrative**

Please provide responses to the following items relative to your proposed project either below or on a separate sheet of paper. Use no more than *two pages, double sided*, for your proposal narrative, with the sections sequentially numbered and titled as indicated below

**1. Agency or Business Overview**

ABC Food Processor provides a variety of ingredients for food manufactures all over the world. The Fremont plant is a manufacturing facility with 200 employees.

**2. Statement of Need**

ABC has a successful program to recycle cardboard, wood, and food waste, and has been asked by its customers to participate in green initiatives on a higher level. An Audit was performed by StopWaste in October 2007 and identified the following types of materials that can be recycled if separated properly: Stretch wrap, plastic bag liners, 5 gal plastic containers, hairnets, beard nets, and disposable smocks. ABC has identified a recycling company that will pull our compactor with the plastics on a weekly basis. In order to separate all the materials properly, ABC is requesting money for various types of color coded containers to be placed throughout the manufacturing plant.

**3. Baseline Data**

a) XXX Waste Company collects a 40 cubic yard roll-off bin approximately 3x/month. This comes out to 120cy/month, or 15 tons/month. We are charged approximately \$4000/month for garbage collection.

b) *What is your current level of recycling? What materials are collected? How often are they picked up?*

The following is currently being recycled:

1. "Clean" Cardboard boxes are sent back to vendor for reuse – 10 tons/month

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2. Scrap/"dirty" cardboard and paper ingredient bags are compacted – 2 tons/month to XYZ recycling company
3. Broken wood pallets – 2.4 tons/month to Pallet Repair Inc.
4. mixed office paper – 96 gallon toter collected 1/week by XYZ recycling
5. Food Scraps – 30 tons/month to Happy Acres Hog Farm

- c) *Identify the estimated amount by which you expect to reduce your garbage service by implementing this waste reduction and recycling project.*

We hope to improve our diversion rate from 65% by weight to 85%.

#### **4. Project Description**

- d) *Briefly describe the project for which funds are requested, including program design and relevant tasks and activities.* ABC would like to implement a new plastics recycling program. We are planning on placing color coded bins at every work area for proper sorting of plastic bags, plastic buckets, and plastic raisin box liners, and placing containers in break rooms and locker rooms for beard nets and hairnets. We will hold an initial employee presentation and training, and include recycling reminders with our ongoing employee training program.

- e) *Indicate program goals and outcome objectives.* Our Goal is to reach 85% recycling by correctly sorting and collecting plastic recyclable materials. We also aim to convert the 40 cubic yard bin currently being used for trash over to recycling.

- f) *Present your project timeline, with an implementation schedule and anticipated starting and ending dates*

March 2009 – Purchase containers

April 2009 – Distribute containers and Train Employees and begin plastic recycling collection

May 2009 – Begin Plastic Recycling collection

August 2009 to December 2009 – Identify any problems with incorrect sorting, and adjust placement of bins and retrain employees as necessary.

- g) *List key project personnel.*

Tim Overseer – Plant Manager

Joe Lifter -- Warehouse Supervisor

Moe Cocoa -- Production Manager

#### **5. Project Evaluation and Accountability**

*Indicate how program performance will be monitored and measured and how you will determine the success of the project.*

Program performance will be monitored to determine if we have met our goals. We will be checking to see that there is no contamination in the plastic compactor, and to make sure that the downsized garbage container is not getting over filled.

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**FORM C**

***Project Budget***

**Applicant:** ABC Food Processors

Funding Request is for \$ 5,000 for 9 months.

Total Project Budget \$ 6,500

***Project Expenses***

List project expenses and specify how requested funds will be used:

| Item  | Number to be purchased | Cost per Item | Total         |
|---|------------------------|---------------|---------------|
| 40 gal Square Brute Containers              | 4                      | \$59.00       | \$239         |
| 32 Gal Round Brute Containers               | 3                      | \$36.00       | \$108         |
| 13 cu ft Maxi Utility Truck                 | 8                      | \$300         | \$2400        |
| 95 gal roll-out cart                        | 11                     | \$95          | \$1045        |
| 44 gal Round Brute Containers               | 7                      | \$56          | \$392         |
| New Signage for Containers and Loading Dock | 8                      | \$102         | \$816         |
| Staff Time                                  | 20hrs                  | \$75/hr       | \$1500        |
| <b>TOTAL</b>                                |                        |               | <b>\$6500</b> |

***Project Income***

If the funds requested do not constitute full support for your project, please list other sources of income. Indicate whether funds are committed or anticipated.

\_\_\_\_\_

\_\_\_The remaining project costs will be paid for out of the capital expenses budget. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Budget prepared by: Jim Overseer

Phone: 510-xxx-xxxx \_\_\_\_\_