

**Application for State Assistance Under the New York State
Landfill Closure State Assistance Program
Pursuant to Title 5, Article 54 and Title 4 of Article 56
of the Environmental Conservation Law**

Initial Submission

The first part of the application or the initial submission is a notice of intent by the municipality to the Department to close a landfill pursuant to landfill closure regulations in 6NYCRR Section 360-2.15. This part of the application will provide the Department with a description of the proposed project, an estimate of the cost and a description of any work completed to date.

The following items must be included with the initial application:

1. A completed application form - Initial Submission (an application form is provided in this application package).
2. A project description.
3. A description of the work completed to date and an outline of the proposed schedule of completion.
4. A list of any reports or studies completed in support of the project.

Submit the original application to:

Director
Division of Materials Management
Attn: Municipal Landfill Closure Assistance Program
625 Broadway
Albany, New York 12233-7250

Also submit one copy of the application to the NYSDEC Regional Materials Management Supervisor at the appropriate Regional headquarters.

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of the Environmental Conservation Law**

Initial Submission - Application Form
(Please type or neatly print in black ink)

Note: This form entitles the applicant to be considered for a landfill closure grant administered by the NYSDEC. It is NOT a complete application. Upon notice from NYSDEC the applicant will be required to submit a complete application.

NAME OF APPLICANT (Municipality) _____

FEDERAL ID NUMBER _____

POPULATION OF MUNICIPALITY _____

(based on the most recent "Census of Population [New York]," United State Department of Commerce, Bureau of Census)

COUNTY _____

PROJECT NAME _____

PROJECT LOCATION _____

IS THE LANDFILL CURRENTLY ACTIVE? Yes___ No___

INDIVIDUAL AUTHORIZED TO SIGN THIS APPLICATION

Name _____

Title _____

Address _____

City _____ State _____

Zip Code _____

Phone No: _____

(include area code)

E-mail: _____

OFFICIAL TO WHOM PAYMENT CHECKS ARE TO BE MAILED

Name _____

Title _____

Address _____

City _____ State _____

Zip Code _____

Phone No: _____

(include area code)

Estimated project cost: _____