Municipal Waste Reduction and Recycling (MWRR) Pre-Application Form

This form entitles the applicant to be considered for a grant administered by the DEC. It is NOT a final application. Upon notice from DEC, the applicant will be required to complete a final application.

General Information and Instructions.

Carefully read the following information.

1. Completing a "Pre-Application" is NOT a guarantee of funding.
2. The project manager will be notified when funding becomes available for the project. At that time, a final application must be completed in order to be eligible to receive funding.
3. Failure to submit a timely final application with all required information will result in the project being disapproved and removed from the waiting list.
4. Upon approval by DEC of a final application, a municipality must enter into a State Master Contract with DEC to obtain funding.
5. Applicants must incur all expenses and request State reimbursement at a 50% rate. Proof of payment is necessary to receive State reimbursement.
6. If this pre-application is being e-mailed to DEC, it will only be considered received if a confirmation reply is received by the applicant.

If you have any questions, call 518-402-8678 or email RecyclingGrants@dec.ny.gov

To file this pre-application:

E-mail a scanned copy of the completed pre-application to RecyclingGrants@dec.ny.gov
If you do not receive a reply confirmation, the pre-application will not be considered received.

OR send by regular mail to:

New York State DEC
Division of Materials Management
Recycling Grants
625 Broadway
Albany, NY 12233-7260

Municipal Waste Reduction and Recycling (MWRR) Program

Application/Pre-Application COVER PAGE

Please type

Applicant:		County:		DEC Region:	
Population of Service Area:		Federal Tax ID:			

Applicant type(s):Place a mark (X) in the box to the left of the Applicant Type					
	County		Town		Village
	City		School District		Other District
	Local Public Authority		Local Public Benefit Corporation		Native American Tribe or Nation

Project Name:					
Total Project Cost:		Grant Amount Requested:			
Type of Application: Place a mark (X) in the applicable box to the left of Project Type.					
	Recycling Coordination, Education, Promotion, Outreach				
	Containers/Bins/Totes		Recyclables Collection Vehicle(s)		Waste Reduction/Prevention
	Roll off boxes/trailers		Recyclables Processing Equipment		Organics Composting Equipment
	Facility Construction - Recycling		Facility Construction - Biosolids composting		
	Facility Construction - Yard waste/food composting				
X	This submittal if a **PRE-APPLICATION**				
	This submittal is a **FINAL APPLICATION**				

Project Manager		Authorized Representative/Contract Signatory	
Name:		Name:	
Title:		Title:	
Address:		Address:	
Email:		Email:	
Phone:		Phone:	

CERTIFICATION:
I do hereby certify that the information submitted herein is true, correct and complete to the best of my knowledge and belief.

_____

(Date) (Signature)

Department of Environmental Conservation USE ONLY			
Project No.		Date Received	

Project Description

Copy the following questions to a blank page and answer ALL of the questions.

Pre-Application Questions. If filing a Pre-application, answer items P1-P6 as appropriate.

P-A1.Select a identifying name for your project.

P-A2.For Capital Projects: What items are being purchased and what is the purpose of purchasing each of these items ?

P-A3.For Recycling Coordination, Education or Waste Reduction Projects: Describe the costs being incurred and the expected outcome from these costs?

P-A4.How will funding of this project result in more recycling in your municipality?

P-A5.How much additional recycling/composting do you expect from this project?

P-A6.For RECYCLING COORDINATION/EDUCATION PROJECTS: Does your municipality currently have an employee responsible for recycling education/coordination/promotion/outreach?
If Yes, what is the name/title of that person and the percentage of their work time spent on recycling?

P-A7.For CAPITAL PROJECTS: Is the equipment fully dedicated to recycling, or used for other purposes?
If the equipment is used for other purposes, what are the other purposes and the percentage of time that the equipment is used for those other purposes?

If filing a PRE-APPLICATION, complete the appropriate Budget Format page for your project.

Submit the following

1. **Completed Cover Page**
2. **Answers to the above questions.**
3. **Appropriate Completed Budget Page.**
4.

Note: for projects involving both Construction and Equipment, complete both of these budgets.

MWRR Budget Formatfor Coordination/Education/OutreachProjects

Please use this form, or create a similar format for your budget.

Period Covered by this Application (up to 3 years)

Start Date:	
End Date:	

Personal Service costs of the employee involved in education/coordination/promotion/outreach

Percentage of time dedicated to recycling and waste reduction ____%

Use this percentage to pro-rate the amount of personal service funding requested in table below.

	Type of Expense	**Year 1 cost**	**Year 2 cost**	**Year 3 cost**	**Total Cost**
1	Annual Salary Amount	$	$	$	$
Fringe Benefit Categories					
2	Health Insurance	$	$	$	$
3	Retirement/Pension	$	$	$	$
4	Social Security & Medicare	$	$	$	$
5	Workers Compensation	$	$	$	$
6	Employee Benefit Funds	$	$	$	$
7	Other	$	$	$	$
	Subtotals:	$	$	$	$
8	Subtotal amount prorated by __ %	$	$	$	$

Public Education/Promotion/Outreach Expenses (Non-personal services)

	Description of Expense	**Year 1 cost**	**Year 2 cost**	**Year 3 cost**	**Total Cost**
1		$	$	$	$
2		$	$	$	$
3		$	$	$	$
4		$	$	$	$
5		$	$	$	$
6		$	$	$	$
7		$	$	$	$
8		$	$	$	$
9		$	$	$	$
10		$	$		

Add more rows or additional sheets as needed.

Total Personal and non-Personal Expenses	**$**
State Assistance Requested (50% of Total Expenses)	**$**
Percent of Project Budget for personal service costs	**%**
Percent of Project Budget for non-personal service costs	**%**

MWRR Budget Format
For Capital Projects – Equipment
EQUIPMENT LIST

For projects involving equipment purchases, list the equipment with estimated or actual cost and date of purchase. Provide a brief use summary for each piece of equipment. Add more rows or pages, if necessary.

Ref No.	Equipment Name Make and Model	Quantity/Unit Cost Total Cost	Purchase Date	Brief Use Summary
1		@ $ $		
2		@ $ $		
3		@ $ $		
4		@ $ $		
5		@ $ $		
6		@ $ $		

*The Reference number for each item of equipment should also be used to label the equipment specifications. Use this number in the responses to the project description questions and on the site and/or floor plans provided, if applicable.

MWRR Budget Format
For Capital Projects – Construction or Professional Services

For CONSTRUCTION OR PROFESSIONAL SERVICES, provide the cost and justification for each service. If work has not been performed, provide an estimate of the anticipated costs. The following are examples of eligible services. Add more rows or pages, if necessary

Construction Service	Total Cost	Service Purchase Dates	Brief Summary of Work Performed
Engineering&Architectural	$		
Legal &Surveys	$		
Construction – General	$		
Construction - HVAC	$		
Construction - Electrical	$		
Construction – Plumbing	$		
Workforce Costs(see below)	$		
Other costs (specify)	$		

Include a set of construction bid specifications, if available.

WORK FORCE ACCOUNT COSTS (the cost of construction services/time provided by municipal employees). This item MAY be eligible for inclusion in the project under the following conditions:

a. No more than a reasonable amount of the Total Project Cost, as determined by DEC, and only for the following:
   i. Site preparation;
   ii. Facility construction; and
   iii. Engineering, architectural, legal, and other professional services.

b. The applicant must provide an explanation of why using a municipal work force is the preferred alternative and a cost effective choice.