

# BUSINESS RECYCLING GRANT APPLICATION

Cycle: *Annual* | Year: *2020* | Status: *Completed*

Member Name: *BizTest Account*

## Section 1: Business Information

This property is:

- Business
- Multi-unit residential dwelling

Business Name:

Street Address:

City:

Zip Code:

Contact Name:

Contact Title:

Phone Number:

Email Address:

Secondary Contact Name:

Secondary Contact Title:

Secondary Contact Phone Number:

Do you want the check mailed to the business address?

- Yes
- No

Do you want the containers shipped to the business address?

- Yes
- No

## Section 2: Grant Request

Project Objectives (check all that apply, max 3 options) \*

- Reduce or prevent waste
- Start organics recycling (e.g., food waste, soiled paper)
- Start recycling (e.g., cardboard, paper, metal, plastic, glass)
- Improve existing organics recycling
- Improve existing recycling

Describe how you will use the proposed funding to make improvements to your trash, recycling and/or organics collection efforts. (No more than 250 words.)

Describe how you will work with employees and/or residents to implement and increase participation in recycling? (No more than 250 words.)

How will you sustain efforts? (eg., ongoing education, procedure or policy changes) (No more than 100 words.)

**If awarded a grant, you agree to the following activities:**

	YES
Host up to 3 site visits with a Recycling Expert to (1) make your improvement plan and grant application, (2) if needed, help with implementation of the grant, and (3) 18-month final walk-through. *	<input checked="" type="radio"/>
Carry out recycling activities for a minimum of 18 months. *	<input checked="" type="radio"/>
Provide a 3 sentence testimonial with a picture or video at the end of the 18-month grant period and, if asked, serve as a "Local Story". *	<input checked="" type="radio"/>
Complete final report documenting quantities of a) materials recycled, b) food or organics recycled, and c) trash. *	<input checked="" type="radio"/>

## Section 3: Budget

### A. Standard Containers Ordered by County

Download and fill out the [Container Order Form \(Appendix B\)](#) for containers the County will purchase and deliver directly to your business. Save the completed order form to your files. You will upload the completed order form at the end of this Application.

In the box below write the total cost for your containers as calculated in the Container Order Form (Appendix B).

**Proposed Cost of Standard Trash, Recycling & Organics Containers:**

## B. Specialized Containers.

**List any containers your business will purchase directly with your grant funds.**

DESCRIPTION	QUANTITY	COST PER CONTAINER	COST OF CONTAINER(S)	SHIPPING COST	PROPOSED COST
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Sub-total (B) Specialized Recycling/Organics Bins/Containers:**

## C. Other Eligible Expenses

**List below additional items you will purchase directly to implement your program.**

EXPENSES	DESCRIPTION	PROPOSED COST
Employee Training (Multiply average staff wage by number of staff expected to attend training)	<input type="text"/>	<input type="text"/>
Supplies (Include shipping cost in the proposed cost)	<input type="text"/>	<input type="text"/>
Equipment (Include shipping cost in the proposed cost)	<input type="text"/>	<input type="text"/>
Educational Materials	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
<b>Other Eligible Expenses</b>		<input type="text"/>

## Total Project Budget

i. County Ordered Containers

ii. Specialized Containers

iii. Other Eligible Expenses

iv. Final Report Payment

25.000

v. Total Funds Requested

## Section 4: Baseline Report

My business is a new business?

- Yes  
 No

### Recycling Program Practices

Does your business or property currently collect recycling?

- Yes  
 No

What is your average monthly trash and recycling bill (\$)?

*Enter dollar amount.*

What type of materials are currently collected for RECYCLING? (check all that apply)

- Paper (office paper, magazines, newspaper)       Shredded paper       Cardboard  
 Cartons (milk, juice, soup cartons)       Glass bottles and jars       Plastic bottles and jugs  
 Metal cans       Plastic wrap (shrink wrap, plastic bags)       Other

### Recycling Collection

Add the number of hauler-provided RECYCLING containers (single-stream) you use on a weekly basis. For each container select the container size and average amount filled.

	CONTAINER SIZE	AVERAGE % FILLED
1	- Select -	- Select -

Who collects your RECYCLING?

### Food Waste or Organics Collection

Does your business or property currently collect organics?

- Yes  
 No

What type of food waste or organic recycling to you do? (check all that apply)

- Food-to-people (food shelter donation for uneaten food)
- Food-to-animals (hogs or animal feed manufacturing)
- Source-separated organics composting (commercial composting)
- On-site composting
- Other

## Organics Collection

Add the number of hauler-provided ORGANICS RECYCLING containers you use on a weekly basis. For each container select the container size and average amount filled.

	CONTAINER SIZE	AVERAGE % FILLED
1	- Select -	- Select -

Who collects your ORGANIC RECYCLING?

- Select -

## Trash Collection

Add the number of hauler-provided TRASH containers you use on a weekly basis. For each container select the container size and average amount filled.

	CONTAINER SIZE	AVERAGE % FILLED
1	- Select -	- Select -

Who collects your TRASH?

- Select -

## BizRecycling Participation

What is your Primary motivation to participate in BizRecycling?

- Compliance with the State of Minnesota commercial recycling mandate. (Compliance)
- Potential cost savings through decreased trash. (Cost/Efficiency Benefit)
- Increase community/customer relations. (Customer Relations Benefit)
- Environmental Stewardship
- Residents request
- Other

## Attachments

You will be able to attach the below items in the File Uploads area.

1. Container Order Form ([Download](#)).
2. Completed W-9 ([Download](#)).
3. Supporting Document 1
4. Supporting Document 2
5. Supporting Document 3

I certify that this application is prepared under my direction or supervision and that the information is accurate and complete to the best of my knowledge. \*



Please read terms and conditions [here](#)

I have read the terms and conditions. \*



Please read Appendix A: Business Recycling Grant Instructions and Requirements [here](#)

I have read Appendix A: Business Recycling Grant Instructions and Requirements \*



## File Upload

Click the 'Upload File' button to attach supporting documents as required.

**\*Maximum file size is 10 MB.**

Please upload a Budget and Container Order Form:

No File Selected

Please upload Completed W-9:

No File Selected

Supporting Document 1

No File Selected

Supporting Document 2

No File Selected

Supporting Document 3

No File Selected

