

APPLICATION

Warren County Solid Waste Management District Mini Grant Application

Name of Organization:	
Street Address:	
City, State, Zip	
URL:	
Contact and Title:	
Phone:	
Email:	

AMOUNT OF GRANT REQUEST (not to exceed \$1,000 per organization) \$ _____

PROJECT DESCRIPTION

- Describe your project objectives/goals.
- Explain what the grant funds will be used for.
- Outline how and when you will implement the project.
- Relate to composting, recycling or waste reduction.

Project Description:

PROJECT BUDGET

Complete the following table to indicate how the grant funds will be spent. Please list each type of item separately. Costs should be based on actual quotes. If more space is needed, please attach a document to your application.

Item	Unit Cost	Quantity	TOTAL COST
Total Grant Request			\$

Questions and / or comments may be addressed to:

Susanne Mason, (513) 695-1210, smason@warrencountyohio.gov and solidwaste@warrencountyohio.gov

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