**2021-23 PRINT APPLICATION FORM**

 **Waste-Free Communities Matching Grant**

# **Instructions**

**Applications are due by 5:00 PM on April 16, 2021.**

Read the Guidelines and watch the Grant Instructions Video before completing your application.

Decide if you want to submit the Print Application Form or the Video Application.

For the Print Application Form:

1. **Complete the Print Application Form:**
	* Applications must be typed, not hand-written.
	* Applications may be submitted in your preferred language. SPU will provide translation/interpretation.
	* Your completed Application Form must be no longer than 7 pages (not including the Instructions page or the Budget Form). If you submit an application that is longer than 7 pages, the review team will not read beyond page 7.
2. **Complete the Application Budget Form.**
3. **Compile your completed application package, including:**
	* Print Application Form (Required) – no more than 7 pages long
	* Application Budget Form (Required)
	* Price quotes for expenses listed in the budget (Optional)
	* Letter of support or email from each project partner (Required for New/Expanded Projects only)
	* Images or maps that help explain your project (Optional)
4. **Submit one copy of your completed application package by 5:00 PM on April 16, 2021:**
	* Email (preferred) your completed application package to wastefreegrants@seattle.gov. Call (206) 233-2534 if you do not receive an email confirmation of receipt within 2 business days.

OR

* + Mail a hardcopy to the following address. We are not accepting in-person application deliveries in 2021.

SPU Waste-Free Communities Matching Grant

Seattle Municipal Tower

700 5th Ave, Suite 5900

P.O. Box 34018

Seattle, WA 98124-4018

FOR INTERNAL USE ONLY**—Tracking Number:**

**Your completed application form must be no longer than 7 pages (not including the Instructions page). The review team will stop reading at 7 pages.**

|  |  |
| --- | --- |
| Application Language (e.g., English, Spanish, etc.) |       |
| How did you learn about SPU’s Waste-Free Communities Matching Grant? |       |

# **Applicant Information**

|  |  |
| --- | --- |
| Applicant Name, Business, or Organization |       |
| Fiscal Agent Name (if applicable) |       |
| Mailing Address |       |
| City, State, Zip Code |       |
| Contact Person |       |
| Job Title |       |
| E-mail Address |       |
| Preferred Phone Number |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Check all categories that describe the applicant.

|  |  |  |
| --- | --- | --- |
|  |       Business |       Institution (such as health care or housing) |
|  |  |  |
|  |       Nonprofit |       Faith-based organization |
|  |  |  |
|  |       Community or neighborhood group |       Youth or children’s program |
|  |  |  |
|  |       School, college, or university |       Other (please list):       |
|  |  |  |  |

 |

# **Program/Project Information**

|  |  |
| --- | --- |
| Program/Project Name |       |
| Start Date*no sooner than August 2021* | Month: |       | Year: |       |
| End Date*no later than June 2023* | Month: |       | Year: |       |
| Location where the program/project will take place (e.g., neighborhood, business name, building name, etc.). Include the street address and zip code if the project will take place at a specific site. |       |

**Complete the following 8 questions for NEW or EXPANDED Waste Prevention Activities only. For ongoing activities, skip to the COVID Recovery section.**

# **Category 1: New or Expanded Waste Prevention Activities**

|  |
| --- |
| **1. Project Description**Describe your proposed project, including: * What you want to do
* Why you want to do it
* How your project prevents waste
* How your project addresses one or more of the following focus areas:
1. **Innovation:** Test or expand on new approaches, develop new technologies, or bring new waste prevention opportunities to Seattle.
2. **Community Engagement:** Effectively engage communities of color, immigrants, refugees, low-income, people with disabilities, seniors, young adults, youth, children, and/or small businesses.
3. **Community Benefits:** Help Seattle communities, such as providing free or low-cost resources or job training for homeless and low-income community members.
 |
|       |
| **2. Project Activities**What specific activities and strategies will you use to accomplish your project objectives? |
|       |
| **3. Project Outcomes**What outcomes do you expect from your project? Include any specific waste impacts, community benefits, or other changes you expect to see. Also include estimates where feasible, such as number of people educated, number of items repaired, or pounds of waste prevented. |
|       |
| **4. Measuring Success**What tools and strategies will you use to measure the success of your project? |
|       |
| **5. Project Staffing**How will your project be staffed? Include volunteers and paid staff who will be contributing time. Also describe the relevant knowledge, skills, similar work experience, and community relationships your team brings to the project. |
|       |
| **6. Project Partners**Partners are only required if needed to make a project successful. List all partners who will be supporting the project. Describe their roles in the project and the relevant knowledge, skills, similar work experience, and community relationships they bring to the project. Projects that will engage partners are encouraged to secure partnerships before submitting the grant application. Include an email or letter of support from each partner with your application. |
|       |
| **7. Community Involvement**Will the communities that are impacted by your project be involved in the project planning and implementation? If so, please explain how. |
|       |
| **8. Long-Term Impacts**How will your project continue to prevent waste after the grant is completed? For example, will your project share methods and outcomes so others can implement similar projects? Or will your project create a tool that others can use to prevent waste? Or will the community be educated so they will continue to prevent waste? |
|       |

**Your completed application form must be no longer than 7 pages (not including the Instructions page). The review team will stop reading at 7 pages.**

**Complete the following 5 questions for COVID Recovery Support for Ongoing**

**Waste Prevention Programs, Projects, and Operations only.**

**For new or expanded waste prevention activities, complete the above section.**

# **Category 2: COVID Recovery Support for**

# **Ongoing Waste Prevention Programs, Projects, and Operations**

|  |
| --- |
| **1. Description**Describe the ongoing waste prevention program, project, or operations you would like funded by the grant and how you will use the grant funds. |
|       |
| **2. COVID Financial Hardship**Describe how your ongoing waste prevention program, project, or operations have been affected by COVID, including:* The *short-term* effects of COVID on your ongoing waste prevention activities and operations
* The potential *long-term* effects of COVID on your ongoing waste prevention activities and operations
* How your work is normally funded, and if/how that funding has changed during COVID
* The approximate amount of revenue lost or increased revenue needed due to COVID
* Other *new* funding sources that are helping address your revenue needs during COVID, and how much funding they are contributing
* How this grant will help you sustain your ongoing waste prevention activities and operations in the short-term and/or long-term
 |
|       |
| **3. Waste Prevention Outcomes**What short-term and/or long-term waste prevention outcomes do you expect if you receive funding through this grant? Include estimates where feasible, such as number of people educated, number of items repaired, or pounds of waste prevented. |
|       |
| **4. Community Benefits or Other Outcomes**What short-term and/or long-term community benefits or other outcomes do you expect if you receive funding through this grant? Include estimates where feasible, such as number of free meals provided or number of people employed. |
|       |
| **5. Capacity**Describe any changes in staffing, volunteers, and/or partnerships due to COVID. Have the changes affected your ability to sustain ongoing waste prevention activities and operations? If so, explain how you will ensure you have the capacity to successfully utilize the grant funding. |
|       |

**Your completed application form must be no longer than 7 pages (not including the Instructions page). The review team will stop reading at 7 pages.**