



PROJECT GRANT APPLICATION FORM

Pursuant to Rhode Island Resource Recovery Corporation (Resource Recovery)'s Municipal Grant Policy, municipalities must use this form to apply for a project-based grant. Project-based grants must show a 50% matching financial investment from the municipality. For instance, if a project's total budget is \$5,000, the requested funds would be \$2,500, or if the total project budget is \$10,000, requested funds would be \$5,000.

Completed forms should be submitted to municipal@rirrc.org or fax to (401) 946-5174, to be approved by the Board of Commissioners at a regularly scheduled meeting. Please email us if you are having trouble filling out this pdf form. You may attach additional pages, information or pictures if needed.

Municipal Information

Applicant Name: _____ Date: _____

Position: _____ Department: _____

City/Town of: _____

Project Manager Name & Title (if different from Applicant): _____

Grant Funds Requested

Fiscal Year _____ Grant Cycle Number _____ Total Project Budget Amount _____

Amount of Grant Funds Requested (must show 50% match from municipality): _____

Narrative

Summary

A brief description of why the project need exists.

Narrative (cont.)

Project Purpose

Expected Results

Including who will benefit, how many people will participate, estimated waste diverted, etc.

Duration of the project

How long will the project take to complete – 3 months, 6 months, 9 months, one year?

Project Description

Please provide a detailed description of the work to be performed.

