INDIANA POLLUTION PREVENTION GRANT PROGRAM APPLICATION

State Form 53334 (R / 2-08)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

OFFICE OF POLLUTION PREVENTION AND TECHNICAL ASSISTANCE
100 North Senate Avenue, MC 64-00
Indianapolis, IN 46204-2251
Telephone: 800-988-7901
Fax: 317.233.5627
Internet: www.in.gov/IDEM/prevention/p2grants

INSTRUCTIONS: *Please refer to the Indiana P2 Grant Program Application Guide. For assistance, call the Office of Pollution Prevention and Technical Assistance, Pollution Prevention Branch (800-988-7901). Please print or type.*

SECTION 1	**APPLICANT INFORMATION**		
Program Administrator (Contact Person):			
Title:		Phone:	
Fax:		E-mail:	
Official Name of Organization:			
Federal ID number:		County(ies):	
Mailing Address:			
City:		ZIP Code:	
Facility Address:			
City:		ZIP Code:	

Please Check (*if applicable*): ☐ Registered MBE/WBE ☐ Small Business (less than 100 employees) ☐ ESP or CLEAN Member

Date on which you contacted P2 Grant Program Manager regarding this application prior to submittal Date _____

SECTION 2 **PROJECT SUMMARY**

Please provide a brief description of the proposed project.

SECTION 3 **P2 BENEFITS MEASUREMENT**

Type of P2 Benefit (Reduced Use of Hazardous Materials, Reduced Generation of Hazardous or Solid Waste, Reduced Releases of Air Emissions, Reduce Water Use, Reduced Water Pollution Releases, Reduced Energy Consumption):	Estimate Measured Units (pounds, gallons, kilowatt-hours, therms) per (*year, month*):
i.	
ii.	
iii.	
iv.	
Total Project Cost: $	Funds Requested: $

SECTION 4 **SIGNATURE**

I certify that submission of this application has been duly authorized by the governing body of the entity and that I am legally authorized by the governing body to sign this application.

Signature of official signatory	Printed Name/Title	Date (*month, day, year*)

INSTRUCTIONS: Round amounts up to whole dollars. If grant is awarded, an approved budget page will be included in Exhibit B of the grant agreement. State grant dollars may not be used for equipment or personnel costs. A 50 percent match is required either via cash match or in-kind.

SECTION 5	PROPOSED BUDGET				
Payment Point	**Personnel**	Grant Request	Grantee's Contribution		Total
			Cash Match	In-Kind	
A.			$	$	$
B.			$	$	$
C.			$	$	$
(No State Funds Available for Personnel Expenses)					
Payment Point	**Equipment**	Grant Request	Grantee's Contribution		Total
			Cash Match	In-Kind	
A.			$	$	$
B.			$	$	$
C.			$	$	$
(*No State Funds Available for Equipment Expenses)*					
Payment Point	**Contractual Services**	Grant Request	Grantee's Contribution		Total
			Cash Match	In-Kind	
A.		$	$	$	$
B.		$	$	$	$
C.		$	$	$	$
Payment Point	**Travel**	Grant Request	Grantee's Contribution		Total
			Cash Match	In-Kind	
A.		$	$	$	$
B.		$	$	$	$
C.		$	$	$	$
Payment Point	**Other Costs**	Grant Request	Grantee's Contribution		Total
			Cash Match	In-Kind	
A.		$	$	$	$
B.		$	$	$	$
C.		$	$	$	$
TOTAL *(Enter column totals)*		$	$	$	$

INSTRUCTIONS: Please identify significant deliverables (activities) for progress payments of state grant funds. Payment points are requested reimbursements for accomplished milestones.

SECTION 6	INTERIM PAYMENT POINTS (Progress Payments for Deliverables)				
Payment Point	**DESCRIPTION**	**QUANTITY**	**UNIT**	**UNIT PRICE**	**TOTAL**
A.				$	$
B.				$	$
C.				$	$
TOTALS *				$	$

*Totals must agree with Grant Request Totals from Section 5 of this application.

INSTRUCTIONS: Please attach any additional sheets to the cover page, proposed budget, and any other applicable materials being submitted.

SECTION 7	P2 GRANT APPLICATION QUESTIONS

1) Describe the proposed pollution prevention project, including how this project meets the definition of pollution prevention. For product substitutions or reformulations, please provide a copy of the material safety data sheets for both the previously used and new chemicals.

2) In what way(s) is this project helping to protect the environment?

3) Describe how management demonstrates commitment to the project (if facility is a branch of a larger corporation, be sure to describe management commitment for the branch location in addition to the corporate level).

~~4)~~ What is the project's useful life (i.e. how far into the future will the project be operable). To what extent may the project or technology be transferred to other similar businesses or entities?

5) If the project is innovative, explain how.

6) Provide anticipated project plan implementation timeline, including interim payment points. Give time periods in reference to the anticipated signature of grant, not calendar dates (e.g. at the end of Month 2).
7) Please provide a detailed description of all budget items from Section 5.
8) Explain your plan for evaluating the effectiveness of the P2 Project, including the P2 benefits measurement from Section 3.