



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, FL 32399-2400

DEP Form #: 62-716.900(2) F.A.C.
Form Title: Small County Consolidated
Solid Waste Management
Grant Application
Effective Date: December 17, 2013
Incorporated in Rule: 62-716.500(2), F.A.C.

Small County Consolidated Solid Waste Management Grant Application

1. Name of County _____

2. Address of County _____

3. Federal Employer Identification Number _____ - _____

4. Name and Title of Contact Person (person handling program on a daily basis)
Name _____ Title _____

5. Address of Contact Person _____

6. Telephone Number of Contact Person (_____) _____

7. Population of County _____

8. Purpose for which grant money is requested (indicate by checkmarks) per Rule 62-716.510 (1)

- | | |
|--|---|
| <input type="checkbox"/> a. Purchasing or repairing solid waste scales | <input type="checkbox"/> e. Maintenance of solid waste facilities |
| <input type="checkbox"/> b. Annual solid waste management program operating costs (may include waste tire and litter control and prevention) | <input type="checkbox"/> f. Education for employees or public |
| <input type="checkbox"/> c. Planning | <input type="checkbox"/> g. Recycling demonstration projects |
| <input type="checkbox"/> d. Construction of solid waste facilities | |

9. Purpose for which grant money is requested detail. Please complete the two attached forms: (1) DEP - Attachment "A" Grant Work Plan; and (2) DEP Budget-Cost Analysis.

10. Name and Title of Authorized Representative
Name _____ Title _____

11. This application is due by July 1, of each year.

12. E-Mail Address of Contact person _____

13. My Florida Market Place Registered Vendor Address (this address should be registered with My Florida Market Place and is the address your County wants the Reimbursement Request amount, e.g. State Warrant, sent to)

13A. Name of County (as it appears in M.F.M.P.) _____

13B. Address of County (as it appears in M.F.M.P.) _____

14. Is your County **Self-Insured** for Liability Insurance, appropriate and allowable under Florida Law? YES ___ NO ___
If your county is self-insured, **we must have a written statement** from your Chief Financial Officer stating this. (Please Attach).

I CERTIFY that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate. I further certify that I possess the authority to apply for this grant on behalf of this county.

Signature of Authorized Representative

Date

NOTE: This form may be submitted electronically to waste.grants@dep.state.fl.us or by mail to Financial Management and Procurement, MS 4500, Division of Waste Management, Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400.