CT Department of Energy & Environmental Protection Beverage Container Recycling Grant Program Application

Part I – Cover Sheet

Applicant Information			
Is the applicant a business, a			
municipality, or a regional council of governments (COG)? (a * denotes	Business Municipality	COG □	
information requested from business applicants only)			
Applicant/Business Name (legal			
business name or name of			
municipality/COG):			
Applicant Representative/Business			
Owner Name (will be main project			
contact):			
*Ownership Share (if not 100%,			
submit a letter from other owners			
indicating that they concur with the			
application):			
Applicant/Business Owner Full			
Mailing Address:			
Applicant/Business Owner Phone:			
Applicant/Business Owner Email:			
Applicant/Business Website (if available):			
,			
*FEIN or SS Number:			
*State Tax Registration Number:			
*Is your company owned, operated,			
or controlled 51% or more by an	Minority Owned		
individual that meets any of the	Woman Owned		
following characteristics (please	woman Owned \square		
check all that apply):			
*First-time redemption center	Yes □ No □		
owner:	IES 🗆 INU 🗆		
Project Information			
Project Title:			

Total Project Costs (i.e., full costs of		
the project, not just the costs		
covered by the grant):		
Beverage Container Recycling Grant		
Funds Requested by Applicant:		
Project Location Address(es):		
Project Location(s) GIS coordinates:		
Is the Project an existing redemption center?	Yes □ No □	
Please provide a description of the		
redemption services that will be		
provided at the Project Location(s)		
(e.g., will reverse vending machines		
be utilized, will there be manual		
sorting, etc.):		
Please provide an itemized		
description of how the Beverage		
Container Recycling Grant Funds		
will be utilized (eligible uses include		
infrastructure, technology and costs		
associated with the establishment of		
a beverage container redemption		
center and for initial operations of		
such redemption center):		
Eligibility Questions		
Is the project located in an urban		
center? (for purposes of this grant	Yes □ No □	
program, "urban center" has the	Municipality:	
ll		
same meaning as "regional center"		
as contained in the state plan of	Additional information (if necessary):	
as contained in the <u>state plan of</u> <u>conservation and development</u>)		
as contained in the state plan of conservation and development) Is the project located in an		
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explaining the circumstances or		
confirmation of a payment plan)		
*Do any owners/officers have any		
personal tax issues? (if yes, please	Yes □ No □	
provide an explanation)		
*Has the applicant or its owners		
ever filed for bankruptcy? (if yes,	Yes □ No □	
submit under separate cover)		
*Does the applicant or its owners		
have any outstanding, pending, or		
anticipated litigation,	Yes □ No □	
environmental, OSHA, or other	res 🗆 NO 🗆	
issues outstanding? (if yes, submit		
under separate cover)		
*Has the applicant received prior		
state financial assistance from other	Yes □ No □	
government agencies or	If yes, please indicate the program and agency:	
denartments?		

Part II - Project Narrative

Please attach to your application a brief description (approximately one page), to the best of your ability, of how your project plans to address the following factors. DEEP understands that applicants may not be able to fully expand on all of these factors upon the time of application.

- 1. Proximity to already-existing redemption centers and other proposed new redemption centers;
- 2. Safe pedestrian access to the site;
- 3. Accessibility of the site to public transportation;
- 4. Population density within a 1-mile radius of the site;
- 5. Attributes that make the site and technology convenient for the customer;
- 6. Type of redemption technology to be deployed;
- 7. The volume of beverage containers sold within the likely service area of the redemption center.

Part III – Business/Project Plan and Required Format

Each Beverage Container Recycling Grant Program application must include a Business/Project Plan. Use the following format when writing this portion of the application. Be thorough in each section below to ensure enough information is provided about your business and the project being proposed.

- **1. Cover Sheet** Name of organization and contact information.
- **2. Introduction** Use this as an opportunity to introduce your organization to the reviewers.
- **3. Project Summary** Give a summary (fewer than 500 words) of what your project entails and what it's accomplishing for your business and your local community **during the next five years**.
- **4. Brief Profile of Local Market** Size, trends, existing redemption options, and user/customer profiles.
- **5. Marketing Strategies** How will the business market its services to customers? Indicate costs.
- **6. Operational Plans** Describe how redemption activities will be managed. Indicate organization, resources, costs, etc.
- 7. Financial pro forma Including expected FTEs and hourly wages.
- **8. Funding Requirements and Proposals -** Summarize funding requirements, possible sources, terms, etc.
- 9. Implementation Explain the major decision points, timeline and actions required.
- **10. Conclusion** Indicate why the project will succeed and why it should be supported.

Part IV – Additional Required Information

All applicants must include the following information with their application, providing copies of legal documents or other supporting documentation where applicable:

- 1. Articles of incorporation/certificate of legal existence (for business owners only)
- 2. Copy/proof of lease or letter of intent to lease
- 3. Proof of Connecticut residency (for business owners only)
- 4. Proof of funds
- 5. Zoning approval or proof of steps taken to achieve zoning approval
- 6. Letters of support from local public officials, community groups, or businesses (if applicable)
- 7. Supporting materials for any questions in Appendix A (if applicable)

Part V - Certification

I, (busin	ness owner/public official name), [owner/representative] of (name of business/municipality/COG), certify that the
application are true and complet statements on this application disqualification from further consi- Recycling Grant Program. I unders me as a result of false statements understand that any false statem	in the above Beverage Container Recycling Grant Program te to the best of my knowledge. I understand that falsified in any detail shall be considered sufficient cause for deration for financial assistance from the Beverage Container stand that if it is determined that any funds were awarded to , I will be required to reimburse said funds to DEEP. I further nent in the submitted information may be punishable as a Ba-157b and 22a-175 of the General Statutes of Connecticut,
Print Name	Signature
Title	
Date	

Application Assistance

For general questions about this application or the Beverage Container Recycling Grant Program, contact John Robinson at HEDCO (johnr@hedcoinc.com, 860-527-1301x231) or Laura Pointek at DEEP (laura.Pointek@ct.gov, 860-424-3499) or send an email to DEEP.RecyclingProgram@ct.gov..

For small business-related questions, or for assistance developing a business plan, there are external resources available, such as the <u>Connecticut Small Business Development Center</u>.