



APPLICATION FOR FUNDING
Waste Management Program 2014

APPLICANT INFORMATION		
Applicant:		
Address:		
Town/City:	Province:	Postal Code:
Contact Name:	Position:	
Address <i>(if different from above)</i> :		
Phone:	Fax:	Email:
PROJECT INFORMATION		
Project Title:		
Has local government passed a resolution approving this project? Yes <input type="checkbox"/> No <input type="checkbox"/>		Priority No.:
If yes, please provide date of council resolution:		
Problem Description:		
Project Description/Abstract:		
Is the proposed project an upgrade or repair to an existing physical infrastructure? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does this project include Public/Private Partnerships? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide name of partner(s)		
Is this a regionalization project? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, provide a list of communities involved:		
PROJECT BENEFITS		
Increased waste diversion?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Reduced number of waste sites? If yes, indicate number of sites to close: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Elimination of open burning and incinerators?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Other benefits? Please list:		

PROJECT COST ESTIMATE (INCLUDING HST)		
Construction:	\$	
Prime Consultant:	\$	
Equipment:	\$	
Town Forces:	\$	
Other	\$	Details:
Total Project:	\$	
Other Funding	\$	Source:
Total Required:	\$	
Detailed Estimate Attached?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Estimate Prepared by:		Date:
ESTIMATED CASH FLOW		
Project Total:	\$	
Total Estimated Budget 2014	\$	
Total Estimated Budget 2015	\$	
Total Estimated Budget 2016	\$	
LIST OF DOCUMENTS ATTACHED		

Application prepared by:	
Signature:	Date

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