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# Alabama Recycling Fund Grant Application

**Applicant Information**

Lead Applicant Name/Entity		Regional Planning Commission Area(s)
Physical Address	City	County

**Contact Information**

Contact Person		Email Address
Governmental Body or Agency Name		Federal Employer ID Number (FEIN)
Mailing Address	City, State	Zip Code
Telephone Number		Fax Number

**Project Costs**

Total Estimated Cost of Project \$	Grant Amount Requested \$
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**General Project Information**

Estimated quantity of material to be recycled or reused	
Estimate of how much of this amount will be from out-of-state	
What types of materials will be recycled?	
When will the proposed project be fully implemented?	
How many households are in the area covered by this project?	
When was your local Solid Waste Management Plan (SWMP) approved?	
Is the proposed project consistent with the approved SWMP?	
What existing recycling efforts exist in your solid waste jurisdiction?	
What is the estimated participation rate in recycling in the area?	
What types of materials are currently recycled in your area?	
Does the proposal include public education/outreach activities?	
Does the project require advance funds?	
Does the project area have solid waste collection service?	
If so, how many households are served?	
Is this application a regional project with more than one applicant?	
If so, who is/are the other jurisdiction(s)?	

Prepare and include a project description (Include project costs, revenues, list of and markets for anticipated recycled materials, any public education and outreach efforts, and any interaction with existing solid waste management and/or recycling infrastructure.)

Other information to prepare may include but is not limited to the following (proposed contracts, requests for proposal, agreements, local SWMP revisions, recycling business plans, equipment drawings, outreach materials, or other documents related to the proposed recycling/waste minimizations project or program)

**Signature/Certification**

This application is made for the activities described herein. I certify that I am familiar with the information contained in the application, have authority to enter into agreements on behalf of the applicant(s), and, do hereby certify to the best of my knowledge and belief, this information is true, complete, and accurate.

_____	_____	_____
Responsible Official Signature	Title	Date Signed
_____	_____	
Responsible Official Name (Printed/Typed)	Lead Applicant Name/Entity	

Submit three copies of this application, with original signatures, and all attachments to:

Recycling Unit – Solid Waste Branch  
Land Division  
Alabama Department of Environmental Management  
P O Box 301463  
Montgomery, AL 36130-1463