



North Central Ohio Solid Waste District

Serving Allen, Champaign, Hardin, Madison, Shelby and Union Counties

FINANCIAL ASSISTANCE APPLICATION

Applicant Name _____

Address _____ City _____ Zip _____

County _____ Phone () _____

Email _____

Contact Person _____

Signature of Person Authorized to Sign Agreement _____

Certification Statement (Scrap Tire Financial Assistance Only)

_____ certifies that the scrap tires being applied for were generated from an illegal dump site(s).

Type of Applicant:

Village Township City County Health District

County Engineer Sheriff Other Government Agency

Non-Profit Organization Education Institution

Type of Financial Assistance:

Community Clean-Up Yard Waste Management

Disaster Debris Management Recycling Assistance

Outreach and Education Assistance Scrap Tire Clean-Up

Total Amount of District Funds Being Requested: \$ _____



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Describe any additional funding being provided by the applicant or other source:

Total Amount of Match Funds Being Provided: \$ _____

Project Narrative

PROVIDE A BRIEF SUMMARY OF THE PROPOSED PROJECT INCLUDING SUCH THINGS AS VOLUMES OF MATERIAL INVOLVED, NUMBER OF RESIDENTS SERVED, TIMELINES, ETC. (Narrative should not exceed two typed pages.)

SUPPORTING DOCUMENTATION SUCH AS VENDOR QUOTES AND/OR ESTIMATES MAY BE ATTACHED.



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Submit application to: District Director
North Central Ohio Solid Waste Management District
815 Shawnee Road, Suite D
Lima, Ohio 45805

Or fax to:

Fax: 419-229-2156

Application Review Comments:

Application Approved: _____ Date: _____

If Approved. Funding Amount: \$ _____

Application Denied: _____ Date: _____