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2009-10 MAP FUNDING APPLICATION
“GREEN CARTS”

PART A

(Please do not write in shaded areas)

Application No.		Date Received:
1. Applicant Name:		
Please Check One: Region <input type="checkbox"/>		Municipality <input type="checkbox"/>
Non-Profit <input type="checkbox"/>		Other <input type="checkbox"/>
2. Primary Contact:		
3. Address:		
Phone:	Fax:	
Email:		
4. Authorized Signature:		
5. Project Priority:		
6. Total Costs of Proposed Project:		
Total Project Funding Approved:		

REGIONAL COORDINATOR/CHAIR: _____

DATE _____

APPLICATION DEADLINE – OCTOBER 31, 2008

Applicant Name:	
Project Name:	

PART B
PROJECT DESCRIPTION

Please provide the required information in the space provided. If more space is required, please submit additional information on a separate page.

- 1) Estimate the total number of green carts to be purchased for new or expanded organic collection programs.

- 2) List the Solid Waste-Resource Management Region(s) and/or Municipal Units to be served by the project.

- 3) Please provide a detailed budget for the program.
