

**CONSOLIDATED SOLID WASTE MANAGEMENT GRANT  
APPLICATION**

1. Name of County:
2. Address of County:
  
3. Federal Employer Identification Number:
4. Name and Title of Contact Person (person handling program on daily basis):  
Name:  
Title:
5. Address of Contact Person:
  
6. Telephone Number of Contact Person:(\_\_\_\_)
7. Population of County:
8. Purpose for which grant money is requested. (Indicate by checkmarks): Rule 62-716.510 (1)  

<input type="checkbox"/> a. Purchasing or repairing solid waste scales	<input type="checkbox"/> e. Maintenance of solid waste facilities
<input type="checkbox"/> b. Annual solid waste management program costs	<input type="checkbox"/> f. Education for employees or public
<input type="checkbox"/> c. Planning	<input type="checkbox"/> g. Recycling demonstration projects
<input type="checkbox"/> d. Construction of solid waste facilities	<input type="checkbox"/> h. Litter Control & Waste Tire Activities
9. Name and Title of Authorized Representative:  
Name:  
Title:
10. This application is due by July 1 of each year.
11. E-MAIL Address: \_\_\_\_\_

I CERTIFY that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate. I further certify that I possess the authority to apply for this grant on behalf of this county(ies).

Signature of Authorized Representative

Date

Please return form to:  
Department of Environmental Protection  
Solid Waste Section \*Mail Station # 4565 \* 2600 Blair Stone Road  
Tallahassee, Florida 32399-2400