

SOLID WASTE TIRE GRANT APPLICATION

1. Name of Applicant: _____

2. Address of Applicant: _____

3. Federal Employer Identification Number: _____

4. Telephone Number for Applicant: (_____) _____

5. List of Counties Included in the Application: _____

6. Contact Person (person handling program on daily basis): _____

7. Address of Contact Person: _____

8. Telephone Number of Contact Person: (_____) _____

9. Name and Title of Authorized Representative:

Name: _____

Title: _____

10. Purpose for which grant money is requested. (Indicate by checkmarks): Rule 62-716.620

- | | |
|--|--|
| a. Construction of waste tire processing facility: _____ | g. Research to facilitate waste tire recycling: _____ |
| b. Operation of waste tire processing facility: _____ | h. Establishing waste tire collection centers _____ |
| c. Contract for waste tire facility service: _____ | i. Incentives for establishing private waste
tire collection centers: _____ |
| d. Equipment for waste tire processing facility: _____ | j. Perform or contract for enforcement
activities: _____ |
| e. Removal of waste tires: _____ | k. Purchase materials made from waste tires: _____ |
| f. Contract for removal of waste tires: _____ | |

11. This application is due by July 1 of each year.

12. 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.

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

5/03-FY03-04

