

APPLICATION
CYCLE 1M MICRO GRANTS FOR COLLECTION/REUSE



California Carpet Stewardship Program

An initiative of CARE: Carpet America Recovery Effort

All applicants are required to complete and submit this form within the space provided. Please refer to grant solicitation for criteria and other requirements.

Applicant Name: _____

Project Title: _____

Grant Request: \$ _____

Matching Funds: \$ _____

Total Project Cost \$ _____

Start Date: _____

End Date: _____

This project will increase: REUSE
 (check all that apply) COLLECTION

Declaration:

By checking this box I certify under penalty of perjury that there are no pending or outstanding judgments or enforcement actions against the company or its products.

If applicable, please describe any pending or outstanding judgments: _____

1M Application Contacts, Narrative and Work Plan

Narrative must not exceed the space provided.

1. Key Project Contacts (2 required) with phone number, address and email information:

Contact 1

Name: _____ **Title:** _____

Agency/Business/Organization: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Contact 2

Name: _____ **Title:** _____

Agency/Business/Organization: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

2. Project Narrative (Concept Proposal)

a. Applicant/Team Qualifications and Experience

b. Project Description

c. Need

d. Project Impact/Cost Effectiveness [Include # pounds of NET NEW LBS post-consumer carpet the project will collect, and/or # of LBS it will reuse (if applicable); Include % increase (if applicable) and methodology for calculation in space below boxes.]

# LBS COLLECTED:		# LBS REUSED:	
SUM: Total # LBS COLLECTED or REUSED			
Total Grant Funds Requested: \$			
# LBS per Grant Dollar Requested:			

e. OPTIONAL: Creation of California Jobs, Environmental Certifications, Benefit to Disadvantaged Communities. Include supporting documents if applicable.

