



## POLLUTION PREVENTION – COMPETENCY - BASED TRAINING GRANT PROJECT PROPOSAL

(Authority: Part 145, PA 451 of 1994, as amended. To be considered for a grant, completion of this application is required.)

### Part I. Application

Please print with black ink or type all information.

SECTION I. GENERAL INFORMATION		
1. NAME AND TITLE OF OWNER/PERSON WITH GRANT ACCEPTANCE AUTHORITY		
2. ORGANIZATION NAME		
3. TYPE OF ORGANIZATION		SIC Code (if known)
4. MAILING ADDRESS (number and street)		P.O. BOX (if applicable)
CITY	STATE	ZIP CODE
5. TELEPHONE NUMBER (include area code)		6. FAX NUMBER (include area code)
7. E-MAIL ADDRESS (if available)		8. ORGANIZATION WEBSITE ADDRESS (if available)
9. ARE YOU A MEMBER OF DEQ'S POLLUTION PREVENTION PARTNERSHIPS TECHNICAL ASSISTANCE PROVIDER, OR ASSOCIATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. RETAP WASTE ASSESSMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SECTION II. CERTIFICATION
I certify that I have personally examined and am familiar with the information submitted, and that, based on my inquiry of those individuals responsible for obtaining the information; I believe that the submitted information is true, accurate, and complete.
<div>SIGNATURE</div> <div>DATE</div>

SECTION III. PROJECT INFORMATION		
1. PROJECT TITLE Pollution Prevention – Competency-Based Training		
2. ESTIMATED PROJECT START DATE		ESTIMATED PROJECT COMPLETION DATE
3. GRANT AMOUNT REQUEST	APPLICANT MATCH	TOTAL COST OF PROJECT
4. PROJECT ADDRESS (if different from mailing address above)		
CITY	COUNTY	ZIP CODE
5. PROJECT CONTACT (if different from Section I, subsection 1 above). Same As Section 1.		
PROJECT CONTACT TITLE		E-MAIL ADDRESS (if available)
TELEPHONE NUMBER (include area code) ( )		FAX NUMBER (include area code) ( )
6. IF ALL CORRESPONDENCE IS TO GO TO THE PROJECT CONTACT, CHECK THIS BOX.		<input checked="" type="checkbox"/>

### **Pollution Prevention – Competency Based Training (continued)**

## SECTION IV. PROJECT DESCRIPTION

## 1. DETAILED DESCRIPTION OF PROJECT

### Goal:

### Project Description:

#### SECTION IV. PROJECT DESCRIPTION - CONTINUED

**Partners:**

## 2. PROJECT EVALUATION

### Define Project Success:

**Pollution Prevention – Competency Based Training** (continued)**Project Evaluation:**

The project will be evaluated in accordance with the methodology stated in the grant agreement.

**Measurements and Tracking:**

Project outcomes and outputs evaluated, assessed, and tracked per the grant agreement.

**Quality Control Procedures:**

Standard QC practices.

**Products to the DEQ:****SECTION V. TIMETABLE**

<b>TASK</b>	<b>START DATE</b> (month/day/year)	<b>END DATE</b> (month/day/year)	<b>RESPONSIBILITY</b> (grantee or subcontractor)

**Pollution Prevention – Competency Based Training** (continued)

**SECTION VII. WORK PLAN**

**Scope of Work includes, but is not limited too:**

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Pollution Prevention – Competency Based Training (continued)

SECTION VIII. BUDGET			
Column A BUDGET CATEGORIES	Column B GRANT FUNDS	Column C APPLICANT MATCH	Column D TOTAL
<b>1. BUILDING &amp; FACILITIES MODIFICATIONS</b>			
<b>Subtotal:</b>			
<b>2. EQUIPMENT, SUPPLIES &amp; MATERIALS</b>			
<b>Subtotal:</b>			

## Pollution Prevention – Competency Based Training (continued)

SECTION VIII. BUDGET - CONTINUED			
Column A BUDGET CATEGORIES	Column B GRANT FUNDS	Column C APPLICANT MATCH	Column D TOTAL
<b>3. CONTRACTUAL SERVICES:</b>			
<b>Subtotal:</b>			
<b>4. STAFFING COSTS: Include Fringe benefits and Travel costs.</b>			
<b>Subtotal:</b>			
<b>5. OTHER COSTS:</b>			
<b>Subtotal:</b>			
<b>6. INDIRECT COSTS (Rate 10%___of Grant)</b>			
<b>7. GRAND TOTAL (add Subtotals only)</b>			