**Research for New and/or Innovative Uses for Scrap Tires**

**Application Instructions**

**Please review the Tire Products Grant Program Guidelines and these instructions carefully before applying.**

The application consists of the following components, which must be fully completed to be considered for review:

1. Cover Sheet
2. Project Narrative
3. Project Timeline
4. Budget
5. Supporting Materials

Please attach all supporting material documentation to the application. If a single email, including all supporting material(s), exceeds the email size limit, supporting material(s) may be sent separately. Applications may be submitted electronically through email or mailed. Applications may also be hand delivered. Applications through fax will not be accepted.

Mailing and Street Address: Georgia Environmental Protection Division

Recovered Materials Unit

4244 International Parkway, Suite 104

Atlanta, GA 30354

Email Address: [SWTF.Grant@dnr.ga.gov](mailto:SWTF.Grant@dnr.ga.gov)

Include the contact information for the primary individual responsible for grant project administration. This is the person who will be the main point of contact for all grant-related communication and questions. This may or may not be the same individual who applies for and/or submits the grant application.

Please also include the contact information for the official responsible for approvals for your entity. If selected for award, this will be the individual who will sign the agreement. Examples include but are not limited to the chief executive officer, commissioner, mayor, or solid waste director.

**DO NOT SUBMIT THIS INSTRUCTION PAGE ALONG WITH YOUR APPLICATION.**

**The application period will open July 12, 2023. The deadline for submitting applications is 4:30 PM on August 31, 2023.**

Additional information about the Tire Grant and supporting documents can be found at the following website address: <https://epd.georgia.gov/tire-product-tire-grant>

**Research of New and/or Innovative Uses for Scrap Tires Application**

**SECTION ONE: Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Title** |  | | | | | | | | | | |
| **Local Government/Entity** |  | | | | | | | | | | |
| **Federal Tax ID** |  | | | | | | | | | | |
| **Mailing Address** |  | | | | | | | | | | |
| **City** |  | | | | | | | | | | |
| **ZIP** |  | | | | | | | | | | |
| **County** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Primary Grant Administrator Contact Name (this should be the main point of contact for the project)** |  | | | **Responsible Official for Approvals (if grant is awarded) Contact Name** | | | |  | | | |
| **Title** |  | | | **Title** | | | |  | | | |
| **Organization** |  | | | **Organization** | | | |  | | | |
| **Phone** |  | | | **Phone** | | | |  | | | |
| **E-Mail** |  | | | **Email** | | | |  | | | |
|  | | | | | | | | | | | |
| **Project Start Date** |  | | | | | | | | | | |
| **Project End Date** |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Grant Amount Requested for Reimbursement (not including match)** | $ | | | | | | | | | | |
| **Total Project Amount** | $ | | | | | | | | | | |
|  | | | | | | | | | | | |
| Is your entity listed on the DCA noncompliance list? | | | | |  | | YES | |  | | NO |
| Is your entity involved in any open consent orders or enforcement actions with EPD? | | | | |  | | YES | |  | | NO |
| Has your entity received any grant funding from EPD in the past? If yes, indicate the grant program and date awarded. If no, indicate n/a. | | | | |  | | | | | | |
|  | | | | | | | | | | | |
| The Tire Grant is a reimbursement grant. However, up to 90% of funds may be provided in advance if requested. | | Does your entity require funds in advance? | | | | | | | | | |
|  | YES | | |  | | | | NO | |
| If YES is selected, provide justification as to why funds in advance are required: | | | | | | | | | |
| I, the undersigned authorized representative of the applicant, certify that to that to the best of my knowledge, the information contained herein is true and correct, the document and project has been duly authorized by the governing body of the applicant, and, if funded, the applicant will carry out the implementation steps in the manner described in this application. I also certify that the applicant shall maintain accounting records in accordance with generally accepted government accounting principles and that the funds awarded will be included in those audits or financial statements that cover all or part of the project duration period noted above. | | | | | | | | | | | |
| **Official Signature** *(Responsible Official only)* | |  | | | | | | | | | |
| **Name** (print) | |  | | | | | | | | | |
| **Title** | |  | | | | | | | | | |
| **Date of Signature** | |  | | | | | | | | | |

**SECTION TWO: Project Narrative**

|  |  |
| --- | --- |
| **Project Description** | **Briefly describe your overall research project, including the need and purpose.**  If your project involves one or more other eligible applicants, please describe. Up to five bonus points will be given to projects coordinated with other eligible applicants. |
| *Insert narrative here* |
| **Describe the objective(s) of the research project.** |
| *Insert narrative here* |
| **Methodology** | **Describe the methodology you will use to conduct the research project.** |
| *Insert narrative here* |
| **Evaluation** | **Describe how you will evaluate the project’s impact on recycling and material recovery for scrap tires.** |
| *Insert narrative here* |
| **Marketing and Publicity** | **Describe how you will share the results of your research project with the scrap tire industry and other decision makers.** |
| *Insert narrative here* |
| **Scaling Potential** | **Describe how your research project will benefit markets for scrap tires and the usage of TDP.** |
| *Insert narrative here* |
| **Innovation** | **Describe how your research project is innovative.** |
| *Insert narrative here* |

**SECTION THREE: Project Timeline**

1. Using the table below, provide a robust timeline with clearly identifiable steps for project implementation that are likely to result in the achievement of identified objectives.
2. Describe the project start, milestone, and completion dates for each activity. Listing the month and year is acceptable.
3. Additional rows may be added as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Timeline** | | | |
| **Activity** | | **Start Date** | **Completion Date** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**SECTION FOUR: Budget**

1. Complete the budget table below to detail the amount and intended use of funds requested for each expenditure.
   1. Awarded grant funds may be used for all costs related to research, including but not limited to salaries and material testing.
   2. Documentation for expenses must be provided and be submitted in Section 5 as supporting materials. An example includes salary information for staff. Applicants should consider the freight and other handling costs when preparing their budgets.
   3. Applicants may apply up to the established cap of $250,000.
   4. Additional rows may be added as necessary.
2. Indicate the amount of grant funds requested. This is the amount that the State will award per line item.
3. Indicate the amount of the match provided. Both in-kind and cash matches must be indicated as a dollar value, and not a percentage. Match items must also be documented through letters of commitment, copies of checks, payroll records, etc. and submitted in Section 5.
   1. Applicants must provide a minimum 20% match of the total project cost. Awarded grant funds may pay up to 80% of the total project cost.
4. The Anticipated Expenditure Date should list the month and year in which the expense is expected to occur. The timeline cannot exceed 24 months.
5. Indicate if an expenditure is attributable to a business in Georgia. Include documentation listing the name and location of the business, such as a supplier quote, in Section 5 as supporting material.
6. Add up the total cost (grant funds requested + In-kind + cash matches) and enter the amount in the total cost column.
7. Add up the total amounts for each column (grant funds requested, in-kind and cash matches, and the total cost).
8. Enter the percentage of match in relation to the project cost. It must be at least 20% of the total project cost.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget** | | | | | | | | | | |
| **Description** | | **Grant Funds Requested** | **Match Contribution** | | **Total Cost** | **Anticipated Expenditure Date** | **Are the funds attributable to a GA business?** | | | |
| **In-Kind** | **Cash** |
| 1 |  | $ |  |  |  |  |  | Y |  | N |
| 2 |  | $ |  |  |  |  |  | Y |  | N |
| 3 |  | $ |  |  |  |  |  | Y |  | N |
| 4 |  | $ |  |  |  |  |  | Y |  | N |
| 5 |  | $ |  |  |  |  |  | Y |  | N |
| **Totals** | |  |  |  |  |  | | | | |
| **Percentage of Match** | |  |  | | | | | | | |

**SECTION FIVE: Supporting Materials**

1. Attach quotes and/or other cost estimate documentation to support each line-item request in the budget.
   1. If utilizing a Georgia business, the documentation must also indicate the business name and address.
2. Complete and submit a W9 form. A downloadable form is available on EPD’s website: <https://epd.georgia.gov/tire-product-tire-grant>
3. Complete and submit a contractor affidavit form. A downloadable form is available on EPD’s website: <https://epd.georgia.gov/tire-product-tire-grant>