

## Idaho DEQ 2012 Materials Management Assistance Grant Application

### Applicant Information

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization Email: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ MBE/WBE: \_\_\_\_\_

Liability Insurance Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Workers Comp Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Project Manager

Contact Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Signature Authority

Contact Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Application Overview

Descriptive Project Title: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Total Amount of Match Contributed (not required): \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

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Brief Overview (In 2-3 sentences provide an Executive Summary description of your project.)

Applications must be U.S. postmarked or received electronically or by fax no later than 5 p.m. MDT, August 31, 2012, to:

Idaho Department of Environmental Quality

Attn: Ben Jarvis

1410 N Hilton

Boise, ID 83706

Fax: (208) 373-0315

[ben.jarvis@deq.idaho.gov](mailto:ben.jarvis@deq.idaho.gov)