

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
GRANT APPLICATION
PART 1. GENERAL INFORMATION**

1. Name of Applicant _____
2. Address of Applicant _____
City _____ State _____ Zip _____
3. Telephone No. of Applicant _____
4. Contact Person _____
5. Address of Contact Person (if different than applicant) _____
City _____ State _____ Zip _____
6. Telephone No. of Contact Person _____
7. Email Address of Contact Person _____
8. Grant Request Category:
_____ a. Local Government Solid Waste Assistance Grant (attach Part 2a)
 Competitive grant request _____ Non-Competitive grant request _____
_____ b. Local Government Solid Waste Planning Grant (attach Part 2c)
_____ c. Local Government Waste Tire Grant (attach Part 2b)
9. Descriptive Title of Project/Program _____

10. Describe the geographic area which the project/program will serve including the population to be served and list all political subdivisions to be served (e.g. counties, cities, etc.):

11. Is applicant in violation of or delinquent on, any condition of a previously awarded grant or loan from the MDEQ?
_____ yes _____ no (If yes, please attach an explanation)

12. Certification

To the best of my knowledge and belief, I certify that the information provided in this application including attachments is true, accurate, and correct. I further certify that I possess the authority to apply for this grant on behalf of the applicant.

Name of authorized representative (Please type or print)

Signature of authorized representative

Title of authorized representative (Please type or print)

Date