



DEEP SOUTH
REGIONAL MUNICIPAL SOLID WASTE MANAGEMENT AUTHORITY

M E M B E R G O V E R N M E N T G R I N D I N G C O S T
S H A R E R E I M B U R S E M E N T P R O G R A M

I. ELIGIBILITY:

- a. This program is open to all member governments of the Deep South Solid Waste Authority to include: Berrien County and the City of Nashville; Lowndes County and the City of Valdosta; Lanier County and the City of Lakeland; and Echols County.

II. GENERAL INFORMATION:

- a. The local government must provide a minimum twenty percent (20%) match to the awarded reimbursement.
- b. Awards may be used in conjunction with state or federal grants for matching purposes.

III. AWARDS:

- a. Reimbursements for single jurisdictions will not exceed \$5,000.
- b. The estimated annual population shall be based on the US Census Bureau's annual update provided on its website (<https://www.census.gov/en.html>).

IV. SUBMITTAL:

- a. Reimbursement request applications will be accepted on a rolling basis and will be placed on the agenda for consideration during the next regular meeting of the DSSWA Board.
- b. All reimbursement request applications and supporting materials should be submitted to:
 - Deep South Solid Waste Authority
 - C/o Elizabeth Backe
 - SGRC
 - 1937 Carlton Adams Dr.
 - Valdosta, GA 31601
 - Ebacke@sgrc.us



LOCAL GOVERNMENT GRANT PROGRAM

APPLICATION

Local Government _____
Contact Person _____
Telephone _____ **E-Mail** _____
Address _____

Estimated Population as Reported by the U.S. Census (<https://www.census.gov/en.html>) :

Estimated Total Project Cost: \$ _____

Total Requested Grant Funds: \$ _____

Other Funding Sources (If any): _____

OBJECT (i.e. personnel, equipment, printing, etc.)	GRANT FUNDS	MATCHING FUNDS	TOTAL COST

Project Time Frame: Please complete the following project timetable to include any project/program milestones and anticipated start and end dates.

MILESTONE	START DATE	END DATE
Process material for grinding		
Receive award notification from the Deep South Authority		



Project Description: Please provide a concise, yet detailed, description of the project/ program for which you are requesting grinding reimbursement funds. This description should include a statement of need and any expected outcomes. (Attach an additional page if necessary):

Please attach an invoice(s) and copy of the check made for payment of the grinding service and any additional materials which further describe the project.