



APPLICATION FORM

Micro Awards – Mattress Collection Facilities

Complete one form per qualified location; refer to the award proposal solicitation for scoring criteria and other application requirements

Applicant Organization Name: _____

Funding Request: \$ _____

Start Date: _____

Matching Funds
(optional): \$ _____

End Date: _____

Total Project Cost \$ _____

Project Contacts (provide 2):

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Title: _____

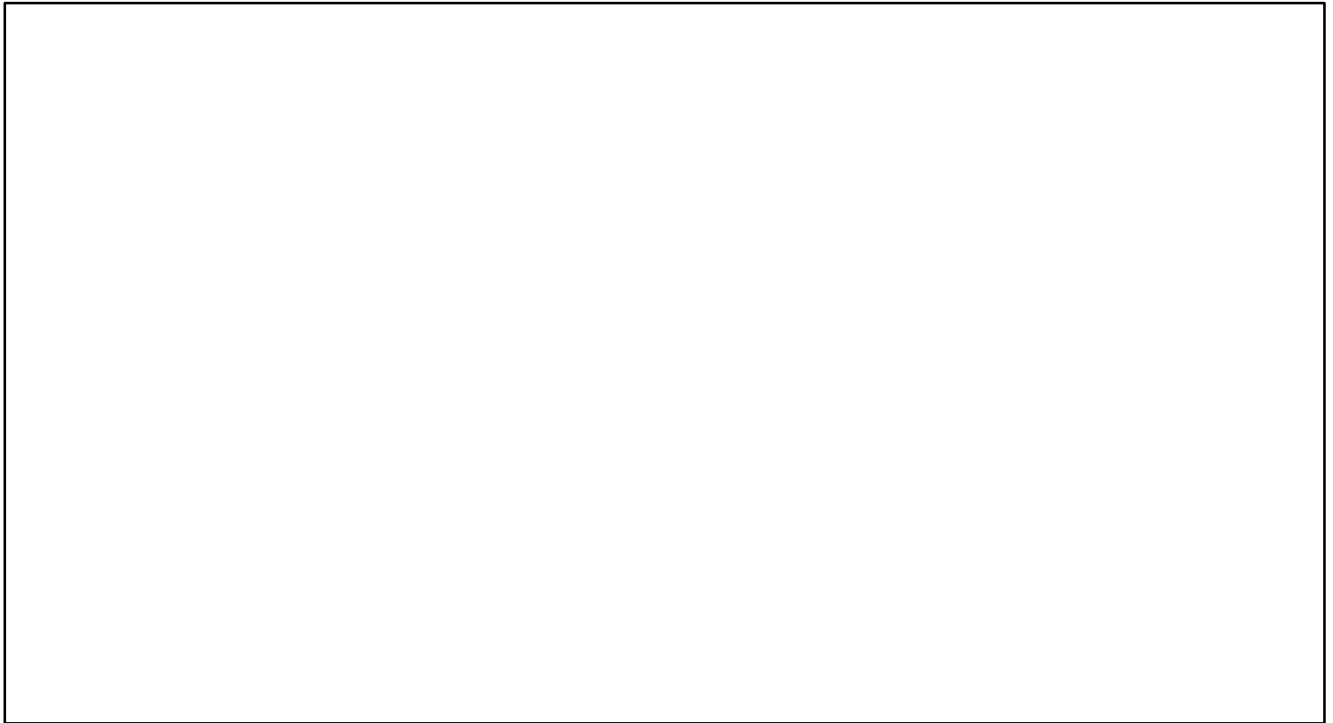
Organization: _____

Address: _____

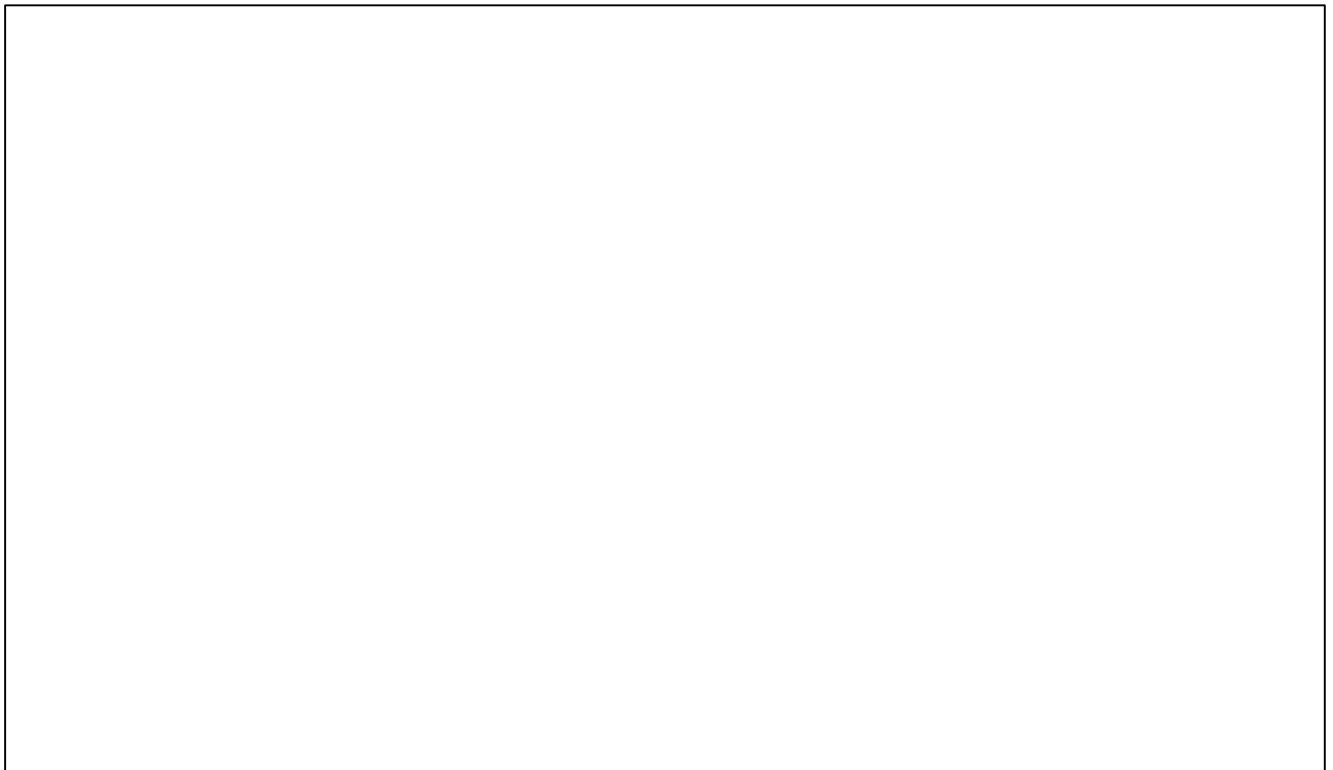
Phone: _____

Email: _____

Applicant history and past projects related to this project:

A large, empty rectangular box with a thin black border, intended for the applicant to provide details about their history and past projects related to the current project.

Project description and impact on mattress collection:

A large, empty rectangular box with a thin black border, intended for the applicant to describe the project and its impact on mattress collection.

Fill in any that apply based on annual projections

Additional Units Recycled Annually:	
Additional Units/Container and/or Containers Filled Annually:	

Please provide justification for the projections noted above:
