

## **Mattress Recycling Council**

# **Funding for Illegally Dumped Mattress Pilot Studies**

## **APPLICATION FORM**

nespondent Name				
	Dete			
	Date			



1.	A description of the Applicant's qualifications and experience with illegal dumping mitigation and/or enforcement.				
2.	Identify the names, titles, and organizations of all parties that will be involved in this project.				
3.	Provide a project description.				



- 4. Identify how each of the following will be addressed during this project:
  - Decrease in the number of mattresses that could be prevented from becoming illegally dumped, please provide an estimated decrease
  - Improved awareness and enforcement of illegal dumping laws
  - Improved education around proper disposal of mattresses

5. Historical baseline data of illegally dumped mattresses that will be used for the analysis of this study. <u>Please provide as an attachment with the proposal.</u>



#### **Qualifications / Experience of Organization**

- Relevant Staff List
- Qualifications/Experience
- Consultant Name and Qualifications (if applicable)

1.	Staff Member, Qualification/Experience, Project Role
2.	Staff Member, Qualification/Experience, Project Role
3.	Staff Member, Qualification/Experience, Project Role



#### **Proposed Implementation, Methodology and Approach**

Provide the following information:

- Project Approach and Methodology to Prevent Illegal Dumping of Mattresses
- Project Impact and Estimated Decrease in Illegally Dumped Mattresses
- Project Timeline, Deliverables and Funding

1.	Project Approach and Methodology to Prevent Illegal Dumping of Mattresses
2.	Project Impact and Estimated Decrease in Illegally Dumped Mattresses
2.	Project Impact and Estimated Decrease in Illegally Dumped Mattresses
2.	Project Impact and Estimated Decrease in Illegally Dumped Mattresses
2.	Project Impact and Estimated Decrease in Illegally Dumped Mattresses
2.	Project Impact and Estimated Decrease in Illegally Dumped Mattresses
2	Project Impact and Estimated Decrease in Illegally Dumped Mattresses
2.	Project Impact and Estimated Decrease in Illegally Dumped Mattresses



### **Project Timeline and Deliverables**

Activity	End Result	Staff or Contractor	Start Date	End Date



### **Funding**

The funding request, any matching funds from the Applicant (optional) and the total project cost

• Compensation to include: activity, staff, estimated hours per task, hourly rate and total amount requested.

#### 1. Funding Request

Funding Request	\$
Matching Funds	\$
Total Project Cost	\$

#### 2. Compensation Schedule

Activity	Staff	Estimated Hours	Estimated Hourly Rate	Estimated Task Total Cost	Amount Requested

Equipment Quotes (if applicable) – Please provide as an attachment.