Connecticut Department of
ENERGY &
ENVIRONMENTAL
PROTECTION

ATTACHMENT 1

SMART Grants Application Form

If you have questions about this form, please contact Maritza Pagan at Maritza.Pagan@ct.gov.

Please read all instructions in their entirety and answer each question completely. Submission of complete and accurate information will enhance the chance of the application being selected for funding.

Note: All of the questions must be answered. If a question is not applicable to your particular application, please indicate "N/A". Do not leave the questions blank.

1.	Municipality or Region:	
2.	Contact Name:	
	Title:	
	Address:	
	Phone Number:	
	E-mail:	
3.	Authorized Representative (municipal chief elected official or other):	

Name:		Title:	
Signature		Date	

4.	Federal Employment Identification Number:	
5.	Total matching funds or in-kind service provided (if any):	

The table will expand to fit your responses, however if additional space is required, please attach additional sheets and include the heading of *SMART Grants Application - Supplemental Information* and the Applicant's legal name. Each corresponding question # must also be included.

1.	Request for funds is for: (select all that apply) ☐ Implementation of a New SMART program ☐ Expansion of Existing SMART Program ☐ Curbside ☐ Drop-off	
2.	Describe the implementation or expansion plan for SMART in your municipality or region. Must include details on type of SMART system (e.g., bags, tags, carts), type of collection systems (municipal contract, municipal collection, subscription, or drop-off), and estimated sizes and approximate pricing of units (attach additional sheets if necessary).	
3.	Why does the municipality or region want to implement or expand SMART (attach additional sheets if necessary)?	
4.	Provide estimates of number of households and the percentage of total households in municipality or region that will use the SMART program.	
	a. Implementation of a new SMART program:	
	How many and what percentage of households in the municipality or region will be covered by the SMART program?	
	How many and what percentage of town businesses will be covered by the SMART program?	
	b. Expansion of existing SMART program:	
	How many and what percentage of households and businesses are covered by your current SMART program?	
	How many and what percentage of households and businesses will be covered by the expanded program?	
	Documentation for estimating percent usage must be provided.	
5.	Has SMART been approved by a governing body, mandated by local ordinance or approved by municipal referendum? ☐ Yes ☐ No If yes, please enclose a copy of such approval.	

6.	Description of actions taken to date regarding the new or expanded SMART program (attach additional sheets if necessary). Also include any demonstrated support from key stakeholders. Describe (attach additional sheets if necessary):
7.	Has municipality/region encountered any barriers or opposition to implementation of SMART? Yes ☐ No ☐ If yes, provide brief description and how it was overcome (attach additional sheets if necessary).
8.	Describe your SMART program education and/or promotion plan (attach additional sheets if necessary).
9.	List designated project manager, municipal/regional staff, and volunteers that will be working on the SMART program.

Names and title:	
Relevant experience:	
Amount of time anticipated to be spent on implementation stage and operational stages of SMART program.	

10.	Describe how you will evaluate the program success, identify problems, and overcome challenges encountered (attach additional sheets if necessary).
11.	Provide proposed schedule for implementing SMART including major milestones. Identify any seasonal constraints or specific requirements for work scheduling. For example, work times may need to be coordinated with a school year calendar, observation of environmentally sensitive seasons, or the receipt of required authorizations. Applicants are encouraged to implement SMART program within a one year of contract start date.