



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 OFFICE OF SUSTAINABLE PRACTICES
 William R Snodgrass Tennessee Tower
 312 Rosa L Parks Ave, 2nd Floor, Nashville, TN 37243
 Email: tire.grant@tn.gov

TIRE ENVIRONMENTAL ACT PROGRAM APPLICATION

(Limit one application per entity, per location)

Participant Information | Please provide a description in the text boxes below for each section

Application Procedure:

Applicants must complete and provide the items listed below in their grant request. Details for completing the items below are provided in this grant manual.

- Tire Environmental Act Grant Application
- Project Proposal (maximum five pages)
 - Selection Criteria
- Budget Page and Budget Justification

Applicant Name *(Organization that will enter into the Grant Agreement):*

Applicant is a:

- Private Entity
- Government
- Educational Institution
- Other:

List of Project Partners (if any):

List County/Counties location:

Applicant Address:

City: _____ Zip Code (9-Digit): _____ -

Project Location Address:

City: _____ Zip Code (9-Digit): _____ -

Applicant Contact (Person responsible for daily management of project):

Name: _____ Telephone: _____ - -
 Title: _____ Federal/Tax ID or DUNS No.: _____
 Email: _____ NO Social Security Numbers

Project Title:

Project Categories

- Tire Recycling
- Tire Derived Product Use
- Facility Improvements
- Research, Testing, and/or Development
- Other:

Brief Project Description (No more than 500 characters):

Project Funding		Source & Amount of Applicant's Matching Funds	
Grant Amount Requested:	\$ %	General Fund:	\$
Match:	\$ %	In-kind Services:	\$
TOTAL PROJECT COST	\$ 100%	TOTAL MATCH	\$

(TOTAL MATCH should equal match in project funding section)

Grantee Information (Person responsible for communications and contact):

Name: _____ Address: _____
Title: _____ Telephone: _____
E-Mail: _____ Fax: _____

Federal Congressional District

Congressperson's Name: _____ District Number: _____

State Districts

Senator's Name: _____ District Number: _____

Representative's Name: _____ District Number: _____

Signature of Responsible Party

Mailing Address, City, State, Zip Code

Printed Name/Title

E-Mail

Signature of Project Partner (If Applicable)

Mailing Address, City, State, Zip Code

Printed Name/Title

E-Mail

When you have completed this form print and sign and make a copy for your records and return the original to the following address:

Tennessee Department of Environment and Conservation
Office of Sustainable Practices
Attention: Tire Environmental Act Program
William R Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 2nd Floor
Nashville, TN, 37243
Email: tire.grant@tn.gov

