



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Rd.
Tallahassee, FL 32399-2400

DEP Form #: 62-716.500 F.A.C.
Form Title: Small County Consolidated
Solid Waste Management
Grant Application
Effective Date:
Incorporated in Rule: 62-716.500(2), F.A.C.

Small County Consolidated Solid Waste Management Grant Application

Due Date:	August 1, of each year
Name of County:	
Name and Title of Authorized Representative:	
Address:	
Federal Employer Identification Number:	
Grant Contact Name:	
Title:	
Address:	
e-mail address:	
Phone number:	
Required forms at time of submission:	<input type="checkbox"/> Grant Work Plan <input type="checkbox"/> Budget-Cost Analysis <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Federal Tax ID W-9 Form
MyFloridaMarketPlace Registered Vendor Name and Address:	
Is your County Self-Insured for Liability Insurance, appropriate and allowable under Florida Law?	<input type="checkbox"/> YES <input type="checkbox"/> NO If your county <u>is self-insured</u> , we must have a written statement from your Chief Financial Officer stating this. (Please Attach).

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I CERTIFY that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate. I further certify that I possess the authority to apply for this grant on behalf of this county.

Signature of Authorized Representative

Date

NOTE: This form may be submitted electronically to waste.grants@dep.state.fl.us or by mail to Financial Management and Procurement, MS 4500, Division of Waste Management, Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400.