



**NEW YORK STATE ASSOCIATION FOR SOLID WASTE MANAGEMENT
RESEARCH GRANT APPLICATION**

ORGANIZATION/ENTITY/COMPANY:

ADDRESS:

CONTACT PERSON:

CONTACT PHONE:

CONTACT EMAIL:

DESCRIPTION OF RESEARCH AND OBJECTIVE (Include a timeline):

RESEARCH NEEDS

(A) In-House Resources (Describe use of personnel, equipment and facilities.)

(B) Contracted Services (List what services will be contracted to outside sources and method of procurement.)

ESTIMATED BUDGET (Provide Description and Cost)

Note: Organization/Entity/Company personnel wages and benefits cannot be included in the Grant request.

(A) Contracted Services

(B) Materials

(C) Equipment

If needed provided additional pages with requested information.

NYSASWM AFFILIATION (if any)

SIGNATURE OF APPLICANT

DATE SUBMITTED

**SEND COMPLETED FORM TO: JEFF BOUCHARD, NYSASWM
c/o NYSAC, 540 Broadway, Albany, NY 12207
or via e-mail to: jbnysaswm@gmail.com**