

# Recycling Bin Grant Program

A DNR-DPI Partnership Program



Please answer the following questions and submit this application along with your Green & Healthy Schools [Step 2 completion form](#), a copy of your school's [Waste & Recycling Assessment](#) (including waste disposition chart), and a map highlighting where recycling bins will be placed.

School Name: \_\_\_\_\_ School Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of bins requested (max 50): \_\_\_\_\_ Bins will (check one):

- Supplement an existing program
- Start a new program
- Replace containers in current program

1. Describe where bins will be placed and what they will be used to collect (example: paper only, aluminum/plastic mix, etc.). **Note:** This chart should be used to supplement a map of your school which highlights areas where recycling bins will be placed. You should also include a waste disposition chart (found on the last page of the [Waste & Recycling Assessment](#)) for each area listed below.

Location	Use

2. Based on your Waste & Recycling Assessment (Step 2), how will these bins improve your school's recycling program?

3. How will these recycling bins be incorporated into your school's Step 3 Action Plan in the category of Waste & Recycling? (If you have the ability to track cost savings, waste diversion, etc. that result from using these bins, please include this information.)

*By signing below, my school agrees to serve as a resource for other schools that have pledged to the Green & Healthy Schools program. I give the Department of Natural Resources and the Department of Public Instruction permission to share my school's experiences on the Green & Healthy Schools website or in other promotional settings. All personal information will remain private.*

Signature of Green Team Leader OR Principal: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Date Received</b>	
<b>Date Approved</b>	
<b>Number of bins granted</b>	
<b>Date Delivered</b>	



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