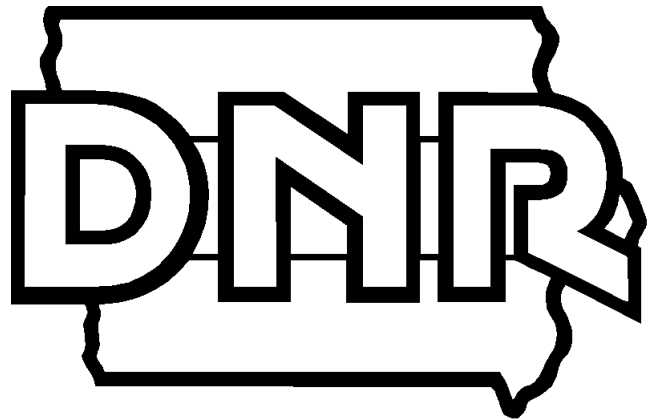


**SOLID WASTE
ALTERNATIVES
PROGRAM (SWAP)**

**Proposal Application
and Guidelines for
Project Requests of
\$10,000 or Less**

2025

**Iowa Department of Natural Resources
Kayla Lyon, Director**



**Land Quality Bureau
6200 Park Avenue
Des Moines, Iowa 50321
515-725-8200**

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SOLID WASTE ALTERNATIVES PROGRAM

SMALL PROJECT APPLICATION

The Solid Waste Alternatives Program – Small Project Application is limited to financial assistance requests of \$10,000 or less. This application is a streamlined application for projects that are generally smaller in scope.

The following information is provided to assist applicants in successfully completing a Small Project Application through the Solid Waste Alternatives Program (SWAP).

Purpose

The purpose of the Solid Waste Alternatives Program is to provide financial assistance to applicants implementing projects and programs leading to the reduction of solid waste generation and the diversion of solid waste from Iowa sanitary landfills.

How To Apply

Project applications are reviewed two times per year. To be considered for funding, your application must be received by 4:00 PM on the following dates:

January 2	If either of these dates occurs on a weekend, proposals must be received by 4:00 PM on the next business day.
July 1	

Applications must be submitted via email to:

Becky Jolly
becky.jolly@dnr.iowa.gov
515-725-8308

Program information, guidelines and fillable application forms can be downloaded at www.iowadnr.gov/SWAP.

Also available at the above website are solid waste planning area descriptions and contacts to assist with Form E as well as access to the SWAP searchable database for information on past projects funded through SWAP.

Financial Assistance Awards

The information, guidelines and applications forms contained herein pertain to application requests of \$10,000 or less.

Information, guidelines and forms for applicant requests greater than \$10,000 can be found at www.iowadnr.gov/SWAP.

SWAP Process

1. Application submitted for funding consideration by the assigned deadline
2. Applications distributed to review committee members

3. Review committee members individually review applications and provide questions to the Program Manager for follow-up with the applicant(s)
4. Applicant responses are distributed to review committee members
5. Review committee members meet jointly to discuss submitted applications and make funding recommendations to the DNR
6. DNR reviews committee recommendations for approval

Application Assistance

Application assistance is available by contacting:

Tom Anderson

tom.anderson@dnr.iowa.gov

515-240-6059

Stephanie Graham

stephanie.graham@dnr.iowa.gov

515-344-0055

Free assistance in preparing a SWAP application is available from representatives of the Iowa Waste Exchange Program. To find your IWE Representative, click on the [IWE Representative Service Area Map](#).

Eligibility

Eligible applicants have an interest in or responsibility for solid waste management in Iowa. Eligible applicants include:

Municipalities

Counties

Public institutions

Not-for-profit organizations

Private business

Individuals

In order to determine funding eligibility, the Department reserves the right to verify any information presented in the application and to determine the applicant's compliance status with applicable Local, State and Federal statutes and regulations. If an applicant is selected to receive financial assistance, an offer of financial assistance may be rescinded if the applicant is determined to be out of compliance with applicable Local, State and Federal regulations.

Eligible Expenses

Applicants may request financial assistance in the implementation and operation of a project that includes, but is not limited to, the following:

1. Waste reduction equipment purchase and installation including labor for installation;
2. Collection, processing, or hauling equipment including installation and labor for installation;
3. Education/public awareness materials development, distribution/posting, printing;
4. Planning and implementation of educational forums including, but not limited to, workshops and conferences;
5. Materials and labor for construction or renovation of buildings;
6. Salaries directly related to implementation and operation of the project (salaries are **not** a high funding priority)
7. Laboratory analysis costs; and
8. Engineering or consulting fees.

Ineligible Expenses

Financial assistance shall not be provided or used for costs including, but not limited to, the following:

1. Rent of facility or equipment used in daily operations;
2. Taxes;
3. Vehicle registration;
4. Overhead expenses;
5. Indirect costs;

6. Legal costs;
7. Contingency funds;
8. Application preparation
9. Agreement administration;
10. Land acquisition;
11. Office furniture, office computers, fax machine and other office furnishings/equipment;
12. Costs for which payment has or will be received under another federal, state or private financial assistance program; and
13. Costs incurred before a written agreement has been executed between the applicant and the Department.

Project Cost Share

Applicants are required to provide a minimum cash match of 25 percent (25%) for each budget line item in which SWAP funding is requested.

Project Types

The following project categories are a general description of project examples that are considered eligible for funding. This is a representative list of project types, **not** an all-inclusive list of project types. Projects must result in a decreased reliance on Iowa sanitary landfills for final disposal of materials.

- Source Reduction: Activities and actions that reduce the amount of waste generated.
- Research, Development and Demonstration: New processes that reduce the amount of waste produced or material collection, processing or market development of re-manufactured new products.
- Collection / Processing: Activities that recover or transport materials or prepare materials for recyclable material markets.
- Composting / Anaerobic Digestion: Actions that facilitate the controlled biological decomposition of organic solid waste.
- Market Development: Activities that stimulate or increase the demand for recovered recyclables.
- Education: Projects that inform and instruct the public on waste management.

Completing the Application

All proposals will be reviewed based on the applicant's thoroughness in addressing identified evaluation criteria on Form B, Project Narrative. Points assigned to the evaluation criteria for each project type total 100 points.

This application may only be used if the applicant is requesting \$10,000 or less in funding assistance. If you are requesting more than \$10,000 in funding assistance, you **must** follow the standard Solid Waste Alternatives Program application guidelines and forms found at www.iowadnr.gov/SWAP.

Program Requirements

Below are clarifications, suggestions and other general information to assist the applicant in successfully completing application materials. The information below is intended to provide guidance, not to be a comprehensive outline of all things an applicant should address.

Form A – Proposal Cover Sheet

- Amount of Applicant Cash Match Committed: Applicants are required to provide a minimum of 25% cash match for each budget line item in which SWAP funding assistance is requested.
- Facility Location: The physical location the proposed project will take place or based.

- Project Service Area Description: The geographical area directly impacted by the proposed project.

Form B – Project Narrative

- Provide a detailed narrative addressing the identified evaluation criteria
- The narrative is limited to 8 pages with a minimum text size of 12 point

Form C – Project Timetable

- Identify project tasks including start and end dates and the person(s) responsible for completing the identified tasks.
- Anticipate funding would be available approximately 2 months following the date of award.

Form D – Budget Summary

- List items for which funding assistance is requested.
- Applicants are required to provide a minimum of 25% cash match for each budget line item in which SWAP funding assistance is requested.
- Requested funding amount and applicant 25% cash match should equal the amounts shown on Form A.
- Applicants are encouraged to list and identify the value of other applicant match committed to the proposed project. Other applicant match may include cash, the value of existing assets necessary for the development and implementation of the proposed project, the value of volunteer services, etc.

Form D – Budget Narrative

- Provide a narrative that details specific expenditures and their role in the proposed project.
- Identify why the specific item(s) were selected.
- Amount of Other Applicant Match: Though not required, applicants are encouraged to identify the value of other match committed to the proposed project. Other applicant match may include cash, the value of existing assets necessary for the implementation and sustainability of the proposed project, the value of volunteer services, etc.

Form E – Comprehensive Planning Area Agency Review and Comment Form

- Applicants are required to provide a completed application to the comprehensive solid waste planning area for their review and comment prior to submitting an application for funding consideration.
- A completed Form E is encouraged to be submitted with your application, though not always possible. At a minimum, acknowledgement that a completed application has been submitted to the comprehensive solid waste planning area contact is required.

Below are links to assist applicants complete Form E requirements.

Form E - To determine an applicant's Comprehensive Planning Area Agency, use the interactive map on the Comprehensive Planning webpage or visit the online directory at: [Comprehensive Planning Area Descriptions](#).

Contact information for each Comprehensive Planning Area Agency can be found at: [Comprehensive Planning Area Agency Contacts](#) – Select “Comprehensive Planning Contacts List” from the Report menu.

For assistance, contact Laurie Rasmus at laurie.rasmus@dnr.iowa.gov or 515-474-4921.

Minority Impact Statement

- Pursuant to Iowa Code, all financial assistance applications submitted to the State of Iowa are required to include a Minority Impact Statement.
- The Minority Impact Statement is a mechanism requiring applicants to consider the potential impact of proposed projects on minority groups.

Applicant Disclosure

- The Applicant Disclosure is a method to help ensure program funds are used for their intended purpose.

If you have question on how to correctly complete the following forms, please contact Tom Anderson at tom.anderson@dnr.iowa.gov or 515-240-6059 or Stephanie Graham at stephanie.graham@dnr.iowa.gov or 515-344-0055.

DEPARTMENT CONTACTS and RESOURCES

Iowa Department of Natural Resources Phone: (515) 725-8200
502 East Ninth Street Fax: (515) 725-8202
Des Moines, Iowa 50319-0034

Solid Waste Alternatives Program

Tom Anderson (515) 240-6059 tom.anderson@dnr.iowa.gov

Stephanie Graham (515) 344-0055 stephanie.graham@dnr.iowa.gov

Solid Waste Permitting

Mike Smith (515) 229-8356 mike.smith@dnr.iowa.gov

Air Quality Permitting

General Number (515) 725-9500

Water Quality Permitting

General Number (515) 725-8200

Recycling Assistance and Market Development

Tom Anderson (515) 240-6059 tom.anderson@dnr.iowa.gov

Mobile Education Exhibit

Stephanie Graham (515) 344-0055 stephanie.graham@dnr.iowa.gov

Comprehensive Solid Waste Plans / Responsible Agency

Laurie Rasmus (515) 474-4921 laurie.rasmus@dnr.iowa.gov

Becky Jolly (515) 725-8308 becky.jolly@dnr.iowa.gov

Solid Waste Environmental Management Systems Program

Laurie Rasmus (515) 474-4921 laurie.rasmus@dnr.iowa.gov

Household Hazardous Materials Programs

Kathleen Hennings (515) 725-8359 kathleen.hennings@dnr.iowa.gov

Tom Anderson (515) 240-6059 tom.anderson@dnr.iowa.gov

Pollution Prevention (P2) Services

Jeff Fiagle (515) 322-9928 jeff.fiagle@dnr.iowa.gov

Derelict Building Grant Program

Reid Bermel (515) 217-7230 reid.bermel@dnr.iowa.gov

Dept. of Natural Resources Homepage **Financial and Business Assistance Homepage**

www.iowadnr.gov

www.iowadnr.gov/faba

Application Forms

The following pages contain **required forms** for an application to be considered complete. Application form can be downloaded at www.iowadnr.gov/SWAP.

FORM A – PROPOSAL COVER SHEET
SOLID WASTE ALTERNATIVES PROGRAM
Project Requests of \$10,000 or Less

Project Title:			
Applicant Name:			
Street Address:			
City/State/Zip:			
Mailing Address (if different):			
P.O. Box:			
City/State/Zip:			
County:			
Contact Person:			
Telephone Number:			
E-mail Address:			
Applicant Type:			
	[] Local Government	[] Private For Profit	[] Private Not For Profit
Amount of Funding Requested:		\$	
Amount of Applicant Cash Match Committed:		\$	
Total Project Cost:		\$	
OPTIONAL: Value of Other Project Related Applicant Resources		\$ _____	
Identify:			
Facility Location:			
Project Service Area Description:			
Is the targeted solid waste currently landfilled?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the targeted solid waste landfilled in Iowa?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature:			
Printed:			
Title:		Date:	

FORM B – PROJECT NARRATIVE

SOLID WASTE ALTERNATIVES PROGRAM

Project Requests of \$10,000 or Less

NOT TO EXCEED 8 PAGES OF TEXT – FOLLOW OUTLINE – USE HEADINGS

FORM C – PROJECT TIMETABLE
SOLID WASTE ALTERNATIVES PROGRAM
Project Request of \$10,000 or Less

Applicant Name: _____

Project Beginning Date: _____

Project Ending Date: _____

This timetable should account for all tasks from planning through project completion including the first year of project operation, as applicable.

Task or Activity	Beginning Date For Each Task	Ending Date For Each Task	Group/Person Responsible

FORM D – BUDGET NARRATIVE

SOLID WASTE ALTERNATIVES PROGRAM

Project Request of \$10,000 or Less

Applicant Name: _____

Applicants are required to submit a budget narrative that details specific budget line items and their role in the project.

Applicants are encouraged to discuss other resources committed to the proposed project.

FORM E

COMPREHENSIVE PLANNING AGENCY REVIEW AND COMMENT FORM

SOLID WASTE ALTERNATIVES PROGRAM

Project Request of \$10,000 or Less

See Page 2 for appropriate Comprehensive Planning Agency contact information

Applicant Name: _____

Date Application Received: _____

**Comprehensive Planning
Area Agency Name:** _____

Signature: _____

Title: _____

Date: _____

1. Is the proposed project consistent with any solid waste comprehensive plan or Environmental Management System participant goals? Please elaborate.

2. Is the Agency aware of other entities currently diverting the targeted materials? If yes, please describe any potential adverse effects.

3. Is all or a portion of the targeted solid waste materials currently landfilled? If not, please elaborate.

4. Can the project, as proposed, be considered to have a regional impact on the targeted solid waste stream? If not, is there the potential for it to be expanded to have a regional impact and how?

5. Does the responsible agency feel the project is viable as proposed, given current and projected populations, the available solid waste stream, and current and proposed landfill diversion activities? Please elaborate.

6. Other Comments

Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

- ☐ The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project.

Indicate which group is impacted:

_____ Women
_____ Persons with a Disability
_____ Blacks
_____ Latinos
_____ Asians
_____ Pacific Islanders
_____ American Indians
_____ Alaskan Native Americans
_____ Other

- ☐ The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project.

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

_____ Women
_____ Persons with a Disability
_____ Blacks
_____ Latinos
_____ Asians
_____ Pacific Islanders
_____ American Indians
_____ Alaskan Native Americans
_____ Other

- ☐ The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons. Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____

Title _____

Definitions

“Minority Persons”, as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability”, as defined in Iowa Code Section 15.102, subsection 5, paragraph “b”, subparagraph (1):

b. As used in this subsection:

(1) “*Disability*” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

“*Disability*” does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

“State Agency”, as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.

Applicant Disclosure

Applicant Disclosure

The Applicant must provide the following information. This is a continuing disclosure requirement from application submittal through agreement end date (if funding is awarded).

1. During the last three (3) years, has the Applicant received written notification from a state agency that a debt is owed to a state agency or a debt is being enforced through the Income Offset Program (including the state child support recovery unit if the Applicant is an individual) that will in any way impact receipt of monies awarded through this program? ☐ Yes ☐ No

If yes, provide the date by which the Applicant will or has satisfied debts owed to or being collected by the state.

2. During the last three (3) years, has the Applicant had a contract for goods and/or services terminated for any reason, or has the Applicant received a notice of breach, notice of default, or similar notice?

☐ Yes ☐ No

If yes, provide full details related to the termination or notice.

3. During the last three (3) years, describe any damages or penalties or settlements pertaining to contract disputes under any of the Applicant's existing or past contracts as it relates to goods and/or services performed that are similar to the goods and/or services contemplated by this application. If so, indicate the reason for the penalty, damages or exchange of property, goods, or services and the estimated amount of the cost of that incident to the Applicant.

4. During the last three (3) years, list and summarize all litigation, threatened litigation, administrative or regulatory proceedings, or similar matters to which the Applicant or its officers have been a party. Any such matter commencing after submission of an application, and with respect to the successful Applicant after the execution of a contract, must be disclosed in a timely manner in a written statement to the Department's contract officer.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____

Title _____