Altamont Settlement Agreement
Education Advisory Board

# MULTI YEAR PROJECT GRANT APPLICATION

Date: _____

Amount Requested per Year: _____ Total Requested:_____

Project Name: _____

Contact Person/Title: _____

Organization Name: _____

Fiscal Agent (Entity check is made out):_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

If you are applying from a school, please provide an alternative address for mailing. (i.e. your home address)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Number: _____ Cell Phone: _____

Email Address: _____

Start & Completion Dates: _____ Until: _____

Description of Applicant:

☐ Public School

☐ Public Agency

☐ Private School

☐ Individual

☐ Nonprofit Agency

☐ Other _____

☐ Sponsored by Nonprofit Agency

**PROJECT PROPOSAL**

*Please provide a brief written response to each numbered heading listed below.*

1. **Project Description**
   Please provide a description of the applicant and the main purpose of current work. Include mission, history, and capacity to deliver proposed project outcomes. Also, identify other current sources of support for applicant's overall work.

2. **Goals and Objectives**
   Describe the issues/problems to be addressed by this project. Identify which Grant Guideline objective(s) you would categorize this project.

3. **Audience**
   Identify the population served. (Number of people, ages or grade level, special needs, etc.)

4. **Timeline**
   Provide a project timeline, identifying activities and expected outcomes.

5. **Assessment**
   Describe the methods that will be used for assessing success. Include how lessons learned from this project will be useful to others. (For example, tracking weight diverted, surveys, participants, etc.)

6. **Budget**

Please include <u>all</u> project expenses. Examples of types of expenses can include **staff time**, **materials and supplies**, **stipends, indirect costs** or other categories (please list, if so).

   a. Identify the dates when the applicant starts and ends the fiscal year.
   b. Provide an itemized budget for the entire project; identify the items and amounts you are requesting from the Altamont Educational Advisory Board.
   c. Where appropriate, identify the source for purchasing materials or equipment associated with the grant.
   d. Identify other sources of funding pending for this project, including amounts requested.
   e. Identify any other sources and amounts of secured funding for this project.
   f. Identify any partnerships or resources available in the community to you (such as city recycling coordinator, district sustainability managers, Stopwaste.org, etc.)
   g. Itemized list of expenses (Note: You may attach a separate sheet or fill out the table below)

| Type of Expense | Itemized Expense Description | Requested from Altamont | Funded by Another source |
|---|---|---|---|
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| | | $ | $ |
| **Totals** | | $ | $ |

7. **Additional Attachments**
    a. Provide a summary of the professional background of key staff members.
    b. Provide a list of non-profit board of directors (if applicable).
    c. Provide documentation of the organization's tax-exempt status (if applicable).
    d. Please list any “best practices” that apply to your project and describe how you will incorporate them.
    e. Please specify any materials that will be developed with grant funds (such as curriculum, posters, or guidelines) that can be shared as best practices.
    f. Completed W9 Tax form (see below)

***Applications must be received by Friday, March 6, 2026.***

*Submit via email your completed application to:*
altamonteab@gmail.com

*A confirmation email will be sent upon receipt of application.*

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

**Give Form to the requester. Do not send to the IRS.**

**Print or type.** See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

___ – ___ – ____

**or**

**Employer identification number**

__ – _____

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of **U.S. person** ▶ **Date** ▶

# General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See* What is backup withholding, *later.*