

# ZERØWASTEMARIN

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## Zero Waste Reimbursement Form FY 2022/23

**A. Name of Recipient (city, town, or special district)**

**B. Recipient's representative and contact information: (Please print all information)**

**Name**

**Title**

**Address**

**City, Zip**

**Phone**

**E-mail**

**C. Reimbursement Amount**

\$

Refer to FY 22-23 Zero Waste Reimbursement Program Guidelines to find your Jurisdiction's Maximum Available Funds.

**D. Recipient's Zero Waste Reimbursement Program Expenditures**

In Table 1, please provide a description of the Zero Waste projects completed and how funds were spent. Reimbursed funds can include, but are not limited to costs for materials, supplies, equipment, and facilities. All reimbursed funds must be directly related to support the Zero Waste goal and should be reasonable and focused on local needs.

Please refer to the Grant Guidelines for a complete list of eligible and ineligible reimbursable funds.



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- E. Attach support documentation** (copies of any reports produced to share with other Marin agencies, pictures, paid invoices and receipts).
- F. Email a PDF of this form and all support documentation to** [compliance@zerowastemarin.org](mailto:compliance@zerowastemarin.org)
- G. This form and all submitted documentation will be presented to the JPA Board for review and approval of payment in May 2023 with checks issued no later than June 30, 2023.**

### Certification

I declare, under the penalty of perjury under the laws of the State of California, that all information herein submitted to the Marin County Hazardous & Solid Waste Management Joint Powers Authority for the Zero Waste Reimbursement Fund is true and accurate to the best of my knowledge.

**Signature of Reimbursement Recipient Representative**

**Date**

**Print Name**

**Print Title**