



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 Bureau of Agrichemical Management
 PO Box 8911
 Madison WI 53708-8911
 Phone: (608) 224-4545

DATCP USE
 Date received: _____

2019 Wisconsin Unwanted Prescription Drug Collection Grant Solicitation
 (Wis. Stat § 93.57 and ATCP 34, Wis. Admin Code)

Section A: Applicant Contact Information (Grant Coordinator)			
Name/Title:			
Agency, Unit of Government or Tribe:			
Address:			
Phone Number:		Email:	
Multiple municipality/tribal applications <ul style="list-style-type: none"> Identify partners and each contact, adding additional sheets if necessary. If you provide county-wide coverage, no need to list each city, town or village within the coverage area. 			
Municipality or Tribe	Contact	Municipality or Tribe	Contact
Section B: Grant Request Summary and Estimated Match			
1. Mark if your grant type is <ol style="list-style-type: none"> <i>Temporary</i> (one to three collection days such as a weekend collection event). <i>Continuous</i> (If you have or are purchasing <u>at least one drug drop box</u> or will have four or more collection days such as five, one-day collection events.) Indicate if you are purchasing any new drug drop boxes. 			
2. Grant Requests - maximum amounts for single applicants: <ul style="list-style-type: none"> Rx Continuous = \$5,000 (can be a combination of new drug drop boxes--\$1,000 maximum for each box--and other eligible expenses) Rx Temporary = \$4,000 Write in lesser values if desired. <i>See instructions for grant maximums for multi-municipality applicants and other details.</i> 			
3. Required 25% match: Calculate using [(Grant Request / .75) – Grant Request]			
Drug Grant Type	Grant Request	Projected Match (Grant/.75) – Grant	
<input type="checkbox"/> Temporary (collecting 3 days or less) <input type="checkbox"/> Continuous (collecting 4 days or more, have at least 1 existing drug drop box, or purchasing at least 1 new drop box) <input type="checkbox"/> Drug Box Purchase # of boxes to purchase (up to 5) _____			
Are you willing to accept an amount less than your request? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Section C: Unwanted Prescription Drug Collection Budget Estimate and Match Calculation This section is to work out a budget and determine if the project will meet the required match. Cost categories are suggestions, adjust as needed. Cash or In-kind match are expenses the project will pay for or items that are donated such as professional time. Remember, the grant cannot cover more than 75% of total project costs.

Unwanted Prescription Drug Grant – Estimates		
Cost Categories – Estimated Costs	Column 1 Reimbursable Expenses	Column 2 Cash or In-kind Match
Waste Contractor/Disposal*		
Drop box purchase		
Staff salaries (Reimbursable only for continuous collections; temporary collections use as match.)		
Printing, mailing, graphic design		
Building rental	Can only be used as match.	
Volunteer time (\$10/hour)	Can only be used as match.	
Other Supplies/Other expenses (manage drug box)		
Subtotals		
Total estimated project costs (Add column 1 plus column 2)	\$	
Calculate Match: Calculate 25% match of <i>estimated total project costs</i> . (Total Project Cost x .25 = Match) If the match amount calculated is less than the required match in Section B on page 1, you will need to increase your match to qualify for your grant request. If your calculated match is greater than Section B, you have met the requirement.		\$
Verify that calculated match equals or exceeds the required match on Page 1. <input type="checkbox"/> Yes <input type="checkbox"/> No (adjust budget or size of grant request.)		
*Waste contractor/disposal costs should be zero if using WI Dept. of Justice or federal DEA for drug disposal. Disposal costs for prefilled syringes or auto-injectors are reimbursable. Disposal costs for inhalers or plain sharps are not reimbursable but can be used as match.		
Section D: Previous grant funding Our goal is to identify first-time applicants or less recent applicants		
Is this the first time applying for an Unwanted Prescription Drug Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when did you last receive a prescription drug grant? ____ (year)		

Section E: Waste Management

Drug Disposal: Wisconsin Department of Justice (DOJ) or Drug Enforcement Administration (DEA)

If you collect **items rejected by DOJ and/or DEA** such as sharps, inhalers or auto-injectors, *temporary drug collections* must use the State of Wisconsin’s waste contractor (Veolia, 1-800-255-5092) for disposal. Waste contract details at: <https://vendornet.wi.gov/Contract.aspx?Id=e7a9a124-212a-e611-8964-40a8f0ad9999> or make arrangements with your local hospital or health departments.

Continuous drug collections may use their own contractor to dispose of the items not accepted by DOJ or DEA. List the name of the contractor or indicate if you will bid or release an RFP for these services.

If you are not using Veolia, supply the contract cover sheet of your chosen contractor or the declaration/announcement of your request for proposal (RFP) with your application. Another option is to check with your local hospital or health department.

Section F: Collection Sites and Dates – If you will hold one or more collection events, list the proposed sites in the table. For example, police station, senior center, landfill. Mark if the collection will be in spring (Jan. thru June), fall (July-Dec.) or both. We will collect details on dates and locations after the grants have been awarded. If you have one or more drop boxes, list their location and mark ‘drop box.’ We assume drop boxes are open year-round. Add another sheet if necessary.

List proposed collection site(s)	Proposed Collection Dates Drug drop box or Spring Event(s) (Jan.-June) Fall Events(s) (July – Dec.)
	<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Drop Box
	<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Drop Box
	<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Drop Box
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	<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Drop Box
	<input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Drop Box

Section G: Describe your local support. For example, resolutions passed from your local government, monetary support, donations, collection totals, collaboration with other organizations, etc. Include documentation.

Section H: Public Information and Outreach Use this space to describe any plans to inform the public about your drug drop boxes or drug collection events. Examples might be brochures, presentations, displays at local events, information at local pharmacies, clinics or doctor offices or newsletter articles. Expand the box or add an extra page if needed. Include examples.

Section I: Expanded Services. Use this space to describe any expanded services you plan for in 2019. This could include adding one or more drug drop boxes, adding partners or expanding a coverage area.

Complete and submit application through the new SharePoint site or email this completed form to Jane Larson, Clean Sweep, DATCPCSWP@wisconsin.gov by **11:59 p.m., September 28, 2018 or postmark it by that time.** Mail to Jane Larson Clean Sweep, ARM Division, PO Box 8911, Madison WI 53708-8911. You will receive an automatic email confirmation once you submit your application and a follow-up email from Jane Larson within five business days. If you do not receive an automated response or receive a response from within five business days, please contact Jane Larson.