



## 2021 - 2022 Kentucky Pride Fund Household Hazardous Waste Management Grant Application

Division of Waste Management - Recycling Assistance Section  
300 Sower Blvd., 1<sup>st</sup> Floor  
Frankfort, Kentucky 40601  
502-782-6385 waste.ky.gov



### PART A SECTION 1 – Applicant Information

|                 |                                    |                 |                                 |
|-----------------|------------------------------------|-----------------|---------------------------------|
| Applicant Name: | LFUCG Division of Waste Management | Federal ID No.: | 61-0858140                      |
| Address:        | 675 Byrd Thurman Dr                | Phone:          | (859) 280-8578                  |
|                 |                                    | Fax:            | (859) 425-2852                  |
| City/State/Zip: | Lexington, KY 40510                | E-mail:         | wastemanagement@lexingtonky.gov |

|                                   |                     |   |  |   |  |
|-----------------------------------|---------------------|---|--|---|--|
| Official Signatory for Applicant: | Mayor Linda Gorton  | Position:                                 | <input type="checkbox"/> Judge/Executive | <input type="checkbox"/> School Administrator |  |
|                                   |                     | <input checked="" type="checkbox"/> Mayor | <input type="checkbox"/> 109 Board Chair | <input type="checkbox"/> Other _____          |  |
| Address:                          | 200 E Main St       | Phone:                                    | (859) 280-3100                           |   |  |
|                                   |                     | Fax:                                      | (859) 258-3194                           |   |  |
| City/State/Zip:                   | Lexington, KY 40508 | E-mail:                                   |  |   |  |

|                  |                     |         |                          |
|------------------|---------------------|---------|--------------------------|
| Project Contact: | Lauren Monahan      | Title:  | Env. Initiatives Spclst  |
| Address:         | 675 Byrd Thurman Dr | Phone:  | (859) 280-8578           |
|                  |                     | Fax:    | (859) 425-2852           |
| City/State/Zip:  | Lexington, KY 40510 | E-mail: | lmonahan@lexingtonky.gov |

Applicant Status:     Regional     Solid Waste Management Area

Joint (partnership between two political subdivisions within one county)     County     City

Solid Waste Management District     Urban County Government     School District

College/University     Other \_\_\_\_\_

### SECTION 2 – Project Summary

Provide a brief explanation of the proposed activity. *Is this a supplemental application?* \_\_\_ YES \_\_\_ **NO.**

LFUCG Division of Waste Management proposes to conduct a one-day household hazardous waste collection event for residents of Fayette County. The material collected will include traditional household chemicals and other hazardous materials to be kept out of the regular landfill-bound waste stream. The event provides an easy method for encouraging proper, safe disposal. The collected materials are recycled or reused whenever possible. The county does not currently have a permanent hazardous materials drop off facility and conducts periodic one-day events to allow for a convenient disposal option to residents. The goal of an event is to keep hazardous material from entering the city's collection vehicles, potentially harming employees or the landfill-bound waste stream. The county support the project by providing 25% matching funds, and in addition dedicates necessary city personnel.

### SECTION 3 – Authorized Signature

I hereby certify that the submission of this application has been duly authorized by the governing body of the entity, and that I am legally authorized to sign the application as an authorized representative of the applicant. For regional and joint recycling projects, signature by the governing body of each participating entity shall be required.

|              |           |      |
|--------------|-----------|------|
| Printed Name | Signature | Date |
|--------------|-----------|------|