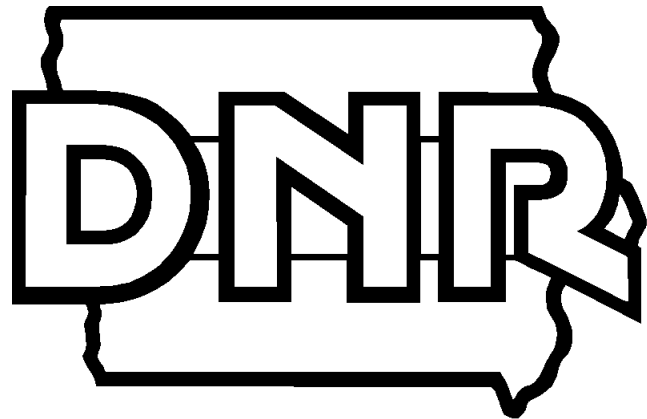


**SOLID WASTE  
ALTERNATIVES  
PROGRAM (SWAP)**

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

**July 2019**

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



**Land Quality Bureau  
Wallace State Office Building  
502 East Ninth Street  
Des Moines, Iowa 50319  
515-725-8200**

# 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).

## INTRODUCTION

The Solid Waste Alternatives Program (SWAP) is intended to reduce the amount of solid waste generated and the amount of solid waste landfilled. The mechanism to accomplish this is by providing financial assistance to aid in implementing various pollution prevention and solid waste management projects and public education projects.

## GENERAL INFORMATION

This information is intended to serve as a program guideline for projects requesting no more than \$10,000 in financial assistance.

### **Applicant Eligibility:**

Eligible applicants include any unit of local government, public or private group, business, or individual with an interest in or having responsibility for solid waste management in Iowa.

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 If an applicant is selected to receive financial assistance, an offer of financial assistance may be rescinded if the applicant is determined to be out of compliance with applicable local, state and Federal regulations.

### **Proposal Guidelines:**

Proposals for financial assistance must be made through the Land Quality Bureau and must use the application forms and format outline provided herein. Application forms can be downloaded at [SWAP Forms](#).

Proposals are considered public information and are available for review upon request. If you request confidentiality for all or a portion of your application, you must follow the process laid out in Iowa Administrative Code 561 IAC 2.5.

## **Proposal Outline:**

Proposals forms are included in this application and can be download at [SWAP Forms](#).

Proposals must be presented in the order identified below:

**Form A – Proposal Cover Sheet**

**Form B – Project Narrative** – text not to exceed 8 pages

**Form C – Project Timetable**

**Form D – Budget Summary**

**Form D – Budget Narrative**

**Form E – Comprehensive Planning Area Agency Review and Comment Form**

**Minority Impact Statement**

**Applicant Disclosure**

## **Proposal Submission Guidelines:**

Two (2) funding rounds are held each year. Proposals must be received by the time and date stated on Page 3 of these guidelines. Your proposal should contain sufficient detail for reviewers to visualize the project in its entirety. Applicants must:

- Submit a signed original, fully completed proposal to the Department of Natural Resources at the address on Page 3.
- Utilize forms contained in this booklet, photocopies thereof or downloaded at [SWAP Forms](#).
- Not exceed eight (8) single spaced pages of text (Form B). If double sided, each side counts as a page.
- Type proposals with text no smaller than 12-point type.
- Ensure margins are at least ½ inch wide.
- Staple proposals in the upper left-hand corner, and be otherwise unbound.

Strongly encouraged, but not required:

- Use of recycled content paper and double-sided printing
- Letters of support from community or project partners (not counted as part of the Project Narrative)

## **Proposal Review and Selection Process:**

Review of proposals will be conducted by a review committee comprised of staff from the Department of Natural Resources as well as members of the solid waste community (e.g., Iowa Society of Solid Waste Operators, Iowa Recycling Association, and the Iowa Waste Exchange). The review committee evaluates each application based on the criteria identified herein and the completeness of all application forms. The review committee forwards funding recommendations to Department leadership for approval.

## **Additional Information**

The Department may request additional information from applicants after reviewing the initial proposal. If additional information is requested, a time frame within which the Department must receive this information will be included. The proposal may be rejected if requested information is not submitted by the stated deadline and in the absence of a time extension agreed to by the Department. Review of any additional information will be conducted before final funding recommendations are made. A request for additional information does not guarantee funding.

**Application Submittal and Award Timetable:**

Completed applications must be signed and can be mailed, faxed or emailed to:

Tom Anderson  
Dept. of Natural Resources  
502 E. 9<sup>th</sup> Street  
Des Moines, Iowa 50319-0034  
[tom.anderson@dnr.iowa.gov](mailto:tom.anderson@dnr.iowa.gov)  
FAX: 515-725-8202

Applications must be received by 4:00 PM on the following dates.

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

The length of time from proposal review to fund availability will vary. Applicants should anticipate approximately 2 months.

**Project Cost Share Requirements:**

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

**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;
2. Collection, processing or hauling equipment including labor for installation;
3. Development, printing and distribution of educational materials;
4. Planning and implementation of education forums including, but not limited to workshops;
5. Materials and labor for construction or renovation of buildings;
6. Salaries directly related to implementation and operation of the project (not a high funding priority)

**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. Proposal preparation;
9. Agreement administration;
10. Land acquisition;
11. Office furniture, office computers, fax machines and other office furnishings and 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.

### **Financial Assistance Award:**

Use of this application is limited to applicant requests of \$10,000 or less. Financial assistance up to \$10,000 will be awarded as a forgivable loan under most circumstances. Funding recommendations made by the application review committee may include 0% or 3% loans even for projects requesting \$10,000 or less. When making such a recommendation, the review committee will consider, though not limited to, presence or absence of new landfill diversion and previous funding awarded to the applicant for the same/similar project without a corresponding increase in landfill diversion.

Forgivable loans will be forgiven only after the contractor has completed project milestones and activities as stated in the signed agreement or as amended. If the Department determines the contractor has not met project outcomes or failed to provide project deliverables as outlined in the application and the signed agreement, and the applicant fails to remedy the identified shortcomings within a specified period of time, the Department may require repayment of any or all financial assistance awarded to the applicant.

The Department will retain 10% from each claim for reimbursement until the Contractor has fulfilled all obligations as set out in the agreement between the Contractor and the Department, as determined by the Department. The Department will notify the Contractor of fulfilling all obligations of the agreement at which time a claim for retained funds may be made.

### **Agreement Requirements and Award Disbursement**

Applicants selected to receive financial assistance will enter into an agreement with the Department. The length of the agreement will vary depending on the type of project to be implemented. As part of this agreement, the recipient agrees to provide project updates and a final report as specified in the agreement. Reporting requirements include, but are not limited to, project expenditures, activities, and accomplishments. All information gained through the project will be considered public information and available to assist others in implementing similar projects.

Funds will be released on a **reimbursement basis** after a correctly completed Grant Expense Sheet and supporting documentation (i.e. invoice) has been received by the Department. **Project costs incurred prior to an executed agreement or costs not identified in the agreement budget are ineligible for reimbursement.**

The Department will retain a security interest in nonexpendable, tangible assets purchased with program funding assistance.

Items purchased with Solid Waste Alternatives Program funds **may not** be used as collateral in other financial transactions.

### **Financial Assistance Award Withdrawal**

The Department may at any time withdraw, in part or in whole, financial assistance under the following conditions:

- If at the time of the agreement meeting, the applicant negotiates to substantively alter the project as originally proposed;
- Project activities have not been initiated within 6 months of application submittal deadline;
- The applicant is not complying with terms and conditions of the signed agreement;
- It is determined the applicant is not in compliance with applicable local, state or federal statutes and regulations;
- Continued financial support by the State of Iowa is discontinued.

**Department of Natural Resources Contact**

For questions regarding the Solid Waste Alternatives Program, please contact:

Iowa Department of Natural Resources  
Land Quality Bureau  
502 East Ninth Street  
Des Moines, Iowa 50319  
FAX: 515-725-8202

Tom Anderson 515-725-8323  
[tom.anderson@dnr.iowa.gov](mailto:tom.anderson@dnr.iowa.gov)

OR

Amy Wilken 515-725-8349  
[amy.wilken@dnr.iowa.gov](mailto:amy.wilken@dnr.iowa.gov)

# PROPOSAL EVALUATION CRITERIA

All proposals will be reviewed based on the applicant's thoroughness in addressing identified evaluation criteria applicable to the proposed project. Points assigned to the evaluation criteria for each project total 100 points. The review committee shall evaluate each proposal and determine its merits based on the following criteria applicable to the proposed project.

## 1. Project Description – 50 points

- Describe the proposed project In terms of:

### Operations Related

- Describe type, source and amount of solid waste targeted
- Discuss operational efficiencies
- Discuss processing and/or storage capacity effects
- Describe differences from current solid waste management

### Education/Promotion Related

- Discuss planned presentations (i.e. audience(s), desired number in attendance, number of presentations planned, etc.)
- Describe desired audience behavioral changes resulting from presentations
- Describe type of education/public awareness materials to be developed and method of delivery
- Describe staff training
- Describe expected impacts

### General

- Describe amount/level of cost savings and how (i.e. landfill fees, transportation, staff time, reduced purchases, etc.)
- Describe amount/level of revenue generated resulting from the project
- Describe jobs created/retained and corresponding wage scale
- Describe sustainability of proposed project once implemented
- Describe project participants' experience and role in developing/implementing the proposed project
- Describe market effects and/or new markets developed

## 2. Identify project goals and objectives and describe steps to be taken to achieve project goals and objectives. – 25 points

## 3. Describe how you will measure meeting your goals and objectives. – 25 points

Narratives addressing the above evaluation criteria should be discussed on Form B – Project Narrative, in 8 pages or less.

# PROPOSAL FORMS

## SOLID WASTE ALTERNATIVES PROGRAM

### Small Project Application

The following pages contain the required forms to apply for funding through the Solid Waste Alternatives Program (SWAP) – Small Project Application. 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 <http://www.iowadnr.gov/FABA> and click on Solid Waste Alternatives Program.

SWAP – Small Project Application is intended to ease application requirements for projects requesting \$10,000 or less in funding assistance, while maintaining the intent of reducing the amount of solid waste generated and landfilled.

#### 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 complete application to the agency responsible for submitting a solid waste comprehensive plan to the Department of Natural Resources.
- A completed Form E should be attached to the application when submitted to the Department. If this is not possible, a completed Form E must be submitted no more than ten (10) days following the application submittal deadline to receive full consideration.
- To determine the appropriate agency visit the following websites:
  - Identifies the solid waste planning area your project is located
    - [Comprehensive Planning Area Descriptions](#)
  - Provides contact information for each solid waste planning area
    - [Comprehensive Planning Area Agency Contacts](#) – Select “Comprehensive Planning Contacts List” from the Report menu.

For assistance, contact Leslie Goldsmith of the Department (see page 18 for contact information).

- Applicants are encouraged to discuss proposed projects with their solid waste agency throughout the application process.

### 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 Amy Wilken at 515-725-8349 or [amy.wilken@dnr.iowa.gov](mailto:amy.wilken@dnr.iowa.gov) or Tom Anderson at 515-725-8323 or [tom.anderson@dnr.iowa.gov](mailto:tom.anderson@dnr.iowa.gov).

# 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:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[ ] 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.

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

**FORM D – BUDGET SUMMARY**  
**SOLID WASTE ALTERNATIVES PROGRAM**  
**Project Request of \$10,000 or Less**

Applicant Name: \_\_\_\_\_

ITEM AND QUANTITY	DNR REQUEST	APPLICANT CASH MATCH	TOTAL
TOTAL			

**Note:**

- Applicants are required to provide a minimum of 25% cash match for each budget line item in which SWAP funding assistance is requested.
- Applicants **MUST** submit a Form D – Budget Narrative detailing each item for which funding assistance is requested, why this item(s) was chosen and its role in the proposed project.

**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.**

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# 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 the solid waste comprehensive plan or Environmental Management System participant goals? Please elaborate.
2. Is the Agency aware of competitors for the targeted solid waste materials identified in the application? If yes, will the proposed project adversely affect the operations of the competing entity and how?
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. Are the landfill diversion figures proposed in the application consistent with the solid waste comprehensive plan figures or if the Agency is participating in the EMS Program, is the project consistent with EMS goals and objectives? If not, how are they inconsistent?





## 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 \_\_\_\_\_

## DEPARTMENT CONTACTS and RESOURCES

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

### Solid Waste Alternatives Program

Tom Anderson (515) 725-8323 [tom.anderson@dnr.iowa.gov](mailto:tom.anderson@dnr.iowa.gov)  
Amy Wilken (515) 725-8349 [amy.wilken@dnr.iowa.gov](mailto:amy.wilken@dnr.iowa.gov)

### Solid Waste Permitting

Nina Koger (515) 725-8309 [nina.koger@dnr.iowa.gov](mailto:nina.koger@dnr.iowa.gov)  
Mike Smith (515) 725-8314 [mike.smith@dnr.iowa.gov](mailto: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) 725-8323 [tom.anderson@dnr.iowa.gov](mailto:tom.anderson@dnr.iowa.gov)  
Scott Flagg (515) 725-8318 [scott.flagg@dnr.iowa.gov](mailto:scott.flagg@dnr.iowa.gov)

### Mobile Education Exhibit

Amy Wilken (515) 725-8349 [amy.wilken@dnr.iowa.gov](mailto:amy.wilken@dnr.iowa.gov)

### Comprehensive Solid Waste Plans / Responsible Agency

Laurie Rasmus (515) 725-8319 [laurie.rasmus@dnr.iowa.gov](mailto:laurie.rasmus@dnr.iowa.gov)  
Becky Jolly (515) 725-8308 [becky.jolly@dnr.iowa.gov](mailto:becky.jolly@dnr.iowa.gov)

### Solid Waste Environmental Management Systems Program

Leslie Goldsmith (515) 725-8319 [leslie.goldsmith@dnr.iowa.gov](mailto:leslie.goldsmith@dnr.iowa.gov)

### Household Hazardous Materials Programs

Kathleen Hennings (515) 725-8359 [kathleen.hennings@dnr.iowa.gov](mailto:kathleen.hennings@dnr.iowa.gov)  
Tom Anderson (515) 725-8323 [tom.anderson@dnr.iowa.gov](mailto:tom.anderson@dnr.iowa.gov)

### Pollution Prevention (P2) Services

Jeff Fiagle (515) 725-8353 [jeff.fiagle@dnr.iowa.gov](mailto:jeff.fiagle@dnr.iowa.gov)

### Derelict Building Grant Program

Scott Flagg (515) 725-8318 [scott.flagg@dnr.iowa.gov](mailto:scott.flagg@dnr.iowa.gov)

**Dept. of Natural Resources Homepage**  
[www.iowadnr.gov](http://www.iowadnr.gov)

**Financial and Business Assistance Homepage**  
[www.iowadnr.gov/faba](http://www.iowadnr.gov/faba)