

Reduce, Reuse, Repair, Micro-Grant 🌿

The Reduce, Reuse, Repair Micro-Grant provides grant awards from \$3,000 (minimum) to \$10,000 (maximum) to eligible businesses, non-profits, regional authorities, municipalities, and schools/colleges for short-term waste reduction projects (defined as projects lasting ≤1 year). Projects must focus on reducing waste by extending the life of products via **donation, sharing, rescue, reuse, and/or repair** in Massachusetts.

Recycling and composting initiatives are **not** eligible under this grant program. Organizations interested in funding for recycling or composting projects should consider other waste and recycling grants, loans, or technical assistance available from MassDEP.

More information about this grant is available at: <http://www.mass.gov/how-to/massdep-reduce-reuse-repair-micro-grant>

Submit all questions to Leah Kelleher at: leah.kelleher@mass.gov. Questions must be submitted in writing by 5:00 p.m., April 29, 2025. Answers will be posted on the Micro-Grant webpage on May 2, 2025, by 5:00 p.m. ET.

Instructions

- Read the **Grant Guidelines** in their entirety before applying: <https://www.mass.gov/doc/reduce-reuse-repair-micro-grant-guidelines-2025/download>
- Applications are due by 5:00 p.m. ET, May 15, 2025. Applications received after that time will not be reviewed.
- Award decisions will be made based on eligibility and evaluation criteria spelled out in the Grant Guidelines.
- Asterisks (*) indicate a required field



MassDEP

Department of Environmental Protection

Applicant Information

1

Organization name *

2

Contact person *

(First and last name)

3

Street address *

(Include unit, suite, P.O. box)

4

City *

5

State *

Use abbreviation (e.g., MA)

6

Zipcode *

7

Phone number *

(xxx) xxx-xxx

8

Email *

Please enter an email

9

Organization's website

Please enter a URL

10

Indicate the type of activity(ies) in your grant proposal. Select all that apply. *

☐ Reuse

☐ Repair

☐ Donation

☐ Sharing

☐ Rescue

11

Organization type *

☐ Municipality

☐ School/College/University

☐ Regional entity

☐ Organization or Business (for-profit or non-profit)

12

If regional entity, please certify the following statement *

☐ "I certify that the entity is recognized as a governmental body under Massachusetts General Law."

13

Registered with Secretary of State *

☐ Yes

☐ No

14

If yes, under what name *

15

EIN# *

16

Tax Law Compliance

For non-public entities only. Non-public entities include individuals, partnerships, and corporations (private, nonprofit, quasi-public, corporate body politic).

☐ The Contractor certifies under the pains and penalties of perjury: (1) tax compliance with federal tax laws; (2) tax compliance with state tax laws including, but not limited to, M.G.L. c. 62C, § 49A, reporting of employees and contractors, withholding and remitting of tax withholdings and child support; and (3) Contractor is in good standing with respect to all state taxes and returns due, reporting of employees and contractors under M.G.L. c. 62E, withholding and remitting child support including M.G.L. c. 119A, § 12, TIR 05-11, New Independent Contractor Provisions and applicable TIRs.

Project Proposal

We recommend saving your answers in a separate document for future reference. This form does not have a save function. If you leave this form your information will be lost.

17

Project title *

18

Summary of project and goals *

Please enter at most 3000 characters

19

Is this a regional project? *

☐ Yes

☐ No

20

Service/operational area (if regional) *

Please enter at most 500 characters

To answer the following question, see MassDEP's information on Environmental Justice Populations: <http://www.mass.gov/info-details/environmental-justice-populations-in-massachusetts>

21

Is this project serving an Environmental Justice Population? *

☐ Yes

☐ No

22

Specify which Environmental Justice Population you are serving. *

Please enter at most 500 characters

23

Project Justification *

What problem are you trying to address? What are the unmet needs/gaps in services? What is the demand for these services? How will the project meet these needs and the goals of this grant program?

Please enter at most 2500 characters

24

How will you measure the success of the proposed project? Please be specific. *

Please enter at most 1250 characters

25

Identify the key people involved in this project and their roles (limit 3). *

Please enter at most 500 characters

26

We are looking for projects that will be self-sustaining after an infusion of grant funds. How will this project be sustained after grant funding? *

Please enter at most 2000 characters

Describe how this project could be replicated. How might it foster reuse and/or repair throughout Massachusetts? *

Please enter at most 2000 characters

Sample

Work Plan and Timeline

Identify the major tasks or milestones for your project (including planning, outreach, purchases, workshops, submission of final report and deliverables, etc.) and the estimated timeframe for completion.

Build three (3) to five (5) months into your project proposal to account for the time needed for the evaluation, award, and contracting processes.

Note: All grant award contracts are expected to run for a term of approximately one year. Projects must be completed within approximately **one (1) year** of receiving a fully executed Standard Contract from MassDEP.

28

Task/Milestone 1 *

Please enter at most 500 characters

29

Approximate implementation date *

30

Do you have additional tasks/milestones? *

☐ Yes

☐ No

31

Task/Milestone 2

Please enter at most 500 characters

32

Approximate implementation date

33

Do you have additional tasks/milestones? *

☐ Yes

☐ No

34

Task/Milestone 3

Please enter at most 500 characters

35

Approximate implementation date

36

Do you have additional tasks/milestones? *

☐ Yes

☐ No

37

Task/Milestone 4

Please enter at most 500 characters

38

Approximate implementation date

39

Do you have additional tasks/milestones? *

☐ Yes

☐ No

40

Task/Milestone 5

Please enter at most 500 characters

41

Approximate implementation date

42

Do you have additional tasks/milestones? *

☐ Yes

☐ No

43

Task/Milestone 6

Please enter at most 500 characters

44

Approximate implementation date

45

Do you have additional tasks/milestones? *

☐ Yes

☐ No

46

Task/Milestone 7

Please enter at most 500 characters

47

Approximate implementation date



Project Budget

Include an itemized budget below, accounting for how requested grant funds will be used. Be specific as you list the items to be purchased, by including such information as quantity, type, installation fees, etc. If you are hiring temporary workers, include the rates and estimated number of hours.

The award amount will be based on project specifics, such as quotes, demonstrated need, and eligibility of expenses, as described in the Grant Guidelines. Include any matching funds for the project, including both "hard matches" (i.e., cash or equipment) and "soft matches" (i.e., in-kind services, existing staff). A match is preferred but not required.

See the Grant Guidelines for details on eligible expenses and how funds are distributed: <https://www.mass.gov/doc/reduce-reuse-repair-micro-grant-guidelines-2025/download>

48

Item(s) description 1 *

Please enter at most 500 characters

49

Grant funds *

Do not include dollar sign (\$)

The value must be a number

50

Match

The value must be a number

51

Do you have additional item(s) descriptions? *

☐ Yes

☐ No

52

Item(s) description 2

Please enter at most 500 characters

53

Grant funds

The value must be a number

54

Match

The value must be a number

55

Do you have additional item(s) descriptions? *

☐ Yes

☐ No

56

Item(s) description 3

Please enter at most 500 characters

57

Grant funds

The value must be a number

58

Match

The value must be a number

59

Do you have additional item(s) descriptions? *

☐ Yes

☐ No

60

Item(s) description 4

Please enter at most 500 characters

61

Grant funds

The value must be a number

62

Match

The value must be a number

63

Do you have additional item(s) descriptions? *

☐ Yes

☐ No

64

Item(s) description 5

Please enter at most 500 characters

65

Grant funds

The value must be a number

66

Match

The value must be a number

67

Do you have additional item(s) descriptions? *

☐ Yes

☐ No

68

Item(s) description 6

Please enter at most 500 characters

69

Grant funds

The value must be a number

70

Match

The value must be a number

71

Do you have additional item(s) descriptions? *

☐ Yes

☐ No

72

Item(s) description 7

Please enter at most 500 characters

73

Grant funds

The value must be a number

74

Match

The value must be a number

75

Do you have additional item(s) descriptions? *

☐ Yes

☐ No

76

Item(s) description 8

Please enter at most 500 characters

77

Grant funds

The value must be a number

78

Match

The value must be a number

79

Total grant funds requested *

Do not include dollar sign (\$)

Number must be between 3000 ~ 10000

80

Total matches *

The value must be a number

Optional Supporting Documents

Please send any supporting documents (e.g., letters of support, equipment quotes and specifications, mockups, etc.) to Leah Kelleher at leah.kelleher@mass.gov.

81

How did you hear about this grant program? *

Please enter at most 50 characters

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