



Massachusetts Department of Environmental Protection  
Reduce, Reuse, Repair Micro-Grant  
**2026 Application Worksheet**

**Grant applicants are encouraged to use this worksheet to prepare their application. This is not the official application. Applicants must apply using the online form posted on the [Reduce, Reuse, Repair Micro-Grant webpage](#).**

## **Instructions**

- [Read the Grant Guidelines](#) in their entirety before applying.
- Applications are due May 15, 2026, by 5:00 p.m. ET. 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.

## **Applicant Information**

Organization name \*

Contact person \*  
(First and last name)

Street address \*  
(Include unit, suite, P.O. box)

City \*

State \*  
Use abbreviation (e.g., MA)

ZIP code \*

Phone number \*

(xxx) xxx-xxxx

Email \*

Organization's website \*

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

Note: Recycling and composting projects are **not** eligible for this grant.

- Reuse
- Repair
- Donation
- Sharing
- Rescue

Organization type \*

- Municipality
- School, college, or university
- Regional entity
- Non-profit
- Business

If a regional entity, please certify the following statement: \*

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

Are you registered with the Massachusetts Secretary of State? \*

- Yes
- No

If yes, under what name? \*

EIN# \*

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 highly recommend saving your answers in a separate document for future reference. The application form does not have a save function. If you close the form, your work will be lost.

Project title \*

Please provide a summary of the project and its goals. \*

[Please enter at most 3,000 characters]

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

[Please enter at most 500 characters]

Is this a regional project? \*

- Yes
- No

Service/operational area (if regional) \*

[Please enter at most 500 characters]

## Benefits to Disadvantaged Communities

MassDEP is committed to supporting communities designated as Disadvantaged Communities through its public investments.

[Refer to the "Glossary of Terms" and "Evaluation Criteria" sections of the Grant Guidelines](#) for more information about this designation.

Will this project benefit a Disadvantaged Community? \*

- Yes
- No

Specify which Disadvantaged Community(ies) will benefit and how. \*

[Please enter at most 500 characters]

## Project Proposal (Continued)

Project Justification and Need \*

What problem(s) and/or challenge(s) 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 2,500 characters]

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

[Please enter at most 1,250 characters]

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 2,000 characters]

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

[Please enter at most 2,000 characters]

## 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 about six (6) months from the application deadline into your project timeline** to account for the time needed for MassDEP's evaluation, award, and contracting process.

Note: Projects must be completed within **one (1) year** of receiving a fully executed Standard Contract from MassDEP.

Task/Milestone 1 \*

[Please enter at most 500 characters]

Approximate implementation date \*

(MM/DD/YYYY)

Do you have additional tasks/milestones? \*

**Note:** The application will allow for up to seven (7) milestones in this section.

## Project Budget

Include an itemized budget below, accounting for how requested grant funds will be used. Be specific as you list items to be purchased by including quantity, type, installation fees, and other relevant details. 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.

[Refer to the Grant Guidelines](#) for details on eligible expenses and how funds are distributed.

Item(s) description 1 \*

[Please enter at most 500 characters]

Grant funds \*

Do not include dollar sign (\$)

Match

Do you have additional items(s) descriptions? \*

- Yes
- No

**Note:** The application will allow for up to eight (8) items in this section.

Total grant funds requested \*

Do not include dollar sign (\$)

Total matches \*

## **Optional Supporting Documents**

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

How did you hear about this grant program? \*

[Please enter at most 50 characters]