



ATTACHMENT 2

Unit-Based Pricing Program Application (Section 2)

If you have questions about this form, please contact Maritza Pagan at Maritza.Pagan@ct.gov.

Please complete the form below to apply for Section 2 **UBP Programs**. The table will expand to fit your responses, however if additional space is required, please attach additional sheets and include the heading of *Recycling Incentive Grants Application, UB Program - Supplemental Information* and the Applicant's legal name. Each corresponding question # must also be included.

1.	Request for funds is for: (select all that apply)	
	<input type="checkbox"/> Implementation of a New UB Program <input type="checkbox"/> Expansion of Existing UB Program <input type="checkbox"/> Curbside <input type="checkbox"/> Drop-off	
2.	Describe the implementation or expansion plan for UB in your municipality or region. Must include details on type of UB system (e.g., bags, tags, carts), type of collection systems (municipal contract, municipal collection, subscription, or drop-off), and estimated sizes and approximate pricing of units (attach additional sheets if necessary).	
3.	Why does the municipality or region want to implement or expand UB (attach additional sheets if necessary)?	
4.	Provide estimates of number of households and the percentage of total households in municipality or region that will use the UB program.	
	a. Implementation of a new UB program:	
	How many and what percentage of households in the municipality or region will be covered by the UB program?	
	How many and what percentage of town businesses will be covered by the UB program?	
	b. Expansion of existing UB program:	
	How many and what percentage of households and businesses are covered by your current UB program?	
	How many and what percentage of households and businesses will be covered by the expanded program?	

	Documentation for estimating percent usage must be provided.	
5.	Has UBP been approved by a governing body, mandated by local ordinance or approved by municipal referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enclose a copy of such approval.	
6.	Description of actions taken to date regarding the new or expanded UBP program (attach additional sheets if necessary). Also include any demonstrated support from key stakeholders. Describe (attach additional sheets if necessary): 	
7.	Has municipality/region encountered any barriers or opposition to implementation of UBP? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide brief description and how it was overcome (attach additional sheets if necessary). 	
8.	Describe your UBP program education and/or promotion plan (attach additional sheets if necessary). 	
9.	List designated project manager, municipal/regional staff, and volunteers that will be working on the UBP program.	
	Names and title:	
	Relevant experience:	
	Amount of time anticipated to be spent on implementation stage and operational stages of UBP program.	
10.	Describe how you will evaluate the program success, identify problems, and overcome challenges encountered (attach additional sheets if necessary). 	
11.	Provide proposed schedule for implementing UBP including major milestones. Identify any seasonal constraints or specific requirements for work scheduling. For example, work times may need to be coordinated with a school year calendar, observation of environmentally sensitive seasons, or the receipt of required authorizations. Applicants are encouraged to implement UBP program within a one year of contract start date. 	