

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY  
GRANT APPLICATION  
PART 1. GENERAL INFORMATION**

1. Name of Applicant Madison County Board of Supervisors
2. Address of Applicant 125 West North Street  
City Canton State MS Zip 39046-0608
3. Telephone No. of Applicant 601-855-5533
4. Contact Person Drew Ridinger
5. Address of Contact Person (if different than applicant) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. Telephone No. of Contact Person 601-855-5533
7. Email Address of Contact Person drew.ridinger@madison-co.com
8. Grant Request Category:  
\_\_\_\_\_ a. Local Government Solid Waste Assistance Grant (attach Part 2a)  
Competitive grant request   X   Non-Competitive grant request \_\_\_\_\_  
\_\_\_\_\_ b. Local Government Solid Waste Planning Grant (attach Part 2c)  
\_\_\_\_\_ c. Local Government Waste Tire Grant (attach Part 2b)
9. Descriptive Title of Project/Program Local Solid Waste Assistance Grant Fund
10. Describe the geographic area which the project/program will serve including the population to be served and list all political subdivisions to be served (e.g. counties, cities, etc.):  
Madison County, Flora, Canton, Ridgeland and Madison  
Population 109,145 (2020)
11. Is applicant in violation of or delinquent on, any condition of a previously awarded grant or loan from the MDEQ?  
\_\_\_\_\_ yes   X   no (If yes, please attach an explanation)
12. Certification
- To the best of my knowledge and belief, I certify that the information provided in this application including attachments is true, accurate, and correct. I further certify that I possess the authority to apply for this grant on behalf of the applicant.
- Gerald Steen  
Name of authorized representative (Please type or print)      Signature of authorized representative
- President, Madison County Board of Supervisors  
Title of authorized representative (Please type or print)      Date

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\_\_\_\_\_ c. Local Government Waste Tire Grant (attach Part 2b)
9. Descriptive Title of Project/Program Local Solid Waste Assistance Grant Fund  
Noncompetitive Allocation
10. Describe the geographic area which the project/program will serve including the population to be served and list all political subdivisions to be served (e.g. counties, cities, etc.):  
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12. Certification  
  
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Gerald Steen  
Name of authorized representative (Please type or print)      Signature of authorized representative  
President, Madison County Board of Supervisors  
Title of authorized representative (Please type or print)      Date

Mississippi Department of Environmental Quality  
Solid Waste Policy, Planning & Grants Branch  
P. O. Box 2261, Jackson, MS 39225  
Phone: 601-961-5171/Fax: 601-961-5785