## Region D Recycling & Waste Management District 2012 DISTRICT GRANT APPLICANT PROFILE

(You must complete this form (except for shaded areas)

SOLID WASTE MGMT DISTRICT Region D Recycling 8		PROJEC D2012 -	T NÚMBER	PROJECT NAME		,	
Management District							
NAME OF APPLICANT				FEDERAL ID OR SOCIAL SECURITY NUMBER			
ADDRESS (STREET, CITY, STATE, ZIIP, COUNTY)				TYPE OF ENTITY (NON PROFIT, PUBLIC ENTITY, INDIVIDUAL, BUSINESS)  □ Non-Profit □ Public Entity □ Individual □ Business			
PROJECT INFO	RMATIC	ON					
Project Type □Was	ste Reduc	tion □Rec	ycling Composting	☐Market Developme	nt □Educ	cation	
ESTIMATED TONNAGE DIVERTED (attach worksheet)				SPECIFIC WASTE (white goods, oil, yard waste, tires, household hazardous waste, electronics, etc.)			
BRIEFLY DESCRIBE SERVICES OR DUTIES IMPLEMENTED WITH THIS PROJECT AND ATTACH EXECUTIVE SUMMARY AND TASKS FROM APPLICATION OR SPECIFY PAGE NUMBER(S) WHERE EXECUTIVE SUMMARY AND TASKS ARE LOCATED.							
APPLICANT INF							
Official authorized to sign for the applicant			Project Manager				
Title			Title				
Address				Address			
City	State		Zip	City	State		Zip
Phone		Fax	1	Phone		Fax	1
E-mail				E-mail			
Amount requested by district			Amount of match to be provided by applicant				
Project start date* July 1, 2011				Project end date June 30, 2012			
HAS APPLICANT PREVIOUSLY RECEIVED GRANT FUNDING? List project number(s) and awarded/disbursed/carryover amount(s).							
Project Number		Funding Awarded (\$)		Disbursed			Carryover

<sup>\*</sup>Project cannot begin until final approval is provided by the Missouri Department of Natural Resources.

## Region D Recycling & Waste Management District 2012 ADDITIONAL INFORMATION APPLICANT PROFILE

1. Indicate any other affiliated local, state or for	ederal agencies involved in this project:
2. Use of Funds:	
Equipment and Associated Cost	S
Materials and Labor for Constru	
Professional Services	
Laboratory Analysis Costs	
Salaries Directly Related to Proj	iect
Development/Distribution of Ed	
Development/Implementation or	
Overhead Costs Related to Project	
Travel Expense Related to Proje	
Other (Please Explain)	
3. Project Status. This project is:	
A current business expansion	
A new business	
A completely new venture for an	n existing business
Other	
4. Willingness to accept partial funding	
Yes	
ics No	
110	
5. Job creation: Grantee project will	
Create how many jobs	
Retain how many jobs	
No change in job creation or rete	ention.
6. By signing this document, the applicant certigrant application is true and conforms to the ap	-
Signature of Authorized Applicant Official	Date
Printed name	
Signature of Project Manager	Date
Printed name	

## Region D Recycling & Waste Management District 2012 DISTRICT GRANT BUDGET FORM

SOLID WASTE MGMT. DISTRICT	PROJECT NUMBER	PROJECT NAME
Region D Recycling & Waste	D2012 -	
Management District		

FISCAL YEAR DISTRI	CT SUBGRANTEE PROJ	ECT BUDGET		
	REQUESTED FUNDS			TOTAL FUNDS
1. PERSONNEL – List	each employee paid wit	h grant funds.		
Example: John Doe, 2,080 hours @ \$15/hr.	\$31,200			
	\$	\$		\$
	\$	\$		\$
2. FRINGE BENEFITS				
	\$	\$		\$
3. CONTRACTUAL SE	RVICES – List each pro		paid with grant funds	
	\$	\$		\$
	\$	\$		\$
4. EQUIPMENT – List	equipment to be purcha	sed with grant funds.		
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
5. SUPPLIES				
	\$	\$		\$
	\$	\$		\$
6. TRAVEL				
	\$	\$		\$
	\$	\$		\$
7. OTHER - List all ot	her items to be paid with	n grant funds.	,	
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
TOTAL BUDGET –				
	\$	\$		\$
Percent of Total				

Provide budget notes detailing each request for grant funds. Provide supporting documentation for any item costing \$5,000 and over.