



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM
DISTRICT GRANT APPLICATION FORM

DISTRICT NAME	MAILING ADDRESS	CITY/STATE/ZIP
PHONE	FAX	E-MAIL

FISCAL YEAR INFORMATION

Submission number: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Fiscal Year:
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1. Region Identification Letter (A-T)	2. Number of projects this submission
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3. District chairperson's name

4. Total Grant Request (Column 4 of Project Request Summary)	+\$
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5. Total District Carryover Request (Column 5 of Project Request Summary)	-\$
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6. Total Interest Income Request (Column 6 of Project Request Summary)	-\$
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7. Total Program Income Request (Column 7 of Project Request Summary)	-\$
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8. Amount of FISCAL YEAR 20__ DNR Allocation Requests (Column 8 of Project Request Summary)	=\$
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I hereby certify that the district executive board has evaluated and ranked applications according to established state and district requirements (attach aggregate ranking). I hereby certify that the information provided in the application(s) is true and correct and conforms to all state and department of natural resources, solid waste management program requirements.

District Chairperson Signature

Date

DEPARTMENT USE ONLY

Most recent district audit report provided to the department (180 days following end of fiscal year.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Financial statement audit for the period ending:	
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Return this form to: Missouri Department of Natural Resources Solid Waste Management Program P.O. Box 176 Jefferson City, MO 65102-0176
