MISSOURI DEPARTMENT OF NATURAL RESOURCES
ENERGY CENTER

Energize Missouri Renewable Energy

Study Subgrants Application Form

APPLICANT INFORMATION

Applicant/Organization Name:_____

Application category: ☐ **For profit organization** ☐ **Not-for-profit organization** ☐ **University/college**

☐ **Government** ☐**Individual** ☐ **Sole proprietor** ☐ **Partnership** ☐ **Other_____**

FEDERAL EMPLOYER ID NUMBER (OR SSN FOR INDIVIDUALS)	DUNS NUMBER	
MAILING ADDRESS		
CITY	STATE	ZIP + 4
CONTACT NAME	TITLE	
TELEPHONE	E-MAIL ADDRESS	
FAX	APPLICANT'S WEBSITE	PERCENTAGE Match as % of total= %

PROJECT TITLE

Applicant's Project Title:

PROJECT DESCRIPTION

Brief project description:

PROJECT COSTS

SUBGRANT REQUESTED	MATCHING FUNDS	TOTAL PROJECT COST
$	$	$

PROJECT DETAILS

1. Is applicant the sole source of matching funds for the proposed project? ☐ Yes ☐ No

If no, please name all entities providing match:

2. Has applicant applied for or received funding from any state administered program since 1/1/2009? ☐ Yes ☐ No

If yes, name the state agency and the amount of funds received:

If yes, are those funds to be used as match for this project? ☐ Yes ☐ No

3. Will the applicant be able to complete the proposed project by 6/30/2011? ☐ Yes ☐ No

4. Are the applicant and any significant participant(s) in compliance with Missouri's tax and environmental regulatory requirements? ☐ Yes ☐ No

If no, please explain:

RENEWABLE ENERGY RESOURCES AND PROJECT TYPES

To complete this section, refer to Section 2.2 of the Request for Proposals: Eligible Renewable Energy Resources and Technologies and Section 2.3 Eligible Projects.
The proposed project is most representative of the following focus area(s):

Renewable energy resources type (select no more than two of the following):

☐ A. Biomass ☐ B. Biogas ☐ C. Municipal solid waste or scrap tires ☐ D. Solar ☐ E. Wind

☐ F. Geothermal ☐ G. Low head hydro ☐ H. Commercial / Industrial waste / byproduct streams

☐ I. Others (brief explanations)_____

Project type:

☐ Renewable energy resources assessment ☐ Feasibility study of renewable energy project

APPLICANT SIGNATURE	TITLE
PRINTED NAME	DATE
MAIL COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTATION TO:	*Energize Missouri Renewable Energy Study Subgrants* Attn: Kay Johannpeter, Division of Energy Missouri Department of Natural Resources 1101 Riverside Drive Jefferson City, MO 65101

FOR ADMINISTRATIVE USE ONLY:

Received date:	Application ID number:	Approved Date: