



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOLID WASTE MANAGEMENT PROGRAM  
**SHELTERED WORKSHOP RECYCLING  
GRANT APPLICATION**



**APPLICANT INFORMATION**

|  |                            |   |  |
|--|----------------------------|---|--|
| LEGAL NAME OF ORGANIZATION:                      |                            | FEDERAL TAX ID NUMBER:  |  |
| ADDRESS (STREET, CITY, COUNTY, STATE, ZIP CODE): |                            | RESOLUTION OF SHELTERED WORKSHOP BOARD ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| CONTACT NAME (PROJECT MANAGER):                  |                            | TITLE OF CONTACT:   |  |
| TELEPHONE NUMBER WITH AREA CODE:                 | FAX NUMBER WITH AREA CODE: | PROJECT MANAGER EMAIL ADDRESS:  |  |

**PROJECT INFORMATION**

|   |                                  |                    |
|---|----------------------------------|--------------------|
| TYPE OF PROJECT: (CHECK ONE) <input type="checkbox"/> EQUIPMENT USED FOR RECYCLING <input type="checkbox"/> TECHNICAL ASSISTANCE FOR RECYCLING SERVICES |                                  |                    |
| DESCRIPTIVE TITLE OF PROJECT:   | PROPOSED START DATE:             | PROPOSED END DATE: |
| PROJECT LOCATION:   |                                  |                    |
| AREAS AFFECTED BY PROJECT:  | POPULATION OF AREA TO BE SERVED: |                    |
| ESTIMATED TONNAGE DIVERTED AS A RESULT OF THIS PROJECT:   | TYPE OF WASTE TO BE DIVERTED:    |                    |
| FUNDING REQUESTED (\$):   | TOTAL PROJECT COST (\$):         |                    |

**PROJECT NARRATIVE**

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**PROJECT NARRATIVE (Continued)**

**PROJECT BUDGET**

Budget Summary: Provide a summary of the total budget for the proposed project. Grant funds are eligible for purchasing equipment and technical assistance services. For equipment costing more than \$5,000 provide, at a minimum one price quote. The budget summary will be used as the basis for the grant agreement and reflects the maximum amount for which the grantee may be eligible for reimbursement.

| <b>BUDGET CATEGORY</b>        | <b>FUNDING REQUESTED</b> | <b>FUNDING FROM OTHER SOURCES</b> | <b>TOTAL COSTS</b> |
|-------------------------------|--------------------------|-----------------------------------|--------------------|
| EQUIPMENT                     |                          |                                   |                    |
| SUPPLIES                      |                          |                                   |                    |
| CONTRACTUAL/PROFESSIONAL FEES |                          |                                   |                    |
| OTHER (SPECIFY)               |                          |                                   |                    |
| <b>TOTALS</b>                 |                          |                                   |                    |



