STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM

DISTRICT GRANT APPLICATION AND FUNDING REQUEST FORM

REGION IDENTIFICATION (A-T):	DISTRICT CHAIRPERSON'S NAME:	PAGE OF
DISTRICT NAME:	NUMBER OF PROJECTS THIS SUBMISSION:	DISTRICT'S FEDERAL ID FISCAL YEAR :

1 PROJECT NUMBER	2 DO, PI or CC	3 AREA SERVED	4 TOTAL PROJECT AWARD	5 DISTRICT CARRYOVER (At District)	6 INTEREST INCOME (At District)	7 PROGRAM INCOME (At District/ Subgrantee)	8 DNR REMITTABLE ALLOCATION
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		TOTAL	$0.00	$0.00	$0.00	$0.00	$0.00
						9 CUMULATIVE YEAR TO DATE DO AND PI	

EXECUTIVE BOARD CERTIFICATION

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

MO 780-2165 (03-12)