



Solid Waste Management District Grant Application Instructions for Form 780-1990

Solid Waste Management District Name

This is the official name of the Solid Waste Management District. The department recommends the official name of the district appear on each document submitted.

Mailing address

Please list the mailing address for the Solid Waste Management District.

City/State/Zip

Please supply the Solid Waste Management District's mailing city, state and ZIP code.

Solid Waste Management District's phone, fax and e-mail addresses

This information should be entered for the Solid Waste Management District's administrative office.

Submission number

Please indicate with an X in the box next to the number of the District's submission (1-6.)

Fiscal Year

Indicate the state fiscal year for which the application is being submitted.

1. Region Identification Letter (A-T)

Fill in the letter assigned to the Solid Waste Management Region.

2. Number of Projects This Submission

Fill in the number of project that will be included in this submission.

3. District Chairperson's Name

Fill in the name of the Executive Board Chairperson.

4. Total Grant Request

Using the Project Request Summary Excel[®] spreadsheet row 4, indicate the total amount of funds requested for grants in dollars.

5. Total District Carryover Request

Using the Project Request Summary Column 5, indicate the total amount of carryover requested in dollars.

6. Total Interest Income Request

Using the Project Request Summary Column 6, indicate the total amount of interest income in dollars.

7. Total Program Income Request (Column 7 of PRS)

Using the Project Request Summary Column 7, indicate the total amount of program income in dollars.

8. Amount of Fiscal Year 20__ Department Natural Resources Allocation Requests

Indicate the fiscal year for which the allocation request is being made, and using the Project Request Summary Column 8, indicate the total amount of department Allocation being requested in dollars.

After carefully completing the form, the District Chairperson is responsible for signing the bottom of the form. The last two rows are for department use only, do not fill in this part of the form.

For More Information

Missouri Department of Natural Resources

Solid Waste Management Program

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573-751-5401, 573-526-3902 fax

www.dnr.mo.gov/env/swmp/index.html