



District Grant Subgrantee Profile and Plan Implementation Budget Application Instructions for Form 780-1991

1. **Region Identification (A-T)** – Fill in the letter assigned to the Solid Waste Management Region.
2. **Project Number** – List the number assigned to the project being submitted on this form.
3. **Project Name** – Fill in the name assigned to the project being submitted on this form.
4. **Name of Applicant** – Fill in the official name of the Subgrantee.
5. **Federal ID or Social Security Number** – Fill in the federal taxpayer identification number for a business or entity, or the federally issued Social Security Number for the applicant in the space provided.
6. **Mailing address** – List the applicant's mailing address including city, state, ZIP code and county.
7. **Type of Entity (Non-Profit, Individual, Public Entity or Business)** – Using an X or a √ in the box provided, indicate if the entity is a Non-profit, an individual, a public entity or a business.

Project Information

8. **Project Type** - Use an X or a √ in the box provided to indicate if the project is targeted as Waste Reduction (WR), Recycling (RE), Composting (CO), Market Development for Recyclables (MD), Education (EDU) or Plan Implementation (PI).
9. **A. Estimated Tonnage Diverted** – Fill in the estimated amount of tonnage to be diverted by the project in the space provided.
B. Other Quantifiable Measure – Fill in a quantifiable measure for projects that do not generate tonnage. An example is the number of students attending a training session.
C. Jobs Created – Fill in the number of jobs to be created as a direct result of this project.
D. Jobs Retained – Fill in the number of jobs retained as a direct result of this project.
10. **Specific Waste (white goods, oil, yard waste, tires, HHW, electronics, etc.)** – Identify the types of waste materials that will be diverted by the project.
11. **Project Description** – Describe the project in 1,000 characters or less in the space provided. The full application should be attached behind the completed form.

Applicant Information

- 12. Official authorized to sign for the applicant** – Provide the name of the person designated to sign for the grant applicant.
- 13. Title** – Fill in the official title of the authorized official named in Item 12.
- 14. Address** – List the mailing address for the authorized official. The department will use this information to send official notices concerning the project.
- 15. - 17. City/State/ZIP**– List mailing city, state, and ZIP code of the authorized official.
- 18. - 20. Telephone/ Fax/ Email** – List the telephone number, fax number and email where the authorized official may be reached.
- 21. Project manager** – Fill in the name of the project manager in the space provided.
- 22. Title** – Fill in the official title of the project manager named in Item 21.
- 23. Address** – List the mailing address for the project manager. The department will use this information to send official notices concerning the project.
- 24. – 26. City/State/ZIP** – List mailing city, state and ZIP code of the project manager.
- 27. – 29. Telephone/ Fax/ Email** – List the project manager’s telephone number, fax number and email.

Grant Information

- 30. Amount awarded by district** – Fill in the amount of funds to be awarded by the Solid Waste Management District for the project.
- 31. Amount of district match to be provided by applicant** – Fill in the amount of funds the applicant will provide as match for the project.
- 32. Project start date** – Fill in the official starting date of the project.
- 33. Project end date** – Fill in the official ending or completion date of the project.

Has applicant previously received district grant funding?

- 34. – 37.** In the spaces provided, list previous district grant funded projects. Include project numbers, funding awarded in dollars, disbursed and carry over for the past five fiscal years. Attach additional sheets if necessary.

Part Two – Fiscal Year District Subgrantee Project Budget

- 1. Region Identification (A-T)** – Fill in the letter assigned to the Solid Waste Management Region.
- 2. Project Number** – List the number assigned to the project being submitted on this form.
- 3. Project Name** – Fill in the name assigned to the project being submitted on this form.
- 4. Personnel – (List each employee.)** Fill in the employee's name, hours and hourly rate, the funds requested and total funds in the space provided. As an example: John Doe, 2,080 hours at \$10 per hour. Attach additional sheets if necessary.
- 5. Fringe Benefits** – Fill in the fringe benefits associated with the employees in Item 4 along with the fringe benefit rate expressed as a percentage, the funds requested and total funds. If all employees receive fringe benefits at the same percentage rate, you may list the percentage and a single line containing funds requested and total funds. Attach additional sheets as necessary.
- 6. Contractual Services (list each professional service being paid with state grant funds.)** Using the spaces provided, list any contractual services planned in the space provided, the requested funds, and total funds. Attach additional sheets if necessary.
- 7. Equipment** - List equipment to be purchased in the spaces provided. A definition of equipment is available in the General Terms and Conditions.
- 8. Supplies** – Using the spaces provided list supplies to be purchased. Attach additional sheets as needed.
- 9. Travel** – List all travel related expenses to be paid for. Attach additional sheets as necessary.
- 10. Other** - list any other items not listed above. Attach additional sheets as necessary.
- 11. Total Direct Charges** – List the sum of each Item 4 - 10 in the appropriate column. Requested funds, match funds, match-in-kind, and total funds to be paid with state grant funds in the spaces provided.
- 12. Indirect charges** – In the space provided, list any indirect charges. Attach additional sheets if necessary.
- 13. Total Budget** – This is the sum of Items 11 plus 12. List the total budget in the spaces provided.

Return this form to:

Missouri Department of Natural Resources
Solid Waste Management Program
P.O. Box 176
Jefferson City, MO 65102-0176

For More Information

Missouri Department Of Natural Resources
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