



Fiscal Year District Operations Grant Profile and Budget Form Instructions for Form 780-1992

- 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 District Operations Grant.
- 3. Fiscal Year** – Indicate the state fiscal year for which the application is being submitted. The state fiscal year is July through June.
- 4. 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.
- 5. Total Amount Requested for District Operations** – Provide the amount of funding the district is requesting for district operations from the department.
- 6. Amount, if any, of District Local Match Provided** – Provide the amount of local match, if any, to be provided by the district.
- 7. Executive Summary and Identification of Attachments** – Provide an executive summary of the services/duties implemented with this project and as Attachment 1 attach either a copy of the administrative contract or provide a detailed narrative if the district has its own employees.

Fiscal Year District Operation Grant Budget

Provide the following information to complete the district operations budget for the fiscal year.

- 8. Personnel (list each employee)** – Using the example provided on the form, fill in the employee's name, hours, rate, funds requested by type and total funds in the space provided. Attach additional sheets if necessary.
- 9. Fringe Benefits** – Fill in the fringe benefits associated with the employees in Item 1 in the spaces provided. If the fringe benefit percentage rate for all employees is the same, identify the percentage, total funds requested by type and total funds or if the fringe benefit percentage rate varies between employees identify the fringe benefits by each employee, funds requested by type and total funds. Attach additional sheets if necessary.
- 10. Contractual Services** – Using the spaces provided, list contracted services planned. Attach additional sheets if necessary. Copies of fully executed contracts are required to be submitted to the department.
- 11. Equipment** – List equipment to be purchased in the spaces provided. The definition of equipment may be found in the General Terms and Conditions.

- 12. Supplies** – List supplies to be purchased in the spaces provided. Attach additional sheets if necessary.
- 13. Travel** – List all travel related expenses to be paid for in the spaces provided. In-state and out-state travel should be identified separately in the spaces provided. Attach additional sheets, if necessary.
- 14. Other** – List all other items not identified above to be paid for in the spaces provided. Attach additional sheets if necessary.
- 15. Total direct charges** – List the sum of each Item 8-14 in the appropriate column. Requested Funds (state grant funds), Match Funds or In-kind and Total in the spaces provided. Attach additional sheets if necessary.
- 16. Indirect charges** – List all indirect charges to be paid in the spaces provided. Attach additional sheets if necessary.
- 17. Total budget** – This is the sum of 8 plus 9, 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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P.O. Box 176
Jefferson City, MO 65102-0176
573-751-5401
www.dnr.mo.gov