

Mid-Missouri Solid Waste Management District Grant C
for

Item #5

Project Name: _____

Grant #: _____

Grant Recipient: _____

Date: _____

I have discussed the following items with the Solid Waste District in which my project is located.

(Check each item discussed with district representative as applicable)

1. Quarterly and Final Report Requirements due on 10/21/08, 1/21/09, 4/21/09 and 7/21/09 -Final using the form supplied. Final report is due 21 days after project completion. _____
2. Reimbursement protocol described in the Agreement using MMSWMD invoice is understood. _____
3. Match requirements described in the Agreement are understood. _____
4. MMSWMD retains 15% of grant funds until project is complete, and retains 25% of total project expenditures _____
5. Subgrantee must try to solicit bids from MBE/WBEs, (when applicable). _____
6. MMSWMD holds a lien on equipment over \$5,000 in value equal to our grant funds that depreciates 25% each year and will require inventory stickers on equipment over \$500 in value and on outdoor recycling containers (when applicable). Proof of insurance must be furnish prior to reimbursement. _____
7. Subgrantee will credit MMSWMD and MDNR in signs, advertisements or press releases concerning this project _____
8. Subgrantee has received a full copy of the MDNR General Terms and Conditions (effective 10/31/07) from the MMSWMD Office, electronically or as a hard copy. _____

ADDED
←

Signature of Grant Recipient's Project Manager

Signature of MMSWMD Coordinator

RECEIVED BY
NOV 19 2008
SWMP OPERATIONS



ACORD EVIDENCE OF COMMERCIAL PROPERTY INSURANCE		DATE (MM/DD/YYYY) 06/05/2008
THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.		
PRODUCER NAME, CONTACT PERSON AND ADDRESS Metzler Bros. Insurance 215 W. Pershing Rd., Ste 500 P. O. Box 410619 Kansas City MO 64141-0619	PHONE (A/C, No, Ext): 816-421-6116 FAX (A/C, No): 816-421-3113 E-MAIL ADDRESS:	COMPANY NAME AND ADDRESS Philadelphia Indemnity Ins. Co 20201 E. Jackson Drive Ste 470 Independence MO 64057 IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH
CODE: AGENCY CUSTOMER ID #: UNLIM-1 NAMED INSURED AND ADDRESS Unlimited Opportunities, Inc. Pat Gerling P.O. Box 239 Boonville MO 65233	SUB CODE: LOAN NUMBER POLICY NUMBER PHPK309785 EFFECTIVE DATE 05/16/08 EXPIRATION DATE 05/16/09 CONTINUED UNTIL TERMINATED IF CHECKED	THIS REPLACES PRIOR EVIDENCE DATED:
ADDITIONAL NAMED INSURED(S)		

PROPERTY INFORMATION (Use additional sheets if more space is required)

LOCATION/DESCRIPTION 001 1620 Ashley Rd Boonville MO 65233	Offices, Workshop in bldg 1, Day Habilitation at bldg 2. Location includes storage shed and two unattached awnings.
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COVERAGE INFORMATION

CAUSE OF LOSS FORM	<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD	<input checked="" type="checkbox"/> SPECIAL	<input type="checkbox"/> OTHER
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 400,000			DED: 1,000
BUSINESS INCOME / RENTAL VALUE	YES	NO	If YES, LIMIT: Actual Loss Sustained # of months:	
BLANKET COVERAGE	If YES, indicate amount of insurance on properties identified above: \$			
TERRORISM COVERAGE	Attach signed Disclosure Notice / DEC			
IS COVERAGE PROVIDED FOR "CERTIFIED ACTS" ONLY?	YES	NO	If YES, SUB LIMIT: DED:	
IS COVERAGE A STAND ALONE POLICY?	YES	NO	If YES, LIMIT: DED:	
DOES COVERAGE INCLUDE DOMESTIC TERRORISM?	YES	NO	If YES, SUB LIMIT: DED:	
COVERAGE FOR MOLD	YES	NO	If YES, LIMIT: DED:	
MOLD EXCLUSION (If "YES", specify organization's form used)				
REPLACEMENT COST				
AGREED AMOUNT				
COINSURANCE	YES	NO	If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	YES	NO	If YES, LIMIT: DED:	
LAW AND ORDINANCE - Coverage for loss to undamaged portion of building	YES	NO	If YES, LIMIT: DED:	
- Demolition Costs	YES	NO	If YES, LIMIT: DED:	
- Incr. Cost of Construction	YES	NO	If YES, LIMIT: DED:	
EARTHQUAKE (If Applicable)	YES	NO	If YES, LIMIT: DED:	
FLOOD (If Applicable)	YES	NO	If YES, LIMIT: DED:	
WIND / HAIL (If Separate Policy)	YES	NO	If YES, LIMIT: DED:	
PERMISSION TO WAIVE SUBROGATION PRIOR TO LOSS				

REMARKS - Including Special Conditions (Use additional sheets if more space is required)

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW _____ DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS MMSSWMD Cindy Jolley, Dist Coordinator PO Box 605 Columbia MO 65205	LENDER SERVICING AGENT NAME AND ADDRESS <div style="text-align: right;"> RECEIVED BY NOV 19 2008 SWMP OPERATIONS </div> AUTHORIZED REPRESENTATIVE 
MORTGAGEE <input checked="" type="checkbox"/> Faxed to 573-874-7526 LOSS PAYEE <input type="checkbox"/>	

FACTORY MUTUAL INSURANCE COMPANY

Blanket Policy
Grants, - 2006004, 2006005,
2006007

540 Maryville Centre
Suite 400
St. Louis, MO 63141
314-453-9660

POLICY INFORMATION FORM

This Policy Information Form confirms the stated coverage as of the date issued and does not amend, extend or alter the coverage offered by the policies listed herein.

TITLE OF INSURED:

CITY OF COLUMBIA, MISSOURI

Policy No: FM426

Effective: 01-Oct-2007

Account No: 1-37838

Expires: 01-Oct-2008

Description & Location of Property Covered:

Real and Personal Property
City/County Building Daniel Boone Building
701 East Broadway
COLUMBIA, MO 652056015

Index No: 069556.75
Ins Loc: 7

COVERAGE IN FORCE: (Subject to limits of liability, deductibles and all conditions in the policy)

Insurance Provided:
PROPERTY DAMAGE

Peril:
ALL RISK

Limit of Liability:
\$5,000,000

THIS POLICY INSURES THE FOLLOWING KINDS OF PROPERTY:

Real Property in which the Insured has an insurable interest

Personal Property owned by the Insured

Personal Property, other than motor vehicles; of officers and employees of the Insured

Personal Property of others in the custody of the Insured, which the Insured is under obligation to keep insured for physical damage of the type insured against under this policy.

Property consisting of:

Vehicles 1644, 1954 and 1879

Actual Cash Value Applies

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NOV 19 2008

SWMP OPERATIONS

Mailing:

ATTN: SARAH PERRY
CITY OF COLUMBIA
701 EAST BROADWAY
COLUMBIA, MO 65205

AMA

PIF Number: 00009-001

BY Jennifer K. Smith 7/31/08
Authorized Signature/Date
Jennifer K Smith 31-Jul-2008