



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOLID WASTE MANAGEMENT PROGRAM  
**SOLID WASTE MANAGEMENT DISTRICT ANNUAL REPORT**

<b>1. REGION IDENTIFICATION (A-T)</b>	<b>2. SOLID WASTE MANAGEMENT DISTRICT NAME</b>	<b>3. FISCAL YEAR PERIOD:</b> FROM JULY 1,                      TO JUNE 30,
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**GOALS AND ACCOMPLISHMENTS**

**4. (A) WHAT WASTE REDUCTION GOALS DID THE DISTRICT HAVE FOR THE MOST RECENTLY COMPLETED FISCAL YEAR AND WHAT ACTIONS DID THE DISTRICT TAKE TO ACHIEVE THESE GOALS?**

**4. (B) WHAT WASTE REDUCTION GOALS DOES THE DISTRICT HAVE FOR THE UPCOMING FISCAL YEAR? WHAT ACTIONS ARE PLANNED TO ACHIEVE THESE GOALS? INCLUDE THE TYPES OF GRANT PROPOSALS THAT HAVE BEEN IDENTIFIED TO ASSIST IN MEETING THESE GOALS.**

**5. (A) WHAT RECYCLING GOALS DID THE DISTRICT HAVE FOR THE MOST RECENTLY COMPLETED FISCAL YEAR AND WHAT ACTIONS DID THE DISTRICT TAKE TO ACHIEVE THESE GOALS?**

- 1.
  
  
  
  
  
  
  
  
  
  
- 2.







**11. DESCRIBE YOUR DISTRICT'S GRANT PROPOSAL EVALUATION PROCESS.**

**12. BOARD AND COUNCIL MEMBERS**

NAME <input type="checkbox"/> BOARD <input type="checkbox"/> COUNCIL	ADDRESS		
REPRESENTATIVE OF <input type="checkbox"/> COUNTY <input type="checkbox"/> PUBLIC <input type="checkbox"/> CITY <input type="checkbox"/> OTHER: _____	CITY	STATE	ZIP CODE
	TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	

OFFICIAL TITLE:	E-MAIL
OFFICER <input type="checkbox"/> CHAIR <input type="checkbox"/> VICE-CHAIR <input type="checkbox"/> SECRETARY <input type="checkbox"/> TREASURER <input type="checkbox"/> OTHER _____	

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