Please print in ink or type to fill out the form. An electronic fillable version is available on the department's Web site at www.dnr.mo.gov/forms/index.html

1. **Solid Waste Management District Name**
The official name of the Solid Waste Management District. The department recommends the official name of the district appear on each document submitted.

2. **Fiscal Year Period**
Indicate the state fiscal year in which the application is being submitted for approval. The state fiscal year runs from July 1, 200x to June 30, 200y, where ‘y’ represents the state fiscal year.

3a. **What waste goals did the district have for the fiscal year period and what actions did the district take to achieve their goals?**
Indicate goals the district plans to implement and what actions they plan to take. You may attach additional sheets as needed.

3b. **What waste goals does the district have for the upcoming fiscal period and what actions does the district plan to take to achieve these goals? Please include the types of grant proposals that will be sought for the upcoming period to assist in meeting these goals.**
Indicate goals the district plans to implement and what actions they plan to take. You may attach additional sheets as needed.

4a. **What recycling goals did the district have for the fiscal year period and what actions did the district take to achieve their goals?**
Indicate recycling goals and to indicate actions the district took to implement the goals. Please print in ink or type. You may attach additional sheets as needed.

4b. **What recycling goals does the district have for the upcoming fiscal year period and what actions does the district plan to take to achieve these goals? Please include the types of grant proposals that will be sought for the upcoming period to assist in meeting these goals.**
Indicate goals for the upcoming fiscal year and actions the district plans to take. You may attach additional sheets as needed.

5a. **What resource recovery goals did the district have for the fiscal year period and what actions did the district take to achieve their goals?**
Indicate resource recovery goals the district had for the previous fiscal year and what actions were taken to achieve these goals. You may attach additional sheets as needed.
5b. What resource recovery goals does the district have for the upcoming fiscal year period and what actions does the district plan to take to achieve these goals? Please include the types of grant proposals that will be sought for the upcoming period to assist in meeting these goals.

Indicate resource recovery goals the district has for the upcoming fiscal year and what actions the district plans to take to achieve these goals. You may attach additional sheets as needed.

6. Summarize the types of projects and results for the fiscal year.

Use the rows and columns provided to indicate the number of projects resulting in tonnage diversion from landfills, the cost of the project, number of tons diverted, average cost per ton diverted and provide a brief narrative of measurable outcomes achieved. Additional sheets may be attached as necessary.

7. Summarize projects not resulting in tonnage diversion.

Use the rows provided to list projects that did not result in tonnage diversion and their corresponding costs. Also use the space below for measurable outcomes achieved for these projects. Additional sheets may be attached as necessary.

8. Identify separate statistics for items banned from landfills.

Use the spaces provided to list projects resulting in tonnage diversion from landfills, list the cost of projects resulting in tonnage diversion, the number of tons diverted as a result of the project and the average cost per ton diverted. Additional sheets may be attached as necessary.

9. Identify separate statistics for items not banned from landfills.

Use the spaces provided to list projects resulting in tonnage diversions from landfills, cost of projects resulting in tonnage diversion, number of tons diverted as a result of the project and the average cost per ton diverted. Additional sheets may be attached as necessary.

10. Describe your district’s grant proposal evaluation process.

Use the space provided to describe your grant proposal evaluation process. Please print in ink or type. Additional sheets may be attached as necessary.

Board and Council Members

In the first row indicate using an “X” or a checkmark in the box if you are a board member or a council member, and provide your name. In the second row please indicate using an X or a checkmark if you are a representative of the county, city, public or another entity. Please identify the entity. In the third row please indicate using an X or a checkmark if you are an officer and what position you hold. In the fourth row please list your official title. In the second column please list your contact address including the city, state and ZIP Code. Also include phone, fax, e-mail address and any comments you wish to make.

For more information

Missouri Department of Natural Resources
Solid Waste Management Program
P.O. Box 176
Jefferson City, MO  65102-0176
573-751-5401 Phone 573-526-3902 fax
www.dnr.mo.gov/env/swmp/index.html