



STATE OF MISSOURI  
 MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 SOLID WASTE MANAGEMENT PROGRAM  
**DISTRICT SUBGRANTEE OR PLAN IMPLEMENTATION BUDGET FORM**

1. REGION IDENTIFICATION (A-T)	2. PROJECT NUMBER	3. PROJECT NAME
4. NAME OF APPLICANT		5. FEDERAL ID OR SOCIAL SECURITY NUMBER
6. ADDRESS (STREET, CITY, STATE, ZIP, COUNTY)		7. TYPE OF ENTITY <input type="checkbox"/> NON- PROFIT <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PUBLIC ENTITY <input type="checkbox"/> BUSINESS

**PROJECT INFORMATION**

8. PROJECT TYPE <input type="checkbox"/> WR <input type="checkbox"/> RE <input type="checkbox"/> CO <input type="checkbox"/> MD <input type="checkbox"/> EDU <input type="checkbox"/> PI	
9. A. ESTIMATED TONNAGE DIVERTED   C. JOBS CREATED BY THIS PROJECT	10. SPECIFIC WASTE (WHITE GOODS, OIL, YARD WASTE, TIRES, HOUSEHOLD HAZARDOUS WASTE, ELECTRONICS, ETC.)
B. OTHER QUANTIFIABLE MEASURE   D. JOBS RETAINED BY THIS PROJECT  DESCRIBE:	

11. PROJECT DESCRIPTION (LENGTH 1,000 CHARACTERS OR LESS)
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**APPLICANT INFORMATION**

12. OFFICIAL AUTHORIZED TO SIGN FOR THE APPLICANT			21. PROJECT MANAGER		
13. TITLE			22. TITLE		
14. ADDRESS			23. ADDRESS		
15. CITY	16. STATE	17. ZIP	24. CITY	25. STATE	26. ZIP
18. TELEPHONE WITH AREA CODE		19. FAX WITH AREA CODE	27. TELEPHONE WITH AREA CODE		28. FAX WITH AREA CODE
20. E-MAIL			29. E-MAIL		

**GRANT INFORMATION**

30. AMOUNT AWARDED BY DISTRICT	32. PROJECT START DATE
31. AMOUNT OF DISTRICT MATCH TO BE PROVIDED BY APPLICANT	33. PROJECT END DATE

**HAS APPLICANT PREVIOUSLY RECEIVED DISTRICT GRANT FUNDING?**  
**List project number(s) and awarded/disbursed/carryover amount(s) for the past five (5) fiscal years.**

34. PROJECT NUMBER	35. FUNDING AWARDED (\$)	36. DISBURSED	37. CARRYOVER

## DISTRICT SUBGRANTEE OR PLAN IMPLEMENTATION BUDGET FORM, PART 2

1. REGION IDENTIFICATION (A-T)		2. PROJECT NUMBER		3. PROJECT NAME	
LINE ITEM	REQUESTED FUNDS	MATCH FUNDS	MATCH IN-KIND	TOTAL FUNDS	
<b>4. PERSONNEL - List each employee paid with state grant funds.</b>					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
<b>5. FRINGE BENEFITS</b>					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
<b>6. CONTRACTUAL SERVICES - List each professional service being paid with state grant funds.</b>					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
<b>7. EQUIPMENT - List equipment to be purchased with state grant funds and provide documentation for any item costing \$5,000 and over.</b>					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
<b>8. SUPPLIES</b>					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
<b>9. TRAVEL</b>					
In-state: Miles \$	\$	\$	\$	\$	\$
Transportation	\$	\$	\$	\$	\$
Meals	\$	\$	\$	\$	\$
Lodging	\$	\$	\$	\$	\$
Incidentals	\$	\$	\$	\$	\$
Out-of-state: Miles \$	\$	\$	\$	\$	\$
Transportation	\$	\$	\$	\$	\$
Meals	\$	\$	\$	\$	\$
Lodging	\$	\$	\$	\$	\$
Incidentals	\$	\$	\$	\$	\$
<b>10. OTHER - List all other items to be paid with state grant funds.</b>					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
<b>11. TOTAL DIRECT CHARGES - Sum of 4 through 10.</b>					
	\$	\$	\$	\$	\$
<b>12. INDIRECT CHARGES</b>					
	\$	\$	\$	\$	\$
<b>13. TOTAL BUDGET - Sum of 11 plus 12.</b>					
	\$	\$	\$	\$	\$