

Cover Sheet – 2010

Project Location(s):

(Check all that Apply)

- City of St. Louis
- St. Louis County
- Jefferson County
- St. Charles County
- District-Wide

Solid Waste Management Plan Component(s):

- Waste Reduction
- Recycling
- Education
- Composting
- Household Hazard Waste
- Market Development

Project Name _____

Name of Applicant _____

Federal Employer ID Number (FEIN)

Website Address

Project Address (main location)

City

State


Zip

Phone Number _____

Fax Number _____


Est. Tonnages Diverted Annually: _____
(For this project with these grant funds.)

Proposed Starting Date: _____

Amount of Grant Request \$ _____ 

Amount of Match (Cash/In-Kind) \$ _____

Additional Funds Provided \$ _____

Total Project Cost \$ _____ 

Authorized Official

Project Manager

Name _____

Name _____

Title _____

Title _____

Address _____

Address _____

Phone

Fax

Phone

Fax

E-Mail

E-Mail

Signature of Authorized Official

Signature of Project Manager