



**Region M Waste Management District**

1801 W 32nd Street, Suite C.212 – Joplin, MO 64804

Phone: 417-317-5021 | Web: www.RegionM.org

**FY2025 Grant Application - Entity / Contact Information**

Name of Business or Organization	
Name of Project	
Project Manager	
<i>Project Manager Title</i>	
<i>Mailing Address</i>	
<i>Telephone</i>	
<i>Email</i>	
Website	
Other Authorized Official	
<i>Title</i>	
<i>Telephone</i>	
<i>Email</i>	
MO Vendor # and Federal Tax ID #	
<b>Location of Project</b> <i>If different than mailing address.</i>	
<b>Type of Applicant</b> <i>Place an X in your response.</i>	<input type="checkbox"/> Individual <input type="checkbox"/> City/County <input type="checkbox"/> Public Entity or Institution <input type="checkbox"/> School <input type="checkbox"/> For-Profit Business _____ # of years in Business <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other (Describe)



**FY2025 Grant Application - Project Information**

<b>Project Description</b>	
<b>Amount of Funding Requested</b>	
<b>Partial Funding –</b> <i>Place an X in your response.</i>	<input type="checkbox"/> Able to accept partial funding for project to be completed <input type="checkbox"/> Not able to accept partial funding for project. (Without full funding, the project will not be able to be completed)
<b>Estimated Total Tonnage to be Diverted During Project</b>	
<b>Types of Materials to be Diverted During Project</b>	
<b>Cities/Counties to be Served or Districtwide/Statewide</b>	
<b>Qualifications of Key Personnel</b>	Include resumes of Project Manager and other staff who will be directly involved with this project along with this application.

**Previous Funding** - Has your organization received funding from Region M, EI ERA, or other Solid Waste Districts in the past five years? If yes, please list the grant awarded, grant/project number, amount of grant award.

Year	Project Number	Project Name / Description of Funding	Amount Awarded



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**Project Effectiveness and Efficiency**

Describe the degree to which the project promotes waste reduction or recycling, or results in an environmental benefit to solid waste management throughout the proposed process.

Describe how the project relates to the conformance with the integrated waste management hierarchy as described in the Missouri Policy on Resource Recovery.



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**Project Effectiveness and Efficiency *Continued***

Clearly explain the project goals and how they are achievable.

Explain how the amount of funding requested is reasonable in relation to the amount of and type of material to be diverted.

Describe what other costs (if any), outside of this funding request, are expected; and how those will be covered.



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### **Organizational Capacity**

#### Performance Rating

If previous grantee – Describe your past performance including timeliness of quarterly reporting, financial management, and technical ability to complete the tasks as anticipated.

If new applicant – Attach at least one letter of recommendation describing your capability to carry out the proposed project.

#### Objectives and Diversion Goals

If previous grantee – Describe how previous tonnage diversion goals and objectives were achieved or exceeded; or what struggles kept you from meeting the target goal and objectives.

If new applicant – Attach at least one letter of support from an organization or individual who will be participating this the project.



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**Organizational Capacity *Continued***

Describe the managerial, operational, and/or technical capabilities of key project personnel (resumes may be attached).

Describe the evaluation procedures that will be used to qualitatively measure the success of the project.



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**Long Term Effect**

Describe how this project is designed to stand alone at some point after completion, even without support of the District.

Describe how this project will focus on an unmet need. Examples – low service provider area, new targeted clientele, new targeted items, landfill banned items, hard to recycle items, etc.

Describe the continued availability of feedstock or materials to be recycled; how you have secured adequate sources to recover the anticipated volume of materials.



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**Community Impact**

Describe the degree to which the project contributes to community-based economic development.

Describe the transferability of results; the extent to which the success of this project may be applied elsewhere in the District.





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**Community Impact *Continued***

Describe the educational impact within the community.

Describe cooperative efforts to work with or partner with other organizations in the District.



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**Summarize other procedures/strategies, activities, qualifications, or anticipated outcomes you feel would be relevant and beneficial for the Region M Board and Review Committee to consider when evaluating the proposed project.**





**FY2025 Grant Application - Timetable/Work Plan**

List tasks involved (Example: request bids, place equipment, community survey, etc.).

- Task #1** \_\_\_\_\_
- Task #2** \_\_\_\_\_
- Task #3** \_\_\_\_\_
- Task #4** \_\_\_\_\_
- Task #5** \_\_\_\_\_
- Task #6** \_\_\_\_\_
- Task #7** \_\_\_\_\_
- Task #8** \_\_\_\_\_

Place a X in the timetable cells showing when tasks would be active and completed.

<b>Month:</b>	Jul 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
<b>Task #1</b>													
<b>Task #2</b>													
<b>Task #3</b>													
<b>Task #4</b>													
<b>Task #5</b>													
<b>Task #6</b>													
<b>Task #7</b>													
<b>Task #8</b>													
<b>Task #9</b> Request Reimbursements		X	X	X	X	X	X	X	X	X	X	X	X
<b>Task #10</b> Submit Quarterly & Final Reports				X			X			X			X



**FY2025 Grant Application - Signature Page**

**Project Reporting Requirements:**

If approved for funding as a FY2025 Region M Grantee, we subsequently agree to furnish Waste Diversion, Waste Reduction, Quarterly Reports, and/or any other information relevant to the project objective for the length of the project or other dates as specified by Region M Waste Management District Board of Directors and/or staff.

**Region M FY2025 Grant Cycle – 5 Year Reporting Requirement:**

The Grantee hereby agrees that any equipment purchased pursuant to this agreement shall be used for the performance of services under the agreement during the term of this agreement, and for four years thereafter. The Grantee shall annually submit a statement as provided by the District certifying the use(s) of said equipment is for project activities.

**Project Income:**

We agree that if there is any project income, it is to be reinvested in the project.

**Security Interest Agreement:**

The Grantee will grant to Region M and/or its successors a security interest in all equipment purchased by the Region M Grantee for \$5,000 or more, in whole or in part, with grant funds received from Region M. Region M staff will file UCC-1 with the state of Missouri.

The security interest in equipment owned by the Region M Grantee shall be equivalent to the amount of funding provided by Region M for the purchase of the equipment.

Unless the MDNR Waste Management Program or Region M notifies the Grantee in writing of a material breach of the FAA or any documents incorporated herewith, the Region M security interest in the equipment shall remain in effect for a period of five years, beginning one year from the date of purchase shown on the equipment purchase invoice. For this five-year period, the Region M security interest shall remain 100% of the amount of funding provided by Region M for the purchase of equipment.

This replaces Missouri Department of Natural Resources Solid Waste Management Program General Terms & Conditions Section 1.M.3.b.ii. Refer to the Department of Natural Resources’ (DNR) Waste Management Program (WMP) General Terms and Conditions (G.T. & C.) sections 1.M.3. and 1.N.3. for security interest details.

I (We) hereby certify that the information provided in this FY2025 Grant Application is true and correct. We agree to the 5-Year Reporting Requirement and the Security Interest Agreement.

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**Signature of Authorized Official**

**Date**

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**Printed Name**