



APPLICATION

FOR

MISSOURI MARKET DEVELOPMENT PROGRAM

FINANCIAL ASSISTANCE



Environmental Improvement
& Energy Resources Authority



APPLICATION

This application includes the documentation required to submit an official application for Missouri Market Development Program's (MMDP) financial assistance. This application should be used in coordination with the Application Instructions document outlining specific instructions and criteria for applicants.

All required documentation must be completed in its entirety and additional attachments not included in this application must be properly labelled if applicable to the application.

CONTENTS

1.0	PRE-APPLICATION CHECKLIST	3
2.0	PROJECT AND APPLICANT PROFILE	4
3.0	EQUIPMENT QUOTES	6
4.0	SUMMARY OF PROJECT	7
5.0	RECOVERED MATERIALS USED.....	8
6.0	STRATEGY FOR MARKET DEVELOPMENT	9
7.0	OPERATIONAL AND FINANCIAL INFORMATION.....	10
7.1	Applicant Information.....	10
7.2	Owners/Principal Stakeholders	11
7.3	Financial Statements and Balance Sheets	11
7.4	Total Company Debt.....	12
7.5	Accounts Receivable and Accounts Payable	12
8.0	APPLICANT DISCLOSURE	13
9.0	MANAGEMENT CERTIFICATION – CREDIT REPORT AUTHORIZATION	14
10.0	COOPERATION WITH SOLID WASTE MANAGEMENT DISTRICT	15
11.0	FINALIZE APPLICATION.....	16



1.0 Pre-Application Checklist

Please answer either yes or no to the following questions pertaining to your project. This checklist must be fully completed.

Criteria	Yes	No
The project will be performed in the state of Missouri.	☐	☐
The project's technical feasibility can be demonstrated.	☐	☐
The project will result in (a) the final processing or conversion of recovered (recycled) materials into industrial feedstock; and/or (b) the manufacture of products from those feedstocks.	☐	☐
Funding request is for the purchase of equipment or machinery that will be used for the manufacturing of products that contain recovered materials or final processing of recovered materials.	☐	☐
The applicant will contribute a portion of the total project cost.	☐	☐
The project will secure sources of recovered materials in Missouri and will secure markets for the end-products produced as a result of the project.	☐	☐
The recovered material used in this project, (a) would have gone to a sanitary or C&D landfill in Missouri; or (b) has been banned from disposal in Missouri landfills; or is a preferred method or "higher use" method for managing waste.	☐	☐
Funding amount requested complies with eligibility criteria outlined in Section 2.0 of the Applications Instructions.	☐	☐
Has this organization received financial assistance from the Missouri Market Development Program previously?	☐	☐
If you have received financial assistance in the past, please check all that apply:		
The project will develop a new product.	☐	☐
The project will use different recovered materials.	☐	☐
The project will result in a significant increase in diversion.	☐	☐



2.0 Project and Applicant Profile

Please fill out the application in its entirety, if sections are left blank, your application may NOT be processed. If parts are not applicable to your business, please state reason.

Applicant Information											
Name and Title of Authorized Official											
Contact Information		Phone		Email							
Name of project contact (if different than authorized official)											
Contact Information		Phone		Email							
Type of Applicant											
Type of Applicant	☐ Corporation			☐ General Partnership			☐ Limited Partnership				
	☐ Limited Liability Company			☐ Sole Proprietorship			☐ S-Corporation				
	☐ 501 (c3) not-for-profit			☐ Individual			☐ Public Institution				
Identification Numbers:		Corp. ID No.		Fed. Tax ID No.		Social Security No.					
Is business a Limited Liability Company?		☐ Yes – Please attach copies of your LLC’s Articles of Organization and Operating Agreement						☐ No			
Is business a corporation?		☐ Yes – Please attach copies of your corporation’s Articles of Incorporation and Bylaws.						☐ No			
Business Information											
Legal Name of Business, Person, or Entity Requesting Assistance											
Physical Address											
City			State		Zip Code						
Phone			Company Website								
Site Location											
Physical Address (of project site):											
City			State		Zip Code						
Status of Property:		☐ Owned	☐ Leased	☐ Under Construction	☐ Other –describe below						
County project located within:											
Which Solid Waste Management District is the project located within?		☐ A	☐ B	☐ C	☐ D	☐ E	☐ F	☐ G	☐ H	☐ I	☐ J
		☐ K	☐ L	☐ M	☐ N	☐ O	☐ P	☐ Q	☐ R	☐ S	☐ T



Site Location

Missouri legislative representatives in the area in which the project is located (do not include U.S. Senators/Congressmen). Find your district by visiting the [Missouri Legislator Lookup](#) webpage.

Missouri State Senator:		District Number:	
Missouri Representative:		District Number:	

Project Information

Amount Requested:		Total Equipment Cost:		Total Project Cost*:	
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*Total project cost includes all parts of the project, including land, capital improvements and equipment (not just the cost of the equipment to be paid for by the MMDP).

Other source(s) of project funding	
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Project Description (include all capital improvements and equipment that are part of the project, not just those to be paid for with MMDP funding):

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This Project is (check one):

☐ A completely new venture for an existing business	☐ A new business	☐ An expansion of a current activity	☐ Other – please describe below:
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How many tons will this project divert from the waste stream annually:	
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Approving this project will create (check the option that applies and provide the corresponding number of positions created):	☐ Full Time Employees	Number of positions created:	
	☐ Part Time Employees	Number of positions created:	

This project deals with (check all that apply)

☐ Yard waste	☐ Sawdust	☐ Lumber	☐ Plastics/Styrofoam	☐ Glass	☐ Wood
☐ Other – please describe					

Permits

Indicate if the company will need permits in order to use the material(s) and provide evidence that permit(s) have been issued.

Permits required by the company?	☐ Yes	☐ No
If so, have you provided a copy of the issued permits?	☐ Yes	☐ No, if no, please explain below



3.0 Equipment Quotes

List all individual equipment to be purchased with MMDP funds.

Applicants must provide three (3) quotes for each piece of equipment. Indicate below the names of each vendor that will provide quotes for each piece of equipment listed for financial assistance and attach.

Equipment – Name, Model if available, Description, New or Used	Cost		Company Providing Quote	Quotes Attached
	1			☐
	2			☐
	3			☐
	1			☐
	2			☐
	3			☐
	1			☐
	2			☐
	3			☐
	1			☐
	2			☐
	3			☐
	1			☐
	2			☐
	3			☐
	1			☐
	2			☐
	3			☐
	1			☐
	2			☐
	3			☐



4.0 Summary of Project

The project summary may be released to the public by the Missouri Market Development Program in whole or in part if the financial assistance is awarded. This summary should NOT contain proprietary data or confidential business information you do not wish to make public.

In a concise manner as possible, please address the following areas or provide an explanation of why the items are not applicable to the proposed project. Please use the spaces provided.

Project Goals	
As concisely as possible, explain the goals the project intends to accomplish and why. Discuss any potential barriers to project success and how they will be addressed.	
Project Need	
Describe the need for this project from a resource recovery and economic perspective. Describe the approximate geographic area in Missouri that the project will serve.	
Project Workplan and Timetable	
Use the table below or use an attachment to provide a detailed narrative of the project that describes all tasks and activities to be performed, by whom, how and when. A sample project workplan and timetable is provided in Application Instructions.	
Project month	Description of goals/plans accomplished



5.0 Recovered Materials Used

Type of Material

Specify the recovered materials that will be processed or recycled as a result of this project. Include the material quality requirements and/or specifications. Avoid generic classifications such as “wastepaper” and specify the actual grades that will be utilized.

Annual Consumption

Project annual consumption of each grade of recovered material. Show the basis for projections.

Avoided Disposal Costs

Estimate the annual disposal costs that will be saved by diverting recovered materials from the landfill for the project.

Estimated tons of material recovered		Landfill disposal cost per ton	\$	Multiply tons by cost for total annual avoided disposal cost	=
Estimated tons of material recovered		Transportation cost per ton	\$	Multiply tons by cost for total annual avoided transportation cost	=

Sources

List the sources from which the recovered materials will be obtained (e.g. municipal, commercial, institutional or industrial).

Attach letters or emails of intent referencing verifiable quantities as an attachment.

Requested information attached? ☐ Yes ☐ No – if no, please explain above

Collection and Delivery

Identify how the recovered materials will be collected and delivered to the project site.

Payment for Recovered Materials

Provide the cost for each recovered material(s).



6.0 Strategy for Market Development

Product

Describe the final recycled content product(s) that will result from this project.

Production

Project the annual production of each recycled content product. Include the method and complete calculations used to determine annual production.

Market Description

Describe the market, including history, size, industry trends and the product's position in the market. Identify sources of estimates and assumptions.

Pricing

Provide a product price schedule and an explanation of the pricing strategy.

End Markets

Attach letters or emails of intent or contracts with buyers to purchase finished end products.

Requested information attached?

☐ Yes

☐ No – if no, please explain below

Competition

List the product's major competition and location, describe any new competition entering the market, and describe how your product will be able to compete in the current market.



7.0 Operational and Financial Information

7.1 Applicant Information

Management Profile

Provide a list of all key personnel involved in the project, including proprietors, business or plant manager, partners, officers, subcontractors and consultants. Include for each: complete address, phone number with area code, title, business experience and education. Include other information that demonstrates the applicant ability to carry out the proposed project. A resume of key personnel will suffice as an attachment.

Company Summary

Describe the history of the company and current operations. Include information such as: history, form of organization, location, size and operations of present facilities, product(s) manufactured, market share, major accounts, principal suppliers, size of workforce and any other pertinent information.

Cash Flow

- Attach a projected quarterly cash flow statement¹ for the first full year of operation assuming receipt of MMDP financial assistance for the project.
- Attach sales projections for the first three (3) years. Include quantity sold and unit prices in these statements.

Employment

Type and number of job(s) created or retained	
Salary range for each job created	
Type and number of jobs currently on the applicant's payroll	
Total payroll amount for applicant	

¹ Applicants with questions regarding the development of cash flow statements should contact the Small Business Development Center at (573) 882-7096.



7.2 Owners/Principal Stakeholders

Provide a list of owners (proprietors, partners, directors, and stockholders owning 10% or more of outstanding stock) including name, address, business affiliation and percentage of ownership. Aggregate any ownership interest of immediate family members.

Owners/Principal Stockholders			
	Name and Full Address	Percentage	Business Affiliations
1.			
2.			
3.			
4.			

7.3 Financial Statements and Balance Sheets

Financial Statements

Attach a current balance sheet and financial statements for applicant for the past three years. Financial statements must either be certified by an independent accounting firm or be attested to by the company chief executive officer or an authorized financial officer of the company. A self-certification template is available as an appendix to the Application Instructions.

If the business is new, attach individual state and federal tax reporting documents of business owner and principal stockholders for the past three years.



7.4 Total Company Debt

Provide detailed information on each outstanding debt shown on the most recent balance sheet.

Total Company Debt								
Payable to	Original Amount	Original Date	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Status	Collateral
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
Totals*			\$			\$		

7.5 Accounts Receivable and Accounts Payable

Period Covered		
	-	

Accounts Receivable and Accounts Payable		
Aging	Accounts Receivable	Accounts Payable
Under 30 days		
30 to 59 days		
60 to 90 days		
Non-collectible		
Totals*		

*Note: Accounts receivable and accounts payable totals MUST reconcile with current balance sheets submitted with application.



8.0 Applicant Disclosure

Is the company or its principals involved in any pending or threatened litigation which would have material adverse effect on the company's and/or the principal's financial condition?	☐ Yes	☐ No
If yes, explain		
Has the company, its principals or its affiliates ever been involved in bankruptcy, creditor's right or receivership proceedings or sought protection from creditors?	☐ Yes	☐ No
If yes, explain		
Has management or any principal stockholder of the company been convicted of any felony?	☐ Yes	☐ No
If yes, explain		
Has the company or its principals been under indictment, debarment or investigation by a public agency for a violation of a state or federal statute?	☐ Yes	☐ No
If yes, explain		
Company is currently in compliance with all local, state and federal permit and zoning requirements and has not been cited for a violation in the past two years?	☐ Yes	☐ No
If no, explain		
Have there been or are there currently any liens or judgments of any nature filed against the company or its principals?	☐ Yes	☐ No
If yes, explain		



9.0 Management Certification – Credit Report Authorization

This form must be signed by an official authorized to bind the provisions of the application.

I attest to the best of my knowledge all information provided in this proposal and in conjunction with this application is factual and I have not failed to disclose any information relevant to the evaluation of this proposal.

I hereby authorize the Environmental Improvement and Energy Resources Authority to obtain and review a credit report.

Applicant Signature
(or Applicant's Authorized Official)

Print or Type Name

Federal ID Number
(or Social Security Number for Individual Applicants)

Date



10.0 Cooperation with Solid Waste Management District

Fill out the information designated in the form below to ensure you have discussed the following items with the Solid Waste Management District* in which the project is located. Each item listed below must be discussed with a district representative and initialed. Alternatively, you may submit an email from the district planner indicating their awareness of the project details.

Solid Waste Management District	
Solid Waste Management District in which the project is located	

Project Information		Initial
1.	Source of recovered material	
2.	Markets for end product	
3.	Compatibility of this project with the Districts' Solid Waste Management Plan	
4.	Competition for the recovered material in the district	
5.	The effect this project will have on the district and its efforts to reduce solid waste generated	
6.	Any permits that may be needed	

Applicant Signature

Date

Solid Waste District Board Member or Planner Signature
(In lieu of a signature, you may attach an email from the
Solid Waste Management District)

Date



11.0 Finalize Application

Have you prepared all attachments of the application?

Note, the “Not Applicable” selection is only acceptable if pertaining to corporate documentation. All other attachments should be marked as complete before submittal.

Attachment	Complete
A – Equipment Quotes	☐
B – Evidence of Permits	☐
C – Letters/Emails of Intent/Sources	☐
D – Resume of Key Personnel	☐
E – LLC’s Articles of Organization and Operating Agreement	☐ ☐ Not applicable
F – Corporation’s Articles of Incorporation and Bylaws	☐ ☐ Not applicable
G – Projected Monthly Cash Flow and Sales Projections	☐
H – Financial Statements and Balance Sheets	☐
I – Officer’s Certification of Financial Statements	☐
J –SWMD Cooperation Form/Letter	☐

Signature

I hereby certify that the information provided in this application is true and correct and conforms to the Missouri Market Development Program application guidelines.

Signature of Authorized Official

Date