

## PLEASE EMAIL REQUESTS TO <u>mspgrants@dnr.mo.gov</u>

PROJECT SPONSOR						
NAME				PROJECT NUME	BER	
PROJECT TITLE						
PROJECT SCOPE						
DATE DATE DATE DATE				DATE THAT PROJE	CT WAS COMPLETED	
PROJECT MANAGER FOR PROJECT						
NAME			CONTACT TE	LEPHONE NUMBEF	ł	
CONTACT EMAIL			OFFICE		CELL	
WHERE WILL STAFF MEET SPONSOR?						
OFFICE PROJECT LOCATION						
ADDRESS OF MEETING LOCATION						
ADDRESS	CIT	Ŷ			STATE	ZIP
NOTES						
GIVE THE DATE OF RIBBON CUTTING CEREMONY OR PROVIDE 2 DATES THAT THE PROJECT MANAGER COULD ACCOMMODATE A GMS MEMBER FOR THE FINAL INSPECTION/WALK THROUGH						
DATE AND TIME OF RIBBON CUTTING CEREMONY	SPECIN	UN/WALK THROUG	аП			
DATE AND TIME AVAILABLE						
DATE AND TIME AVAILABLE						
Upon receiving this request, a GMS staff member will call you to confirm a final inspection meeting.						
Have you ever served on active duty in the Armed Forces of	YES	6 Would you like to receive information and assistance regarding			ance regarding the	YES
the United States and separated from such service under conditions other than dishonorable?		agency's veteran services?				
		or send an email to r				,
MO 780 0676 (04 04)						