|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **state_seal copy** | **COMMUNITY RECYCLING GRANT**  **FINAL REPORT**  State Form 56957 (5-20) | | | | **Indiana Department of Environmental Management Office of Program Support**  **Community Recycling Grant Program**  100 North Senate Avenue  IGCN 1316  Indianapolis, IN 46204-2251  [www.recycle.in.gov](http://www.recycle.in.gov) | | | | |
| *INSTRUCTIONS:* *The report is designed to satisfy grant reporting requirements. Consult the grant agreement for additional reporting requirements. Attach additional sheets if necessary and label attachments according to the number of the report question.* | | | | | | | | | |
| **SECTION 1** | | | **Grant Information** | | | |  | | |
| Date:  *(month, day, year)* | |  | | Contract Number: | | | | |  |
| Grantee: | |  | | | | | | | |
| Person Completing Report: | |  | | | | Title: | |  | |
| **SECTION 2** | | | **REPORT QUESTIONS** | | | |  | | |
| 1. Summarize major activities performed during this reporting period. | | | | | | | | | |
| * 1. Describe additional activities and developments that arose as the project progressed. | | | | | | | | | |
| 1. Were the original objectives of the project met? Explain any deviations from the submitted application. | | | | | | | | | |
| 1. Did the project proceed according to the planned timeline? Explain any deviations from the application. | | | | | | | | | |
| 1. Provide an update on the impact of the items funded by this grant to your overall project and the state of recycling in your community. | | | | | | | | | |
| 1. Indicate the type and amount of material (in pounds or tons) that was recycled or reduced as a result of the project to date. Also, indicate whether participation in recycling has been increased as a result of the project to date. | | | | | | | | | |
| 1. List the total number of employees hired as a result of this project since the last submitted report. Include job title, skill level, and hourly wages with and without benefits. | | | | | | | | | |
| 1. List any additional permits or registrations involved with this project arising since the application was submitted. Indicate if the entity is currently in compliance with all permitting requirements for the project. | | | | | | | | | |
| 1. Please provide additional comments or suggestions including how to improve this program. | | | | | | | | | |