



**COMMUNITY RECYCLING GRANT
PERSONNEL ACTIVITY REPORT**

State Form 56962 (5-20)
Indiana Department of Environmental Management

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

INSTRUCTIONS: Designate personnel time appropriate to Exhibit A of the grant agreement. Enter employee title, description of activity, hours spent on activity, and associated dollar amount in the categories below.

Section 1: Grant Information

Grantee:		Grant Start Date: <i>(month, day, year)</i>	
Contract Number:		Grant End Date: <i>(month, day, year)</i>	

Section 2: Personnel Activities

Employee Title	Description of Activity	Number of Hours	Hourly Rate	In-Kind Amount
Total:				

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1, and other penalties specified by IC 13-30-10, that the statements and representations in this report are true, accurate, and complete.

Signature: _____

Date (month, day, year): _____