



**2015 Community Recycling Grant**  
**Grant Summary & Reimbursement Report**

**Community:** \_\_\_\_\_

**Grant Contact:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Grant Funds Spent:** \_\_\_\_\_

**To receive your grant payment, submit the following to the Solid Waste District by November 20, 2015.**

- Grant Summary and Reimbursement Report
- Copies of invoices and checks for all approved grant expenditures
- Copies of all items produced with grant funds or photos of products purchased
- W-9 form (only if your community has not received a grant before)

**Please answer the following:**

- (1) Briefly describe the project your community implemented with this grant.
  
  
  
  
  
  
  
  
  
  
- (2) How many residents received your recycling information or were served as a result of this grant?
  
  
  
  
  
  
  
  
  
  
- (3) What was the outcome of your project (include any measurable or quantifiable results).
  
  
  
  
  
  
  
  
  
  
- (4) What are your comments or suggestions about this grant process?



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**Reimbursement Request Form**

To receive your grant payment, complete this form, attach copies of invoices and checks for each approved expenditure and sign and date the bottom.

Item Description	Vendor	Invoice Date	Quantity	Total Cost

The enclosed invoices account for all grant approved purchases.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

**Submit this Grant Summary Report by November 20, 2015 to:** \_\_\_\_\_  
Cuyahoga County Solid Waste District, Attn: Diane Bickett, 4750 East 131 Street Garfield Heights, OH 44105