### WV Department of Environmental Protection Recycling Assistance Grant

Name		

## **Quarterly Progress Report**

For (	Quarter	Ending	
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## **Recycling Assistance Grant Quarterly Report Check-off List**

Each Quarterly Progress Report must include the following:
Quarterly Progress Report Cover Sheet (RG-3)
Recyclable Material and Equipment Sheet (RG-3A)
Expenditure Sheet for the Quarter (RG-3B)
Expenditure Cover Sheet for Each Expenditure
Evidence of Each Expenditure (Invoice, Employee Time Sheets, etc)
Bank Statements for Each Month of the Quarter
Copies of Cancelled Checks (if not included on bank statements)
Other Supporting Information (Class II Legal Ads, bids, specs, etc)
Solid Waste Authorities must include copies of monthly meeting minutes
Equipment purchases of \$1,000.00 or more must include the following:
Notarized Security Agreement(s) for each piece of equipment
WVDEP-REAP listed as first lien holder for equipment titled through the WV DMV
Itemized Certificate of Insurance listing WVDEP-REAP as the Certificate Holde

#### RG-3

# WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION RECYCLING ASSISTANCE GRANT PROGRAM

### QUARTERLY REPORT PROGRESS SUMMARY

			Quarter E	nding				
GRANTEE								
ADDRESS								
COUNTY				DA`	YTIME PHO	ONE		
PROJECT N	/ANAG	ER					EMAIL	
							<u>-</u>	
Provide a s work tasks.		of accom	plishments	s during th	is quarter in	imple	ementing the origina	l grant proposals
Provide a s	ummary	of project	tions for th	ne next qua	arter in impl	lementi	ing the original gran	nt proposal's task.

### West Virginia Department of Environmental Protection Recycling Assistance Grant Program

	RECYCLED MATERIAL	AND EQUIPMENT DATA 1	LOG				
antee Quarter							
List the type and amount of m of that material was actually a Note: For that purpose of this market for use, not material si	recycled during the quarte report, "recycled" is define	er. d as material that has be	en shipped to the				
· · · · · · · · · · · · · · · · · · ·		1 1 1	Please provide for 1st Quarter Report Only				
Material	Amount Collected This Quarter (Tons)	Amount Recycled This Quarter (Tons)	Amount Recycled Previous Year's Totals				
Batteries							
Building Materials							
Cardboard							
Co-Mingled							
Electronics							
Glass							
Household Materials							
Ferrous Metals							
Non-Ferrous Metals							
Paper							
Plastics 1-2							
Plastics 3-7							
Textiles							
Tires							
Yard Waste							
Totals:							
Provide a detailed description  Description	of all equipment purchas	ed with grant funds this  Mileage/Hours	quarter.  New/Used				
Description	Seriai Mulliber/ VIN	wineage/ nouis	new/ useu				

Description	Serial Number/VIN	Mileage/Hours	New/Used

RG-3B	Expenditu	Expenditures for the Quarter			Check here if additional Expenditure Sheet is attached.			
For the Period Of:				Interest Earned This Quarter on Grant Account =				
						<del></del> _		
		Original Budget				<del>                                     </del>		
		Remaining Budgeted Amou	nts					
Check Number	Check Date	Paid To	Check Amount	Ck O/S				
1 Hambon	1 Date	1 414 10	7 tillouit	1	i i i	<del>                                     </del>		
				-				
						+ + + + + + + + + + + + + + + + + + + +		
				-				
				+				
				+		<del>                                     </del>		
				_				
				-				
		Totals				<del>                                     </del>		
	Remaining	Budgeted Amounts Carried	Forward					
the expend	litures listed in the above e	above.			formation, payroll sheets, and grant account bank sta			
Name of G	rant Recipier	nt (Please Print)	-	Aut	norized Signature	Date		

### RECYCLING ASSISTANCE GRANT EXPENDITURE COVER SHEET

Grantee			Grant No.
Paid To			
Check #		Amount	Date
Purpose			
Budget L	ine Item		

Photocopy or tape/paste copy of check below or attach electronic check imaging. This may be a copy of the returned check from the bank, or a copy prior to mailing. If the check is a reimbursement to another account, please include original payment check as well. Invoice(s) must be attached to the back of this sheet to provide reason for expenditure. Please use the checklists below to ensure you submit required documents

Grant Number			Employe	ee
			Position Titl	le
Rate of Pay \$		per hr	Pay Perio	d
Date	Start Time	End Time	Total Time	Details of Work Completed
				-
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