

# PROJECT GRANT Report Form

Pursuant to Rhode Island Resource Recovery Corporation’s Municipal Grant Policy, grantees must use this form to provide quarterly reporting for each approved grant project. Please refer to the [Municipal Grant Policy](http://www.rirrc.org/municipal-officials-haulers/municipal-officials/grant-program) for submittal instructions. You may submit additional pages, information or pictures.

## MUNICIPAL INFORMATION

Name: Enter your name Position: Enter your position Date: Select today’s date

Department of: Enter your department City/Town of: Enter your municipality Report Due Date: Select the date

## GRANT AWARD INFORMATION

Project Title: Project title Fiscal Year & Grant Cycle: Select the fiscal year - and cycle number

Total Project Budget: Enter the dollar amount Grant Funds Approved: Enter the dollar amount

Funds Expended Thus Far: Enter the dollar amount Funds Remaining: Enter the dollar amount

## PROJECT REPORT

### Grant Activities

*Describe activities that have been undertaken to implement this project during the quarter, as outlined in your grant application’s Project Description and Project Schedule.*

Describe your grant activities

### **Results and Performance Measures: by the Numbers**

*Explain the impact that the project has had to date in relation to the performance measures established in the project’s application. Provide data and an explanation of impact on the following (where applicable):*

How many residents benefited or how many people participated? Enter the number of people impacted

How many pounds or tons of waste was diverted? Enter the number of pounds/tons diverted

What other number-based results can be reported? Enter other number-based results

Results based on identified performance measures: Enter performance measure results

### Anecdotal Results/Impacts, Reflections, Challenges and/or Lessons Learned

*What impacts were realized from this project that are not explained by the data above, including but not limited to feedback from residents and staff? If this is the final report, take a moment to reflect on the project’s process and outcomes, and explain any challenges or lessons learned.*

Enter other results and reflections

### **Budget and Reimbursable Items**

*Utilize the chart below to provide a list of items purchased, also specifying which items you are seeking reimbursement for by filling the amount in the last column. You may also use the space immediately below to provide narrative on the items purchased, and/or attach a separate document such an Excel file if you need additional space.*

Enter a narrative (if applicable)

#### Items Purchased

| **ITEM** | **VENDOR** | **QTY** | **UNIT PRICE** | **TOTAL PRICE** | **REIMBURSEMENT**  **REQUEST - QTR** |
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| **TOTALS** | | | | **AMOUNT SPENT** | **REIMBURSEMENT REQUEST - QTR** |
| Enter the total amount spent | Enter the total amount of reimbursement request |