

20__ – 20__ Kentucky Pride Fund Recycling Grant Quarterly Report

Applicant Name: _____ Date Submitted to Division: _____

PRINT Name of Person Completing Report: _____**SIGNATURE** of Person Completing Report: _____**PHONE:** _____ **EMAIL:** _____**ALL APPLICANTS ARE REQUIRED TO USE THIS FORM FOR SUBMISSION OF QUARTERLY REPORTS**☐ **1ST QUARTER (JULY, AUG, SEPT)** ☐ **2ND QUARTER (OCT, NOV, DEC)**☐ **3RD QUARTER (JAN, FEB, MAR)** ☐ **FINAL (APR, MAY, JUNE)**

	MATCH DOLLARS SPENT	GRANT DOLLARS SPENT
Equipment: Attach invoices as Appendix A.		
Program Advertising & Education – list vendor name: Include personnel for education activities only. Attach copies of advertising and educational materials as Appendix B.		
Cash:		
Personnel – list by name or job description: DO NOT include personnel for education activities. Staff: For each personnel listed, include hourly rate and number of hours worked on project		
Inmates: List number of inmates and hours worked		
Volunteers: List number of volunteers and hours worked		
Other: Attach any other documentation as Appendix C.		
TOTALS:		

Please identify problems encountered, lessons learned, and any recommendations. Attach as Appendix D.