

**ATTACHMENT A**  
**QUARTERLY STATUS REPORT AND FORMS**

# WASTE REDUCTION, REUSE AND RECYCLING GRANT PROGRAM QUARTERLY STATUS REPORT

Page \_\_\_\_ of \_\_\_\_

Grant No. \_\_\_\_\_ Project  
Name: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Period: from \_\_\_\_\_ to \_\_\_\_\_

Project Quarter:     1 2 3 4 (circle one)

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**Please complete and return to:**

Waste Reduction, Reuse and Recycling Grant Program  
Solid Waste Management Division  
5101 North 48<sup>th</sup> Street  
Lincoln, NE 68504  
(402) 441-7043

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1. Please detail progress and problems for this quarter in relation to the project workplan and time line as provided in the Grant Application and Grant Agreement. (Use additional pages, if needed.)

**2. Please complete tonnage portion if applicable to this quarter:**

<b>Waste Item Diverted</b>	<b>Tonnage Diverted during Previous Grant Quarters</b>	<b>Tonnage Diverted this Quarter</b>	<b>Total Tonnage Diverted</b>
<b>TOTALS:</b>			

**3. If project does not divert material indicate other measurable indicators and change that has occurred during the quarter:**

<b>Progress Measure Indicator</b>	<b>Total Measure for Previous Grant Quarters</b>	<b>Measure for this Quarter</b>	<b>Total Year to Date Measure Change</b>

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach completed Account Sheet, Equipment Inventory form, and Grant Reimbursement Request form for the Quarter and Necessary Support Documentation (invoice copies, canceled check copies or electronic bank copies, etc.)**



**WASTE REDUCTION, REUSE AND RECYCLING GRANT PROGRAM  
EQUIPMENT\* INVENTORY**

Grant No. \_\_\_\_\_ Project Name: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Project Period: from \_\_\_\_\_ to \_\_\_\_\_

Project Quarter:     1 2 3 4 (circle one)

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<b>Equipment Description/ Model and Serial Number</b>	<b>Equipment Cost</b>	<b>Date Purchased</b>	<b>Status/Condition</b>
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\*Any piece of equipment purchased, in whole or in part, with Solid Waste Management Division funding.

# WASTE REDUCTION, REUSE AND RECYCLING GRANT PROGRAM GRANT REIMBURSEMENT REQUEST

**Lincoln Solid Waste Management Division**  
5101 North 48th Street  
Lincoln, NE 68504  
(402) 441-7043

Internal Use Only:	
Comments	
JDE #	

**GRANTEE:** \_\_\_\_\_ **PROJECT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **GRANT AMOUNT:** \_\_\_\_\_  
 \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 \_\_\_\_\_

Project Manager:	Grant Number:
Federal I.D. Number:	Billing Period:

**PART A: EXPENSES** (Total Expenses Less in-kind and Cash Match = Grant Reimbursement Request)  
 Categories: Personnel, Equipment, Contractual Services, Material & Supplies, Advertising/Promotion, Other

Budget Category	Description	Total Expense	Matching Funds		Grant Funds
			In-Kind	Cash	
<b>Total Percentage</b>		100%			

**PART B: EXPLANATION OF EXPENDITURES**

**I certify to the best of my knowledge and belief that the data above are correct and that all outlays were made in accordance with the grant agreement and that payment is due and has not been previously requested.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name/Title

**Attach copies of all invoices listed above: canceled checks or electronic bank copies.**