|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Kentucky Department for Environmental Protection  Division of Waste Management  Recycling and Local Assistance Branch  300 Sower Boulevard, Second Floor – Frankfort KY 40601  (502) 564-6716  Kentucky Pride Fund Recycling Grant Quarterly Report | | | | | | | *FOR OFFICIAL USE ONLY.*  *DO NOT WRITE IN THIS SPACE* | | |
| **1. Federal ID Number** |  | | | | | | | | |
| **2. Report Preparation** | Name: | | | | | Title/Position: | | | |
|  | Signature: | | | | | Date Submitted:    /   / | | | |
|  | Mailing Address: | | | | | City: | | | |
|  | State: | | Zip Code: | | | Email Address: | | | |
|  | Phone Number: (   )   - | | | | | Fax Number: (   )   - | | | |
| **3. Quarter Reported** | 1st - *July, August, Sept.*  *of* | 2nd - *Oct., Nov., Dec.*  *of* | | | | 3rd - *Jan., Feb., March*  *of* | | Final - *April, May, June*  *of* | |
| **4. EQUIPMENT EXPENDITURES** | | | | | | | | | |
| **Equipment** | | | | | **Match Dollars Spent** | | | | **Grant Dollars Spent** |
|  | | | | | $ | | | | $ |
|  | | | | | $ | | | | $ |
|  | | | | | $ | | | | $ |
|  | | | | | $ | | | | $ |
|  | | | | | $ | | | | $ |
|  | | | | | $ | | | | $ |
| **5. PROGRAM ADVERTISING and EDUCATION EXPENDITURES** | | | | | | | | | |
| **Vendor Name** | | | | | **Match Dollars Spent** | | | | **Grant Dollars Spent** |
|  | | | | | $ | | | | $ |
|  | | | | | $ | | | | $ |
|  | | | | | $ | | | | $ |
| **6. PERSONNEL EXPENDITURES** | | | | | | | | | |
| **Personnel** | **Hourly Rate** | | | **Hours Worked** | **Match Dollars Spent** | | | **Grant Dollars Spent** | |
|  | $ | | |  | $ | | | $ | |
|  | $ | | |  | $ | | | $ | |
|  | $ | | |  | $ | | | $ | |
|  | $ | | |  | $ | | | $ | |
| **Inmates** | $ | | |  | $ | | | $ | |
|  | $ | | |  | $ | | | $ | |
| **Volunteers** | $ | | |  | $ | | | $ | |
|  | $ | | |  | $ | | | $ | |
| **Other** | $ | | |  | $ | | | $ | |
|  | $ | | |  | $ | | | $ | |
| **TOTALS** | | | | | $ | | | $ | |
| **7. Identify issues and/or recommendations; attach and label as Appendix D.** | | | | | | | | | |

GENERAL INSTRUCTIONS

**Kentucky Pride Fund Recycling Grant Quarterly Report**

Instructions provided are for DEP 5038, Kentucky Pride Fund Recycling Grant Quarterly Report. For any questions regarding any category, please call the Division of Waste Management’s Recycling and Local Assistance Branch at (502) 564-6716. This form must be completed by typing or printing legibly.

**Important Note:** This form is to be completed by city and local governments that receive litter abatement grant funding in accordance with KRS 224.43-505.

**DEADLINE:** Received by the 15th of the month following the end of each quarter.

**Submit DEP 5038 form to: Kentucky Department for Environmental Protection**

Division of Waste Management

Recycling and Local Assistance Branch

300 Sower Boulevard, Second Floor

Frankfort, KY 40601

(502) 564-6716

**Section 1. Federal ID Number:** Enter the federal identification number.

**Section 2. Report Preparation:** Enter the name of individual who prepares this report; date signed, mailing address, email address, phone and fax numbers.

**Section 3. Quarter Reported:** Enter the year the quarter is being reported for and mark if this report if for the first, second, third, or final

quarter of the year.

**Section 4. Equipment Expenditures:** List equipment, match and grant dollars spent. Attach copies of paid invoices and label as Appendix A.

**Section 5. Program Advertising and Education Expenditures:** List vendor name, match and grant dollars spent. Attach copies of paid

invoices and label as Appendix B.

**Section 6. Personnel Expenditures:** List by name or job description: DO NOT include personnel for education activities. Staff: for each member of 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 and label as Appendix C.

**Section 7.** Please identify any issues, problems encountered and/or recommendations. Attach and label as Appendix D.

*All information submitted on this form will be subject to public disclosure to the extent provided by Kentucky law. Persons filing this form may make claims of confidentiality in accordance with 400 KAR 1:060.*