

**Geauga-Trumbull Solid Waste Management District  
2024 Drop-off Improvement Grant (DIG) – Close Out Report**

**Reimbursement Request deadline June 30, 2025**

Political Subdivision \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Total Grant Amount Awarded:** \_\_\_\_\_

**Actual Project Amount Spent:** \_\_\_\_\_

**Expenses Eligible for Reimbursement:** \_\_\_\_\_  
(Actual Project Amount Spent ÷ 1.1.)

**Reimbursement amount requested:** \_\_\_\_\_  
(Enter either Expenses Eligible for Reimbursement or  
Total Grant Amount Awarded, whichever is LESS)

**\*\* Proof of payments and invoices are required (e.g., credit card, copy of canceled check, P.O.)**

**Proof of payments and invoices attached**

Funding recognition to the Geauga-Trumbull Solid Waste District for project

**Proof of recognition attached (flyer, photograph of approved signage, etc. as applicable)**

**Impact:** Since your grant award, describe the progress, success, failure, etc., related to your project.  
Describe how your project may have impacted your community.

**Location and Physical Plant:** Describe any site improvements made during this reporting period. List any equipment purchased or installed on the next sheet. Describe any project-related problems with the location or facility.

**Project Marketing:** Describe any activities that have been conducted to promote or increase awareness of the project.

\_\_\_\_\_  
Final Report Submitted by Signature

\_\_\_\_\_  
Date

If you used grant funds to purchase new equipment costing more than \$300/unit, please complete Pg. 2.

**Equipment Purchased with Grant Funds:**  
**(only complete for equipment more than \$300/unit):**

Equipment Type:	
Model #:	Model Year:
Equipment Location:	
Total Spent: \$	
Equipment Type:	
Model #:	Model Year:
Equipment Location:	
Total Spent: \$	
Equipment Type:	
Model #:	Model Year:
Equipment Location:	
Total Spent: \$	
Equipment Type:	
Model #:	Model Year:
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Model #:	Model Year:
Equipment Location:	
Total Spent: \$	