

Geauga-Trumbull Solid Waste Management District
2026 Drop-off Improvement Grant (DIG) – Close Out Report

Reimbursement Request deadline June 30, 2027

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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Equipment Location:	
Total Spent: \$	