

**OSS SOLID WASTE DISTRICT
COMPETITIVE FUNDING GRANT PROGRAM
PROJECT FINAL REPORT**

Upon completion of your project, please complete this form and return it to the OSS Solid Waste District Office along with all receipts, copies of any newspaper articles and a disk of pictures documenting your project. We must have this completed form with all receipts prior to our releasing grant funding.

AGENCY / POLITICAL SUBDIVISION _____

GOVERNING BODY _____

CONTACT PERSON & TITLE _____

MAILING ADDRESS _____

TELEPHONE (419) _____ EMAIL _____

PROJECT LOCATION _____

BRIEF PROJECT DESCRIPTION _____

PROJECT START DATE _____ PROJECT COMPLETION DATE _____

PROJECT COST:

LABOR \$ _____

MATERIAL / EQUIPMENT \$ _____

CONTRACTED SERVICE \$ _____

TOTAL \$ _____

AMOUNT OF GRANT AWARD \$ _____

MATCH AMOUNT \$ _____

REMAINING BALANCE \$ _____

SOURCE OF FUNDING FOR BALANCE _____

PICTURES / DOCUMENTATION INCLUDED: _____ (on disk if possible)