

REAP LITTER GRANT FINAL PERFORMANCE AND ACCOUNTING REPORT FORM

GRANT PERIOD: July 1, 2024 THROUGH June 30, 2025

Applicant's Name _____

Applicant's Address _____

City _____ State _____ County _____ Zip _____

Report Prepared By: _____ Email: _____

Title: _____ Phone: _____

Provide an evaluation of accomplishments in implementing the original proposal's work tasks.

You must provide applicable data below regarding your program during the grant period.

*Pounds of litter collected:		No. of tires collected:		No. of Community Cleanup Events:	
No. of Structures Razed:		Did you utilize day report labor?		No. of Volunteers:	
No. of Volunteer Hours:		No. of Citations Issued:		No. Litter/cigarette Receptacles Placed:	
Miles of roadway cleaned:				No. of dumps eradicated:	

*If exact is unknown, you may multiply the number of bags by 20lbs.

Please Note: Failure to comply with all grant reporting and deadlines will penalize future grant applications.

Signature of Authorized Person

Date

LC-G-5

Did you include proof of deposit? Y or N

[illegible]

ATTACH A COPY OF BANK STATEMENT SHOWING THE DEPOSIT OF THE GRANT FUNDS INTO YOUR ACCOUNT.

You MUST attach copies of checks and invoices (include timesheets if you have personnel costs) to support the expenditures listed above. Reimbursements to general accounts must be itemized along with backup documentation for each item. Unsupported expenditures will be disallowed by the Department of Environmental Protection.

**MATCHING FUND REPORT
LITTER CONTROL GRANT**

LC-G-5

Applicant's Name _____

ACTUAL CASH EXPENDITURES FOR MATCH					Required Documentation Included Mark Y, No, or NA for each expenditure			
DATE	CHECK #	TO	PURPOSE	AMOUNT	Invoice	Proof of Payment	Bid Documents	Timesheets

PROPERTY DONATED AT FAIR MARKET VALUE

DATE DONATED	DESCRIPTION	USE IN PROGRAM	AGE OF PROPERTY	ESTIMATED FAIR VALUE

VOLUNTEER SERVICES PROVIDED WITHOUT COMPENSATION

USE MINIMUM WAGE RATE UNLESS JUSTIFIED IN USING HIGHER WAGE RATE

NAME OF VOLUNTEER	SERVICE PROVIDED	DATE	HOURS	WAGE RATE	HRS x RATE

ATTACH COPIES OF CHECKS, INVOICES, TIME SHEETS, TITLES, OR OTHER EVIDENCE TO SUPPORT THESE EXPENDITURES AND ESTIMATES. MAKE ADDITIONAL COPIES OF THIS FORM AS NECESSARY TO CONTINUE LISTING EXPENDITURES.

PERSONNEL TIME SHEET

RG-3C

Grant Number _____

Employee _____

Position Title _____

Rate of Pay \$ _____ per hr

Pay Period _____

Date

Start Time

End Time

Total Time

Details of Work Completed

[illegible]

West Virginia State Auditor's Office
SWORN STATEMENT OF EXPENDITURES

Grant Number:	Grantee Name:		
Grantee FEIN:		WV OASIS Vendor #:	
Contact Name:	Contact Email Address:	Contact Phone Number:	
Grantee Mailing Address:		City:	Zip:
			State:
Total Grant Award Amount:	Period of Grant Start Date:	Period of Grant End Date:	

Grant Revenues (Received and Anticipated)		
Revenue Categories	Comments	Amount
Amount Received		
Amount Anticipated		
Total Grant Revenues		

Grant Expenditures (allowable costs expended by the grantee)		
<i>If a different expenditure category is needed, use the empty spaces as needed.</i>		
Expenditure Categories	Comments	Amount
Construction		
Contractual Costs		
Equipment		
Fringe Benefits		
Personnel		
Supplies		
Total Grant Expenditures		

Ending Grant Balance (Revenues — Expenditures)
Grant Funds Returned

This is to certify that I have reviewed the enclosed Statement of Grant Receipts and Expenditures and, to the best of my knowledge and belief, the statement represents all financial activities related to the receipt, use and expenditure of funds granted by the _____ to _____ and that the expenditures reported were for the purposes intended and in compliance with applicable laws, regulations and the terms and conditions of the grant documents. The Statement of Grant Receipts and Expenditures is presented on the [ACCRUAL/CASH ☐] basis of accounting and is supported by our financial records and related documentation.

Notary Stamp

Printed Name and Title: _____

Authorized Signature: _____

Date: _____

Sworn and subscribed before me this _____ of _____, 20____
Day Month Year

Notary Public Signature: _____

Title of Office: _____

My Commission Expires: _____

WV Department of Environmental Protection
Litter Control Grant

Final Performance and Accounting Report Form Pre-Submission Checklist

- Did you include proof of deposit? (bank statement)
- Did any of your purchases meet the threshold for bidding requirements? If so, submit the following:
 - Copy of Class II legal ad
 - Affidavit of Publication
 - Specifications
 - All bids received
 - Written approval from REAP to proceed with the purchase
- Was your grant for labor wages? If so, you must submit detailed timesheets and copies of their paychecks and paystubs showing withholdings.
- Was your grant for Litter Control Officer wages? If so, please include a citation log to go with their time sheets and copies of their paychecks and paystubs.
- Was your grant for roadside or open dump cleanups? If so, please include a list of areas cleaned.
- Was your grant for razing? If so, you must include before and after pictures.
- Was your grant for advertising? If so, you must include a copy of the advertisement (such as a tear sheet).
- For ALL expenditures, you must submit a copy of the invoice and proof of payment, preferably check imaging. Please refrain from issuing payments with a credit card.
 - For instances when you can only pay with a credit card, you will have to submit the following for proper reconciliation: invoice, receipt, credit card statement, and proof of payment to the credit card company.
- Are you reimbursing a general account from the grant account? If so, you must include the invoice, proof of the original method of payment, and proof of reimbursement to the original account.
- Did you purchase any equipment over \$1,000.00? If so, you must submit a notarized Security Agreement and a Certificate of Insurance listing WVDEP-REAP as the Certificate Holder.
- Did your equipment purchase come with a title? If so, you MUST list WVDEP-REAP as first lien holder and submit the original title to us.

If you need blank forms, or if you have any questions regarding what must be submitted for the Final Performance and Accounting Report Form, please contact Travis Cooper at 304-926-0499 ext. 49754 or Travis.L.Cooper@wv.gov.