



Iowa Department of Natural Resources
Regional Collection Center, Semi-Annual Report

NOTE: Totals of section 2 and 3 should equal total lbs managed on your spreadsheet.

Report is due on or before

Facility Name: _____ 1

Regional Collection Center Programs: please answer the following questions for material that has left the facility during this time period. DO NOT REPORT on any material still in your facility.

<p style="text-align: center;"><u>Residential Material Only</u> 2</p> <p>Total weight of material managed:</p> <p>Permanent Facility: _____ pounds</p> <p>Mobile Collection: _____ pounds</p> <p>Satellite Site(s): _____ pounds</p> <p>Total: _____ pounds</p>	<p style="text-align: center;"><u>VSQG Material Only</u> 3</p> <p>Total weight of material managed:</p> <p>Permanent Facility: _____ pounds</p> <p>Mobile Collection: _____ pounds</p> <p>Satellite Site(s): _____ pounds</p> <p>Total: _____ pounds</p>														
<p style="text-align: center;"><u>Participation Data (households)</u> 4</p> <p>Please provide the number of households served:</p> <p>Permanent Facility: _____</p> <p>Mobile Collection: _____</p> <p>Satellite Site(s): _____</p> <p>Total: _____</p>	<p style="text-align: center;"><u>Participation Data (VSQG)</u> 5</p> <p>Please provide the number of CESQG's served:</p> <p>Permanent Facility: _____</p> <p>Mobile Collection: _____</p> <p>Satellite Site(s): _____</p> <p>Total: _____</p>														
<p><u>Operating Expenses:</u> The operational costs of RCC services provided by this facility. Only report cost, excluding those cost associated with CRTs and electronics, associated with HHM's generated by households, farms, and CESQG business: 6</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Disposal Cost: \$ _____</td> <td style="width:50%;">Education/ Awareness: \$ _____</td> </tr> <tr> <td>Salaries: \$ _____</td> <td>Training: \$ _____</td> </tr> <tr> <td>Equipment/ Supplies: \$ _____</td> <td>Building Modifications: \$ _____</td> </tr> <tr> <td>Overhead: \$ _____ (Admin and Utilities)</td> <td>Satellite Expenses: \$ _____</td> </tr> <tr> <td>Other: \$ _____</td> <td>Mobile Collection Services: \$ _____</td> </tr> <tr> <td>Other Explain: _____</td> <td>Number of Mobile Collection Events: _____</td> </tr> <tr> <td>_____</td> <td>Number of SWAP Shop Households: _____</td> </tr> </table> <p>Total RCC Operating Cost (excluding CRTs and other electronics management): \$ _____</p>		Disposal Cost: \$ _____	Education/ Awareness: \$ _____	Salaries: \$ _____	Training: \$ _____	Equipment/ Supplies: \$ _____	Building Modifications: \$ _____	Overhead: \$ _____ (Admin and Utilities)	Satellite Expenses: \$ _____	Other: \$ _____	Mobile Collection Services: \$ _____	Other Explain: _____	Number of Mobile Collection Events: _____	_____	Number of SWAP Shop Households: _____
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_____	Number of SWAP Shop Households: _____														
<p>Are you filing for reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>															