

**Household Hazardous Waste Grant Cycle 15
Countywide U-waste Coordination Grant
Final Report Form (Draft)**

Instructions: Please complete all sections of this report form to qualify your jurisdiction for the coordination grant reimbursement. If multiple choices are appropriate, check all that apply. Attach additional sheets of explanation if necessary.

Please also attach copies of any work products (plans, brochures, agreements, program descriptions, best practices, stakeholder lists, etc.) that would be useful examples for other jurisdictions operating a u-waste management program.

Be sure to sign the report before returning it to you CIWMB grant manager.

1. Grant number _____
2. Grantee (lead coordinator agency) _____
3. Person preparing this report _____
4. Title _____
5. Contact phone number _____
6. Countywide area _____ If this was a multi-county regional effort list the other county-wide areas participating together in the coordination project: _____

GROUP PARTICIPANTS

7. Check the major stakeholder groups participating in this county-wide coordination grant for u-waste:
 - ___ City or County elected officials
 - ___ State or Federal government representatives
 - ___ Tribal governments
 - ___ City or County Solid Waste agencies
 - ___ City or County Environmental or Health agencies
 - ___ City or County air pollution agencies
 - ___ City or County water pollution agencies (storm water, water quality, etc.)
 - ___ Regulatory/enforcement (CUPA, police, fire, toxic spill, etc.)
 - ___ Waste industry (haulers, recyclers, HHW facility operators, etc.)
 - ___ Non-profit/interested public (environmental, environmental justice, etc.)

- ___ Business community (major commercial u-waste generators and retailers)
- ___ Alternative product vendors (non-toxic, long life, reusable, recyclable, etc.)
- ___ Other (list) _____

8. Were there any significant stakeholder groups or individual agencies that declined to participate? If so, list them and briefly explain why they did not participate.

9. Check or list the significant activities that were undertaken and completed under the grant reporting period. (Please address all the categories shown in your application work plan. Be sure to check or list any additional activities not in the original plan, but approved later by your CIWMB grant manager.)

- ___ Workshops (# held / total # of participants) _____
- ___ Surveys (# households or businesses participating in the survey) _____
- ___ Studies
- ___ Plans
- ___ Inter-agency Agreements
- ___ Public/private partnerships
- ___ Regulations/ordinances
- ___ Best practices
- ___ Upgrade educational materials (print, multi-media, etc.)
- ___ Other (list) _____
- Are the results of any of these activities available to share with other jurisdictions? If, so, please attach a copy to this report form.

10. Were there any significant activities listed in your application work plan that were not completed? If yes, list them and briefly explain why they were not completed. _____

11. Are the stakeholders planning to continue meeting as a u-waste coordinating group beyond the grant term? _____

WORK PLAN RESULTS

12. U-waste material generation **estimates**:

- Amount of u-waste **generated** in countywide area per year
 - _____ Lamps
 - _____ Batteries

- _____ Electronic devices (non SB 20, e.g., do not include televisions, computer monitors)
- _____ Other material

- Amount or percent of u-waste **currently collected**
 - _____ Lamps
 - _____ Batteries
 - _____ Electronic devices (non SB 20, e.g., do not include televisions, computer monitors)
 - _____ Other material

- Amount or percent of u-waste **service gap** (generated minus collected)
 - _____ Lamps
 - _____ Batteries
 - _____ Electronic devices (non SB 20, e.g., do not include televisions, computer monitors)
 - _____ Other material

13. U-waste **household materials** collection coverage/capacity **estimate**:

- Percent of households currently served by curbside, permanent facility, or mobile temporary event collection for u-waste _____

14. Is additional coverage or capacity needed for **household materials**? If yes, what form should it take?

- _____ None needed, existing coverage and capacity are adequate
- _____ Upgrades to existing permanent facilities (capacity/hours/days)
- _____ New permanent facilities in new locations
- _____ Satellite drop off centers
- _____ Curbside collection
- _____ Additional mobile/temporary collection events or locations
- _____ Retail partner take back centers (new or expanded)
- _____ Mail back materials to collector or manufacturer
- _____ Other public/private partner collection
- _____ Interagency agreements between jurisdictions for shared HHW facility usage
- _____ Other method (list) _____

15. U-waste **small quantity business generator** (CESQG) collection coverage/capacity **estimate**:

- Percent of CESQGs currently served by curbside, permanent facility, or mobile temporary event collection for u-waste _____

16. Is additional CESQGs coverage or capacity needed for household materials? If yes, what form should it take?

- _____ None needed, existing coverage and capacity are adequate

- _____ Upgrades to existing permanent facilities (capacity/hours/days)
- _____ New permanent facilities in new locations
- _____ Satellite drop off centers
- _____ Curbside collection
- _____ Additional mobile/temporary collection events or locations
- _____ Retail partner take back centers (new or expanded)
- _____ Mail back materials to collector or manufacturer
- _____ Other public/private partner collection
- _____ Interagency agreements between jurisdictions for shared HHW facility usage
- _____ Other method (list) _____

17. Does your county wide area have a “best practices” standard for convenient **location** of u-waste drop off facilities?

- _____ No standard
- _____ Yes, the standard is within _____ miles, or _____ minutes driving time from the surrounding households
- _____ Yes, the standard is within _____ miles, or _____ minutes driving time from the surrounding CESQGs
- _____ Yes, other standard: curbside, take back (list) _____

18. Does your county wide area have a “best practices” standard for convenient available **open times** for u-waste drop off facilities?

- _____ No standard
- _____ Yes, the standard is _____ hours per day, for _____ days per month for household drop off
- _____ Yes, the standard is _____ hours per day, for _____ days per month for CESQG drop off.
- _____ Not applicable (why) _____

19. Proposed strategy for **reducing** the amount of u-waste **generation**

- _____ Education campaign (buy less, non-toxic, longer life, etc)
- _____ Alternative product exchange events
- _____ Product sales bans (list) _____
- _____ Other method (list) _____

20. Proposed strategy for illegal u-waste disposal **enforcement**

- _____ General population awareness/education
- _____ Targeted education (by neighborhood or group)
- _____ Load checks
- _____ Local ordinance vendor permits, etc.
- _____ Administrative fines
- _____ Legal action
- _____ Other method (list) _____

21. Proposed methods of u-waste **education/awareness**
- _____ Mass media (radio, TV, etc.)
 - _____ Mass media (newspapers)
 - _____ Mass media (internet web sites)
 - _____ Target households (mail outs, school presentation, flyers, etc.)
 - _____ Target business (site visits, presentations, partnerships, etc.)
 - _____ Other (list) _____
22. After this countywide coordination effort, what are the major remaining **barriers** to increasing u-waste prevention/collection in your area?
- _____ Local funding resources
 - _____ Lack of facilities
 - _____ Lack of staffing
 - _____ User education
 - _____ Stakeholder coordination
 - _____ Other issue (list) _____
23. What is your **best estimate** of the total county-wide costs for programs to prevent and collect u-waste?
- _____ current spending on u-waste
 - _____ projected cost to meet u-waste prevention/collection goals
 - _____ funding shortfall (needed \$ minus available \$)
24. Proposed local funding sources/strategies for needed additional u-waste prevention and collection efforts:
- _____ General fund
 - _____ Waste account or other existing special fund
 - _____ Revise franchise agreement
 - _____ Revise disposal fees on households or CESQGS
 - _____ Revise disposal gate fees at landfills or transfer stations
 - _____ Revise disposal special fees at HHW collection centers
 - _____ Enforcement fines
 - _____ State block grants (for ongoing operations)
 - _____ State competitive grants (for facility and new program development)
 - _____ Permit or license fees for waste generators
 - _____ Other method (list) _____
25. Based on your coordination plans, what is your best **estimate** of the total percent of all county-wide u-waste that will be collected annually at the end of 5 years (2012)? _____

GRANTEE FEEDBACK:

26. Do you feel that this grant funded coordination effort has improved your countywide systems ability to decrease u-waste generation and/or increase u-waste collection?

- _____ Little or no difference
- _____ Some impact
- _____ A significant impact
- _____ A great impact

27. Should the Board continue to use its limited grant resources to offer assistance grants for **county wide coordination** in future grant cycles?

- _____ No, use coordination funds for competitive infrastructure grants
- _____ Yes, continue to offer county wide coordination grants on this or other issues (list) _____
- If yes, what percent of the \$4.5 million available for HHW grants should be set aside in future cycles for countywide coordination efforts? (current funding is 11%) _____%

28. Is there anything else you would like to tell the Board or Board staff about the 15th cycle coordination grant or the topic of u-waste in general? _____

SIGNATURE:

Disclaimer statement:

The statements and conclusions of this report are those of the Grantee and not necessarily those of the California Integrated Waste Management Board, its employees, or the State of California. The State makes no warranty, express or implied, and assumes no liability for the information contained in this report.

I hereby certify under penalty of perjury under the laws of the State of California that all information in this report is a true representation of the events and results of the u-waste coordination grant process.

Signed by (Signature Authority for Grantee as authorized in resolution)

_____ Date: _____

SIGNATURE AUTHORITY

COUNTY WHERE SIGNED