



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.

Residential Material Only 2
CESQG Material Only 3
Total weight of material managed:
Permanent Facility: _____ pounds
Mobile Collection: _____ pounds
Satellite Site(s): _____ pounds
Total: _____ pounds

Participation Data (households) 4
Participation Data (CESQG) 5
Please provide the number of households served:
Permanent Facility: _____
Mobile Collection: _____
Satellite Site(s): _____
Total: _____

Operating Expenses: 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:
Disposal Cost: \$ _____
Salaries: \$ _____
Equipment/ Supplies: \$ _____
Overhead: \$ _____ (Admin and Utilities)
Other: \$ _____
Education/ Awareness: \$ _____
Training: \$ _____
Building Modifications: \$ _____
Satellite Expenses: \$ _____
Mobile Collection Services: \$ _____
Number of Mobile Collection Events: _____
Number of SWAP Shop Households: _____
Total RCC Operating Cost (excluding CRTs and other electronics management): \$ _____

Are you filing for reimbursement? [] Yes [] No