

# 1999 Minnesota Electronics Recovery Project (ERP) Site Costs and Program Tracking

County Name \_\_\_\_\_

Person filling out form \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Collection Description

1. What type of collection did you run?

- One day collection(s).
  - How many collections did you run? \_\_\_\_\_
  - Dates of collections \_\_\_\_\_
  - Hours of operations \_\_\_\_\_
- Ongoing collection
  - Dates of collection \_\_\_\_\_
  - Hours of operation \_\_\_\_\_
- Other (Please describe): \_\_\_\_\_

2. Where did you hold your collection(s)? Please check all that apply.

- Household Hazardous Waste permanent collection site
- Mobile Household Hazardous Waste Unit
- Recycling Center
- Retail Location
- School or other public building
- Other (please list) \_\_\_\_\_

3. Some programs had to bring material to a central site from the actual collection location. Were you responsible for getting materials to a central site? \_\_\_\_\_

4. If you answered yes to question 3, please describe how the materials were stored and delivered to the final transport truck.

## Publicity

5. Please indicate the advertising and publicity that was done for the event, include newspaper articles, newspaper ads, any radio coverage and how you used flyers or other publicity. Check all that apply. Please attach copies if it is appropriate.

a. Newspapers			
Name of Newspaper	Type of Coverage (ad, article, etc.)	Dates of coverage	Size of ad (column inches)

b. Radio Coverage		
Type of Coverage (PSA, ads, talk show discussion, etc.)	Dates of Coverage	Number of times aired

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C. TV Coverage		
Type of Coverage (PSA, ads, talk show discussion, news, etc.)	Dates of Coverage	Number of times aired

d. Other Publicity			
Type of Coverage (brochures, fliers, bill stuffers, etc.)	How/Where Distributed	Dates of Distribution	Total Number Distributed

e. Please describe any other publicity not listed above.

### Budget

6. What was your total budget for the ERP collection and related activities?

- ◆ Include the money provided by OEA and other partners.
- ◆ Do not include spending for RFP application and pre-collection kickoff meetings.

Expense Category:	Cash	In kind	Total Spent	Staff Hours
a. Publicity				
b. Planning				
c. Collection Equipment (Gaylords, forklift, gloves etc.)				
d. Hauling				
e. Storage				
f. Site and building				
g. Administration/oversight				
h. Collection event staff costs				
i. Other (Please describe)				
<b>TOTAL FOR PROJECT</b>				

7. How much of your budget did you receive from other partners (OEA, etc.) Please list each source and the respective amount:

Partners:	\$ Amount:
OEA	
other _____	

other _____	
other _____	

8. Were the staff (choices go onto the next page):

- a. County or city staff? Number of hours? \_\_\_\_\_
- b. Private employees (if retailer used own employees at a collection site, for ex.)  
Number of hours? \_\_\_\_\_ Hourly rate? \_\_\_\_\_
- c. Sentenced to serve? Number of hours? \_\_\_\_\_ Hourly rate? \_\_\_\_\_
- d. Volunteers? Number of hours \_\_\_\_\_
- e. Other (Please describe and list hours for each)

9. If you collected a fee for drop off:

- a. What was the amount of the fee? \_\_\_\_\_
- b. How much money did you collect from the fee? \_\_\_\_\_

### Your Comments

Please let us know what you thought about and learned from the ERP project:

10. What worked best?

11. What didn't work?

12. What was the feedback from generators/customers?

13. Based on your experience, what recommendations do you have for structuring a program to collect and recycle electronics products in the state? (Feel free to attach more pages).

**Questions?** Call Tony Hainault at the Office of Environmental Assistance AT 651-296-3417 or toll free 1-800-657-3843

**Please return the form to:**

**Office of Environmental Assistance  
520 Lafayette Road, North, St. Paul, MN 55155  
Fax: 651-215-0246**