

# Community Collection Event Summary Checklist and Worksheet

When filling out the online report, be sure you are ready with this general information:

- Neighborhood Association / Community Organization
- Neighborhood Coalition
- Collection Event Coordinator
- Collection Event Coordinator Phone
- Collection Event Coordinator Email
- Date of Collection Event
- Location and address of Collection Event
- Number of households that disposed of materials at your event
- Number of volunteers who contributed to the Collection Event
- Number of seniors and people with disabilities assisted
- Total number of Metro Disposal Vouchers used for mixed waste
- Total number of drop boxes used
- If you cleaned up illegal dump sites you will be asked to note locations
- If you partnered with other neighborhood associations or community organizations', you will be asked to list them
- A brief narrative of your event

## **Materials Note Sheets**

Use these note sheets during the Collection Event to help collect data for the online report.

### **Materials collected**

- Mixed waste collected (in tons) \_\_\_\_\_
- Mixed waste destination (name of disposal facility) \_\_\_\_\_

### **Yard Debris**

*City of Portland reimbursement and Metro Disposal Vouchers are not available for residential yard debris collection and disposal.*

- Yard debris recovered (in tons) \_\_\_\_\_
- Yard debris destination (name of recycling facility) \_\_\_\_\_

### **Materials collected for recycling**

- Metal recycled (in tons) \_\_\_\_\_
- Metal destination (name of recycling facility) \_\_\_\_\_
- Paper/cardboard recycled (in tons) \_\_\_\_\_
- Paper/cardboard destination (name of recycling facility) \_\_\_\_\_
- Plastics recycled (in tons) \_\_\_\_\_

- Plastics destination (name of recycling facility) \_\_\_\_\_
- Foam packaging/Styrofoam™ in cubic yards (length x width x height) \_\_\_\_\_
- Foam packaging/Styrofoam™ destination (name of recycling facility) \_\_\_\_\_
- Tires recycled (by count) \_\_\_\_\_
- Tires destination (name of recycling facility) \_\_\_\_\_
- Appliances/white goods (by count) \_\_\_\_\_
- Appliances/white goods destination (name of recycling facility) \_\_\_\_\_
- Electronics recycled (by count) \_\_\_\_\_
- Electronics destination (recycling facility) \_\_\_\_\_

*Oregon E-Cycles accepts TVs, computers, monitors for free recycling. These items are not allowed to be disposed of in the garbage or at disposal sites such as landfills, transfer stations and incinerators.*

**Materials donated for reuse** *Do not include items listed as onsite reuse.*

- Small appliances (by count) *Do not include appliances recycled as metal.* \_\_\_\_\_
- Small appliances destination (name of reuse facility) \_\_\_\_\_
- Building materials (such as wood boards, doors, windows) (by count) \_\_\_\_\_
- Building materials destination (name of reuse facility) \_\_\_\_\_
- Furniture (by count) \_\_\_\_\_
- Furniture destination (name of reuse facility) \_\_\_\_\_
- Clothing, shoes (by count) \_\_\_\_\_
- Clothing, shoes destination (name of reuse facility) \_\_\_\_\_
- Mattresses (by count) *Do not include mattresses disposed as mixed waste.* \_\_\_\_\_
- Mattresses destination (name of reuse facility) \_\_\_\_\_
- Bicycles (by count) \_\_\_\_\_
- Bicycle destination (name of reuse facility) \_\_\_\_\_
- Other materials collected/recycled/donated *Do not include onsite reuse items.*

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- Destination(s)

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**Onsite reuse**

- You-price-it/free/swap items (by count) \_\_\_\_\_

## **Expenses Worksheet**

Use this worksheet to record and calculate all expenses for reimbursement before submitting online.

### **Waste hauler 1**

Company name \_\_\_\_\_

Number of drop boxes \_\_\_\_\_

Material(s) collected \_\_\_\_\_

Fee \$ \_\_\_\_\_

### **Waste hauler 2**

Company name \_\_\_\_\_

Number of drop boxes \_\_\_\_\_

Material(s) collected \_\_\_\_\_

Fee \$ \_\_\_\_\_

### **Metal Recycling**

Metal hauler (if other than private individual) \_\_\_\_\_

Number of drop boxes \_\_\_\_\_

Fee \$ \_\_\_\_\_

**Subtotal Hauler fees** (Hauler 1 + Hauler 2 + Metal) \$ \_\_\_\_\_

### **Marketing**

Print materials (include postage): Total cost \$ \_\_\_\_\_

Directional signs/yard signs: Total cost \$ \_\_\_\_\_

**Subtotal marketing** \$ \_\_\_\_\_

### **Supplies**

*No alcoholic beverages will be reimbursed with city funds.*

Gloves: Total cost \$ \_\_\_\_\_

Trash bags: Total cost \$ \_\_\_\_\_

Refreshments: Total cost \$ \_\_\_\_\_

**Subtotal supplies** \$ \_\_\_\_\_

**Other expenses**

*BPS has the right to refuse payment on items not listed above. If you have questions on what will be available for reimbursement, please contact BPS before purchase.*

Other1: Description \_\_\_\_\_

Other1: Total cost \$ \_\_\_\_\_

Other2: Description \_\_\_\_\_

Other2: Total cost \$ \_\_\_\_\_

Other3: Description \_\_\_\_\_

Other3: Total cost \$ \_\_\_\_\_

Other4: Description \_\_\_\_\_

Other4: Total cost \$ \_\_\_\_\_

**Subtotal other \$ \_\_\_\_\_**

**Total cost for Reimbursement**

*Disposal expenses plus Marketing/Supplies/Other expenses:*

**\$ \_\_\_\_\_**