



DEPARTMENT OF ENVIRONMENTAL SERVICES
CITY AND COUNTY OF HONOLULU



REFUSE DIVISION

1000 Uluohia Street, Suite 201, Kapolei, Hawaii 96707

TELEPHONE: (808) 768-3200 • FAX: (808) 768-3434

WEBSITE: www.opala.org

CONDO RECYCLING PROGRAM

Reimbursement Pre-Approval Form

The City and County of Honolulu, Department of Environmental Services will reimburse multi-family property associations or building owners for expenditures associated with start-up of recycling programs for their residential facilities. Reimbursement can be up to \$2,000.00 depending on availability.

PROPERTY INFORMATION

Name of Multi-Family Association or Building: _____

Address: _____

Number of Buildings: _____ Number of units: _____

Square footage of building(s): _____ Square footage of property: _____

CONTACT PERSON

Name: _____ Title/Position: _____

Phone: _____ E-mail: _____

ASSOCIATION PRESIDENT BUILDING OWNER (Select one)

Name: _____

Phone: _____ E-mail: _____

PRE-APPROVAL FORM CHECKLIST

- Completed form
- Completed Recycling Program Plan Questionnaire
- Quotes for potential equipment, containers, educational materials, etc.
- Photos of potential equipment, containers, educational materials, etc.

- **Qualifying properties are required to register to the City's Vendor Self Service (VSS) registration process. Visit the City's Division of Purchasing webpage at www.honolulu.gov/pur.**
- **Participating properties agree to allow City personnel to inspect the facility's recycling program for verification and must submit annual progress reports summarizing program's progress.**

Submit all documents to opala@honolulu.gov or mail to the following address:

Refuse Division – Recycling Branch
1000 Uluohia St., Suite 201
Kapolei, HI 96707

SUBMISSION BY:
Name: _____
Signature: _____
Date: _____
Total amount of funds requested: _____

RECYCLING PROGRAM PLAN QUESTIONNAIRE

1. Description of recycling program operations:

A. Materials collected (*select all that apply*):

- | | | |
|---|---|---|
| <input type="checkbox"/> Aluminum cans – HI-5 | <input type="checkbox"/> Glass bottles – Non HI-5 | <input type="checkbox"/> Plastic bottles – HI-5 |
| <input type="checkbox"/> Aluminum cans – Non HI-5 | <input type="checkbox"/> Green waste | <input type="checkbox"/> Plastic bottles – Non HI-5 |
| <input type="checkbox"/> Corrugated cardboard | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Glass bottles – HI-5 | <input type="checkbox"/> Paper (white & colored) | <input type="checkbox"/> Other: _____ |

B. Types and location of recycling containers and equipment:

C. Collective Service Agreement (*i.e. company, organization, self-haul*):

D. Additional description of operation:

2. Describe tenant education and notification.

3. How will your recycling program be sustained over the next 5 years?

4. Other/Comments:

5. Description of planned expenditures:

DESCRIPTION	ESTIMATE PRICING
Recycling Containers <i>(type & quantity):</i> 	\$
Other Equipment <i>(type & quantity):</i> 	\$
Tenant education materials <i>(e.g. brochures, signs):</i> 	\$
System design and coordination <i>(i.e. staffing for work specifically related to designing recycling program for property; not to exceed \$200):</i> 	\$
Total Amount of funds requested:	\$

FOR OFFICE USE ONLY:

Approved by: _____ Date: _____