



Part 2: Zero Waste Event Rebate Request Form

This form is the final step in participation in the Zero Waste Event Rebate program. The City will use the information in this form to verify that the event met all qualifications and to calculate the rebate amount. Send the signed, completed form along with all necessary documentation to: eventrecycling@austinrecycles.com

Applicant Information:

Applicant Name: _____

Sponsoring/Producing Organization: _____

City of Austin Vendor Registration Number: _____

Phone #: _____ **Email:** _____

Issue Rebate Payment to: Event organizer Waste hauler Compost provider Staffing service Other

Make rebate check payable to: _____

Mailing address for rebate: _____

Post Event Report:

Event Name/Event Location: _____

Attendees:

of Paid Staff*:

of Recycling Containers:

of Compost Containers*:

of Vendors:

of Volunteers*:

of Trash Containers:

Please include the following documentation from your event:

- Copy of itemized invoice with cost and weight of trash services
- Copy of itemized invoice with cost and weight of recycling services
- Copy of itemized invoice with cost and weight of composting services*
- Copy of itemized invoice with cost and weight of staffing services*
- Completed Post Event Survey

*item may not be applicable to all events

ARR Use Only	
Recycling Provider: _____	Total cost of recycling services: _____
Compost Provider: _____	Total cost of compost services: _____
Staffing Service: _____	Total cost of staffing services: _____
 TOTAL COST OF ALL SERVICES: _____	
# & Size of Trash Dumpster: _____	Pounds of trash collected: _____
# & Size of Recycling Dumpster: _____	Pounds of recycling collected: _____
# & Size of Compost Dumpster: _____	Pounds of compost collected: _____
 TOTAL LBS. OF WASTE COLLECTED: _____	
DIVERSION RATE: (recycling + composting / recycling + composting + trash) x 100 = _____	

Execution:

I am an authorized representative of the event, and agree on behalf of the event that the information provided in this application Part 1 & 2, in the post-event survey, and in the attachments is true and correct to the best of my knowledge.

I understand and agree to all rules, terms and conditions of this rebate.

APPLICANT

Applicant Signature: _____ Date: _____

Printed name and title: _____

Organization Name: _____

Post Event Survey:

The results of this survey are essential for the City to evaluate the Zero Waste Event Rebate program, develop best practices guidance, and consider future city policy initiatives. Please answer each question thoughtfully and thoroughly.

- 1. Is this the first time you have had recycling at your event? Yes No

- 2. Is this the first time you have had composting at your event? Yes No

- 3. Will you incorporate recycling and/or composting services at future events? Yes No

- 4. Would you recommend this event recycling program to others? Yes No

- 5. Did you have signage promoting your event recycling and/or composting? Yes No

- 6. Did you advertise recycling and/or composting in your promotional material? Yes No

- 7. How hard was it to introduce recycling at your event? 1 2 3 4 5
1 easy-5 difficult

- 8. How hard was it to introduce composting at your event? 1 2 3 4 5
1 easy-5 difficult

- 9. What advice would you give to other event organizers on recycling and/or composting at events?

- 10. Any other comments or suggestions:

*item may not be applicable to all events