

**764/99 INTEGRATED WASTE MANAGEMENT (CCD)
DIRECT PROGRAM COSTS AND REVENUES**

IWM 1.8

District: San Mateo CCCD Fiscal Year: 99/0 00-1 01-2 02-3 03-4 04-5 05-6

The purpose of this report is to list all of the mandate direct costs (other than staff labor) and program income by activity.

| REIMBURSABLE ACTIVITIES Forms IWM 1.6-A -1, -2, -3 Forms IWM1.6 B -1, -2, -3 | DIRECT COSTS TO IMPLEMENT THE MANDATE (SEE IWM 1.5) | | | | | | |
|---|---|--------------------------|--------------|--------------------|----------------------|-------------------------|-------|
| | 2. Materials & Supplies | 3. Consultant Contractor | 4. Equipment | 5. Employee Travel | 6. Employee Training | 7. Software and Service | Total |
| 1. Policies and Procedures | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 2. Staff Training | | | | | | | |
| 3. Plan Development | | | | | | | |
| 4. Alternative Compliance | | | | | | | |
| 5. College Coordination | | | | | | | |
| 6 A Source Reduction | | | | | | | |
| 6 B Recycling | | | | | | | |
| 6 C Composting | | | | | | | |

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| | | | | | | | |
| 6 D Special Waste | | | | | | | |
| 6 E. Procurement | | | | | | | |
| 7. Accounting System | | | | | | | |
| 8. Annual Reporting | | | | | | | |
| 9A. Recycling Income | | | | | | | |
| 9 B. Grant Money | | | | | | | |
| 9C. Other Revenue | | | | | | | |

EMPLOYEE CERTIFICATION: The State of California requires that school district personnel maintain a record of data for state mandates in order for the district to receive reimbursement. Your signature on this form certifies that you have reported actual data or have provided a good faith estimate which you “certify under the penalty of perjury to be true and correct based on your personal knowledge or information.” This information is used for cost accounting purposes only.

Employee Signature _____ Date _____

If you have any questions, please contact Raymond Chow, at 6742.

PLEASE SUBMIT THIS INFORMATION BY _____; TO Suki Chang