



## FORM I. Registration Form for LAs

We appreciate your interest to partner with International Partnership for Expanding Waste Management Services of Local Authorities. If in full agreement with the Partnership's mission and goal, you may complete and sign this **application form** and return it to the Partnership's International Secretariat at the address mentioned below the form.

If you have any further clarifications, please contact International Partnership's Coordinator at [ipla@uncrd.or.jp](mailto:ipla@uncrd.or.jp) (for the period interim)

### 1. DETAILS ABOUT THE AUTHORIZED REPRESENTATIVE FROM THE LA

*(Please provide direct contact details of a representative from your LA)*

Mr  Ms  Dr  First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of the LA : \_\_\_\_\_

Address of the LA :

Line 1 : \_\_\_\_\_

Line 2 : \_\_\_\_\_

Line 3 : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Website of the LA : \_\_\_\_\_

Direct Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Direct Email: \_\_\_\_\_

### 2. ORGANIZATIONAL DETAILS

*This section (Part A, B, C, D and E) is intended to evaluate the capacity of your organization in the area of waste management. Please furnish answers to the queries listed. A detailed answer is encouraged.*

#### Part A. Basic Profile



When was the LA established? Give month and year.

What is the population of the LA?

What is the area of the LA?

What is the LA's staff strength?

	Operational		Administration and other		Total
	Women	Men	Women	Men	
Full time					
Part time					
Contract					
Others					
Total					

What are the sole/ shared responsibilities and functions of the LA?

**Part B. MSW Profile**

What is the per capita generation of MSW in the LA?

What is the composition of MSW generated in the LA?

Are there any specific municipal waste streams that are difficult to manage?

Is segregation of MSW practiced in the LA?

What is the landfill area allotted for disposal to the LA?

Give details (number and scale) of the waste recycling, recovery and treatment facilities in the LA.

**Part C. Technical Capacity**

How many trained/ experienced waste management professionals/ experts does the LA have?

What are the key achievements of the LA in the area of waste management?

What are the main challenges that LA is facing in executing projects related to waste management?

What are the LA's immediate priorities and needs in the area of waste management?



Has the LA participated directly or indirectly in waste management policy design for the country or region?

Has the LA worked with private or community organizations on issues related to waste management? Please substantiate with examples.

#### **Part D. Governance Structure**

Does the LA have a policy statement clearly understood, approved and reviewed by all its members?

Does the LA have a clear mission statement clearly understood, approved and reviewed by all its members?

#### **Part E. Finances**

What are the main sources of funding for the LA?

What fraction of the LA budget is spent on waste management?

What is the per capita spending of the LA on waste management?

Does the LA follow acceptable accounting practices?

Does the LA prepare, monitor and review a budget?

Does the LA disseminate information about its financial performance through annual reports?

### **3. CONTRIBUTION TO NETWORK ACTIVITIES**

*(Please mark what network activity would your LA contribute in, as a partner)*

Disseminating information on your activities to the network

Participating in Events

Participating in Projects

Contributing expertise

Offering voluntary funding



Other *(please specify)*:

**4. PURPOSE**

*(Please outline why your LA wants to partner with us)*



## **Mission Statement**

*We are committed to working with partners from governments, business, finance and civil society around the world to facilitate expansion of waste management services worldwide*

*The International Partnership for Expanding Waste Management Services of Local Authorities provides a new and flexible way of working together to achieve the common goal of 'Zero Waste'.*

*Through this Partnership we will share knowledge, communicate across national boundaries and work to spread best practice in order to accelerate the uptake of waste related infrastructure and services at various stages of waste management such as segregation, collection, transport, recycling, recovery, treatment and disposal.*

***Please tick the box to confirm that you have read and agreed to the mission statement***

I hereby apply for my organization to become a Partner; I certify that the above information is correct and that I have the authority to speak on the organization's behalf. With this signature, my organization endorses the Partnership's mission statement and wishes to work towards its goals.

Signed: \_\_\_\_\_

*(Your signature)*

On behalf of: \_\_\_\_\_

*(Name of the LA)*

Name: \_\_\_\_\_

*(Your name)*

Date: \_\_\_\_\_