**Organic Waste Composting Submittal Form**

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| **Instructions:** Please complete all fields as thoroughly as possible. If the project in question is still in the planning or development phase, all fields must be completed using best available data and estimates based on the proposed project design. This is an interactive Word form. Upon completion, please save this form as a PDF prior to uploading it to the Reserve. This will lock your answers and protect the document from any further changes. All fields must be completed, even if the answer is also provided elsewhere; if a field is not applicable insert N/A in the space provided. Upon approval, this form will become public. | |
| 1. **Account Holder (as it appears in the Reserve software):** |  |
| 1. **Project Name (as it appears in the Reserve software):** |  |
| 1. **Project ID #:** | **CAR** |
| 1. **Protocol Version:** | Organic Waste Composting Project Protocol V1.1 |
| 1. **Project Crediting Period\* (select one)**   \*If the project is being submitted for a second crediting period, please send an email to [reserve@climateactionreserve.org](mailto:reserve@climateactionreserve.org) notifying the Reserve Administrator. In addition, please upload to the *existing* project in the Reserve software (there is no need to create a new project for the purposes of applying for a second crediting period). | First crediting period  Second crediting period |
| 1. **Technical Consultant(s):** |  |
| 1. **Other Parties with a Material Interest:** |  |
| 1. **Form Completed By (name, organization):** |  |
| * 1. **Contact Information (phone, email):** |  |
| * 1. **Date of Form Completion:** |  |
| 1. **Project Start Date (MM/DD/YYYY):** |  |
| 1. **First Reporting Period of the current Crediting Period (MM/DD/YYYY):** | to |

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| **Project Site Information** | | | | |
| 1. Name of Facility |  | | |
| 1. Project site address (including county and country) |  | | |
| 1. Type of facility (e.g. private compost facility, public compost facility, etc.) |  | | |
| 1. Owner of facility (name and organization) |  | | |
| 1. Total waste processing capacity (MT per day) |  | | |
| 1. Estimated food and soiled paper waste handling (MT per day) |  | | |
| 1. Describe the facility’s waste handling and mixing procedures and equipment prior to composting activities |  | | |
| 1. Composting Activities:    1. Type of composting system:   Forced Aeration (Negative pressure)  Forced Aeration (Positive pressure)  Turned Windrow  Other (describe):   * 1. Description of composting activities (including types of materials and technologies employed): | | | |
| **Project Eligibility and Monitoring** | | **Yes** | **No** |
| 1. Has this project been submitted to another registry or program? If so, please describe if the project been accepted (listed, approved, pre-approved, etc.) by the other registry or program | |  |  |
| 1. Have any GHG reduction tonnes from the project ever been registered with or claimed by another registry or program prior to registering with the Reserve?   *If yes, you must complete and return a “Project Transfer” form* | |  |  |
| 1. Have any GHG reductions from the project ever been sold directly to a third party (i.e. sold without being registered with or claimed by another registry or program) prior to registering with the Reserve?   If yes, please describe: | |  |  |
| 1. As of the project start date, is/was the composting facility in compliance with the Best Management Practices (BMPs) defined in Sections 2.2 and 6.3 of the protocol (including time, temperature and turning frequency, waste handling requirements, and other monitoring requirements)? | |  |  |
| 1. Has a detailed monitoring plan been developed for this project? If not, by what date will a monitoring plan be in place? | |  |  |

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| **Project Eligibility and Monitoring (cont.)** | **Yes** | **No** |
| 1. Eligible waste stream information    1. Description of the eligible waste stream(s) that the project will compost:    2. Approximate anticipated quantity of non-industrial food waste and/or soiled paper waste to be composted (MT wet waste per day):    3. County or counties of origin of non-industrial food waste and/or soiled paper waste streams:    4. Waste delivered as (check all that apply):  |  |  |  | | --- | --- | --- | | Source separated organics: | Non-source separated organics: |  | | Residential  Commercial  Grocery store  Other (describe): | Previously mixed solid waste (separated  off-site)  Mixed solid waste (separated on-site)  Other (describe): |  | | - | - |
| 1. Non-eligible waste stream information    1. Description of any non-eligible waste materials composted at the project compost facility:    2. Prior to the project start date, did the project composting facility compost food waste originating from grocery stores or supermarkets? |  |  |
| 1. Please describe any non-eligible waste materials composted at the composting facility: | - | - |
| 1. Prior to the project start date, did the project digester receive any food waste originating from grocery stores or supermarkets?   If yes, please describe when food waste originating from grocery stores was first sent to the digester: |  |  |
| 1. Provide a summary of the permits obtained to compost food waste at the facility: | - | - |
| 1. Is the project being implemented as the result of any law, statute, regulation, court order, or other preexisting legally binding mandate?   If yes, please explain: |  |  |
| 1. Was this project enacted in conjunction with a local food waste diversion mandate?   If yes, please provide the date that the food waste diversion mandate was passed into law by the local jurisdiction |  |  |
| 1. Are there are any laws statutes, regulations, court orders, or other preexisting legally binding mandates requiring the diversion, digestion, or composting of any waste streams that will be composted by the project?   If yes, please explain: |  |  |
| **All Projects (optional)** | | | |
| 1. Additional information (if any): | | | |