# Please complete the form and send it to info@mio-ecsde.org. The contents will be assessed by experts. You may be contacted for additional information so please make sure to include correct contact details.

# TITLE: ……………………………

**Topic**: ……………………. (choose from: prevention / re-use / recycling / other (specify e.g. littering)

**Waste fractions covered**: …………………… (e.g. biowaste / paper and packaging / WEEE / residual waste / plastic / other (specify)

**Target group**: …………………..(e.g. municipalities, inhabitants, recyclers, etc.)

**Type of instruments addressed**: ………………. (technical / communication / economic / regulation / other (specify)

**Date of implementation:** From [date/month/year] to [date/month/year] or Since [date/month/year]

**Objectives/expected results:**

**BACKGROUND information AND LOCATION:**

location, country, population, density, specific characteristic (e.g., tourism activity, etc.), and key information on waste management (municipal waste generation per capita, current sorting rate in %)

**Implementing bodIEs:**

**KEY stakeholders involved** (other local players that were involved in the implementation or facilitated its implementation)**:**

**General context** why was the BP implemented (following a specific regulation or obligation, specific challenge identified, political decision, etc.), general description of the situation prior its implementation**:**

**DESCRIPTION OF THE ACTIVITIES** (timeline, key steps)**:**

**FINANCING AND COST RECOVERY CONTEXT** (investment costs, running costs, human resources, method for financing the BP (EPR system, specific subsidy, incomes generated by the BP, local tax/fee, etc.)**:**

**Main achievemeNts and results** (quantitative results (e.g. reduction of waste, quantities sent to re-use/recycling, collected quantities before and after, etc.), reception of the target groups, qualitative results)**:**

**Key factors of success** (contextual factors, critical instruments, critical stakeholder, specific framework conditions… identified as essential for the practice to be implemented):

**Bottlenecks, limitations and challenges:**

**LESSONS LEARNED AND REPLICABILITY:**

**CONTACT PERSONS** (for clarifications, additional information)**:**

**Name:**

**email:**

**Telephone:**

**References, links to further information**:

**Upload additional information/documents/photos here:**