WASTENET COMMUNITY WASTE MINIMISATION FUND APPLICATION

BEFORE YOU START

Please read the Community Fund Application Guide before completing this form. It will help you make a great application.

Applications can only be submitted using this document.

If you are unable to type into the form directly, please print a copy and complete by hand.

We recommend that you keep a copy of your completed application for your own references.

APPLICANT DETAILS

Applicant name

Organisation/group name (full legal name if applicable)

Role in organisation

Address

Phone number Email

Preferred method of communication (select one) ◯ Email ◯ Phone

PROJECT INFORMATION

Project name

What type of project is it? (select one)

- ◯ Education/behaviour change workshop or event
- ◯ Community outreach and education
- ◯ Trial or pilot project
- ◯ Project implementation costs
- ◯ Research or development project
- ◯ Materials and equipment to improve waste diversion and/or waste minimisation
- ◯ Other

When and where will your project take place?

From To

Location/s

Who will manage/oversee the project?

PROJECT INFORMATION CONTINUED

What project management experience/skills does the Project Manager have?

What level of the waste hierarchy does your project sit at? (select one option)

- ◯ Rethink
- ◯ Reuse/repurpose/repair
- ◯ Recover
- ◯ Reduce
- ◯ Monitoring/survey/data collection or waste auditing

What outcomes does your project aim to achieve?

Outcome one:

Outcome two:

Outcome three:

Outcome four:

Outcome five:

How will you evaluate if your project outcomes were achieved?

How much waste minimisation or behaviour change does your project seek to achieve?

How will you measure how much waste minimisation or behaviour change your project achieved?

How many people will benefit from your project?

Directly

Indirectly

How will you promote or advertise your project?

Would you like to use the WasteNet logos in your advertising? ◯ Yes ◯ No

PROJECT BUDGET

What is the full budget for this project? (Please supply a a full budget here).

If your budget won't fit on the table, please email your full budget to **wastenet@icc.govt.nz**, referencing your project name.

Remember to include the in-kind costs that you or someone else may be supplying, such as a venue or equipment free of charge.

ITEM	QUANTITY	UNIT COST
		$
		$
		$
		$
		$
		$
	Total budget (GST Excl)	$

Are you applying to this fund for the whole project budget? (select one) ◯ Yes ◯ No

Total you are applying to this fund for (GST Exclusive): $

Are you applying to this fund for the whole project budget? (select one) ◯ Yes ◯ No

Are you applying to any other funds for this project (select one) ◯ Yes ◯ No

If yes, who and how much?

WHO	AMOUNT
	$
	$
	$
	$
	$

Have you secured funds or support from anyone else for this project? (select one) ◯ Yes ◯ No

If yes, who and how much?

WHO	AMOUNT
	$
	$
	$
	$
	$

FINANCIAL DETAILS

Is your organisation GST registered? (select one) ◯ Yes ◯ No

GST number

If the WasteNet Waste Minimisation Fund is unable to fund the full amount requested, would a smaller grant still be helpful? (select one) ◯ Yes ◯ No

If yes, what would be the minimum amount you require? $

Please explain what will need to change if you received less funding. You might be able to scale down the scope or limit the length of the project and still deliver it for a smaller amount:

Legal Status of the Organisation:

◯ Charitable Trust ◯ Limited liability company ◯ Other

Please supply a bank deposit slip with this application.

ACCOUNTABILITY

I, the undersigned person agree that the information supplied in this application is true and correct to the best of my/our knowledge. If this application is successful, I/we agree to acknowledge WasteNet's Community Waste Minimisation Fund at event openings or workshops related to the project.

REQUIREMENTS

I agree to use the WasteNet logo in all publicity (e.g. posters, flyers, r-newsletters, social media etc) for the project and to follow the guidelines for use of the logo. Logo and guidelines will be supplied to successful applicants.

Privacy Act 1993 - Protection of Personal Information: The information that you provide on this form is required so that your application can be processed. Applications are public records and in some cases part of a public process where a copy of the application is made available to elected members and the public.
The application form will be stored as a public record and held by WasteNet, and in some cases will be available to WasteNet's website.

- ☐ By ticking the box, I understand and accept the terms and conditions
- ☐ I have read the Fund Application Guide
- ☐ I have filled in all parts of this application
- ☐ I have supplied a full budget
- ☐ I have supplied a bank deposit form with this application
- ☐ I have delegated authorty to apply this fund on behalf of my organisation

Name Position

Date Signature

Please return this form to the **WasteNet** team via email to **wastenet@icc.govt.nz.**