

Waitaki Waste Minimisation Fund Application



Waitaki
DISTRICT COUNCIL
TE KAUNIHERA A ROHE O WAITAKI

Information

- Please read the Waitaki Waste Minimisation Fund Information Guide BEFORE completing this form – it will help you make a great application.
- If you would like to discuss your ideas or find out more about the fund, please get in touch with Lucianne White, our Waste Minimisation Officer, via emailing lwhite@waitaki.govt.nz or ringing 03 433 0300.

Applicant Details

Applicant Name

Organisation/Group name (full legal name if applicable)

Role within organisation

Phone Number

Email

Preferred method of communication

(Select one option)

Email

Phone

Post

Project Information

Where is the project taking place?

What is your project all about?

What is the purpose of your project?

What is the type of waste your project will reduce? e.g. food waste, household waste, commercial waste

Tracking Progress and Evaluation

Please share how you will know your project was successful (e.g. your evaluation plan).

Consider both qualitative (e.g. learning outcomes achieved, changes in behaviour etc.)
and quantitative measures (numbers/weights/volumes).

How much waste will your project divert from landfill? (if you're not sure, make an estimate and let us know how you calculated it)

Community Involvement

How many people can engage with your project? (e.g. is there limited capacity (seated workshop) or or could anyone access it (free video etc))

How will you encourage participation/promote your project? (Please add paid advertising into the budget if you think you will need it)

Project Management

Please share any project management and financial management experience you (or members of the group) have. Explain how that experience will ensure you are able to deliver this project and that funds will be used responsibly to minimise the risk to Council.

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Project Management

It's great to demonstrate what you/your group is contributing to the project.

Please think about all other inputs into the project in addition to budget applied for from this fund.

Please include financial support from other sources, donated materials, venues you may provide free of charge, catering provided, volunteer hours (cost at \$30/hr/person) and estimate their value. Add financial support sources, quantity, unit cost and total cost including GST in the box below

Total donation or financial support for this project (estimate)

\$

Budget Applied For This Fund

Budget applied for from this fund (Please collect receipts for purchases over \$100 for the final report).

Please add purchase items, quantity, unit cost and total cost including GST

Item	Quantity	Unit Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total Budget (estimate)

\$

Total Requested Funding Amount

\$

Financial Details

Is your organisation GST registered?

(Select one option)

Yes

No

GST number (please enter one digit in each box)

If the Waitaki Waste Minimisation Fund is unable to fund the full amount requested, would a smaller grant still be helpful? (Select one option)

Yes

No

Financial Details Continued

What would be the minimum amount you require? Answer this only if you selected Yes to the previous question

\$

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.

Waitaki District Council may be able to help your project through non-financial means. Please select what you would like support with.

(Select multiple options)

☐ Council Venue

☐ Equipment Loan (e.g. data-shows, borrow of small scale waste kit)

☐ Other

If you selected Council Venue, which venue would you like to access?

If you selected Equipment Loan, which equipment would you like to borrow?

If you selected Other, give details about other support you would like to get

Financial Details

Are you interested in ongoing funding over multiple years?

(Select one option)

☐ Yes

☐ No

If you selected Yes above, to achieve your outcomes, how many years would your project need?

Accountability Requirements

I, the undersigned person, hereby declare that the information supplied here on behalf of my group/organisation/business or myself is correct. I understand that if our project does not proceed, that all funds must be reimbursed to Council. I consent to Waitaki District Council collecting the personal contact details provided, and retaining and using these details.

If this application is successful, I/we agree to acknowledge Waitaki District Council's Waste Minimisation Fund at event openings or workshops related to the project.

I agree to use the fund's logo in all publicity (e.g. poster, flyers, e-newsletters, social media etc.) for the project and 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 Council, and in some cases will be available to Council's website.

By ticking the box, I understand and accept the terms and conditions

Name

Position

Date

Signature

Please return this form to Grants Administration at the Waitaki District Council, 20 Thames Street, Oamaru or post/email to:

Grants Administration
Waitaki District Council
Private Bag 50058
Oamaru

grantsadmin@waitaki.govt.nz

Creditor Application Form

Creditor Details

Name

Trading Name

Postal Address
(include postcode)

NZBN Number

GST Number

Phone Number

Contact Name

Email Address (for remittance advices)

Email Address (for general enquiries etc)

Credit Terms

Bank Account Details

Full Account Name (in BLOCK letters)

Account Number (please enter one digit in each box)

Please Note:

- 1 Applications without a contact phone number and email address will not be processed.
- 2 Right align all bank account numbers e.g. Enter 02 suffix as 002.
- 3 Credit terms indicated on this form must match with the terms reflected on the invoice. Otherwise, the default payment terms, which is 20th of the following month from the invoice date, will be used.
- 4 'Waitaki District Council' will appear in the "particulars" column of your bank statement.
- 5 The creation of profile may take up to **3 working days** to be processed. Invoice can only be processed after the profile is created.

Declaration

By completing and signing this form, I declare and confirm that I have the necessary authority to complete and submit this form to Waitaki District Council.

Name

Position

Signature

Date

DD

MM

YYYY

Please email completed form to accounts@waitaki.govt.nz

Office Use Only

Requested By

Department

Entered By

Reviewed By