

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 our Waste Minimisation staff, via emailing wastefreewaitaki@waitaki.govt.nz or ringing 03 433 0300.

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 option)

Email

Phone

Project Information

Project Name

What type of project is it?

(Select one option)

Education/behaviour change workshop or event

Education/behaviour change campaign

Feasibility study/business case

Monitoring/survey/data collection or waste auditing

Research or development project

Social enterprise/start-up using waste to create new products or achieve environmental benefits

Other

When and where will your project take place?

When from

When to

Locations

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

Reduce

Reuse/repurpose/regift/repair/recharge the soil

Recover

What outcomes does your project aim to achieve?

Outcome 1

Outcome 2

Outcome 3

Outcome 4

Outcome 5

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?

Project Information Continued

How many people will benefit from your project?

Directly

Indirectly

How will you promote or advertise your project?

Would you like to use the Waste Free Waitaki logos in your promotion?

(Select one option)

Yes

No

Project Budget

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

If your budget won't fit on the table, please email your full budget to grantsadmin@waitaki.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, or volunteer or staff labour. You can cost out volunteers at \$30 p/p per hour).

Item	Quantity	Unit Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Budget (estimate)		\$

Are you applying to this fund for the whole project budget?

(Select one option)

Yes

No

Total you are applying to this fund for

\$

Are you applying to any other funds for this project?

(Select one option)

Yes

No

If yes, who and how much?

Who	Amount
	\$
	\$
	\$
	\$
	\$

Project Budget

Have you secured funds or support from anyone else for this project?

(Select one option)

Yes

No

If yes, who and how much?

Who	Amount
	\$
	\$
	\$
	\$
	\$

Financial Details

Is your organisation GST registered?

(Select one option)

Yes

No

GST number (please enter one digit in each box)

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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

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.

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)

Venue Hire

Advertising and Promotion

Event Waste Kit Hire

Please supply a bank deposit slip with this application.

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.

I have read the Fund Information Guide.

I have filled in all parts of this application.

I have supplied a full budget.

I have attached a bank deposit slip to this application.

I have delegated authority to apply to this fund on behalf of my organisation.

Name

Position

Date

DD MM YYYY

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

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

Office Use Only

Requested By

Department

Entered By

Reviewed By