About you	
* indicates a required field	
About the Applicant	
Applicant * Title First Name	Last Name
Applicant Position	
If you are representing a group	or business
Applicant Primary Address	5S *
Address Line 1, Suburb/Town, S	State/Province, Postcode, and Country are required.
<b>Applicant Primary Phone</b>	Number *
Applicant Primary Email	*
Must be an email address.	
Organisation Type an	d Name
Are you applying as an: *	<ul> <li>Individual</li> <li>Registered charity</li> <li>Business</li> <li>Community group</li> <li>Educational provider</li> </ul>
Registered Charity	
NZ Charity Registration	Number (CRN)
, ,	mber provided will be used to look up the following information.  That you have entered the Charity Registration Number
New Zealand Charities Registe	r Information
Charity Registration	

Number	
Organisation Name	
Other Names	
Status	
Street Address	
Postal Address	
Telephone	
Fax	
Email	
Website	
Date Registered	
Must be formatted correctly.	
Business	
NZBN	
The NZBN provided will be used to look up the following information check that you have entered the NZBN correctly.	. Click Lookup above to
New Zealand Companies Register Information	
NZBN	
Entity Name	
Registration Date	
Entity Status	
Entity Type	
Registered Address	
Office Address	
Community group	
Community group name Organisation Name	
Community group description	
community group accempation	

Educational provider

**Educational provider name** 

Educational provider description	
Your Project	
* indicates a required field	
Project idea and process	
Project name *	
Provide a high level overview of your project and the spec outcomes *	ific waste minimisation
Provide a short description of your project	
What are the primary areas of focus for this project/progra	am? *
You can select items from any area of the list – all have equal value. Only want to be more specific. In this question we want to know about the fiel health), rather than the types of people it will affect (e.g. young people, it	d of work (e.g. arts, sport,
Project Start date *	
Morable and details	
Must be a date	
Project End date *	
Must be a date	
Where will the project take place? *	
If on land not owned by the group, please provide signed permission from	n the owner
Provide an estimated figure of the weight of waste (kg or project anticipates to divert from landfill. If educational, p number of people this initiative will directly reach. *	

Why do you think there is a need for the waste minimisation delivered by this project? *
Provide a brief action plan of the steps you will take to deliver this waste minimisation project. Include timelines and any key stages/ milestones. If you have a written project plan, please attach it at the end of this application form *
How will you monitor and evaluate the project's success? Include any information you will track and evaluate at the end of the project / trial period *
Which other organisations or groups will be involved in the project (if applicable)? State their verbal or written commitment to support your project
State their verbal or written commitment to support your project
We recommend providing written endorsement from other organisations involved, particularly if your application is for a large amount. Upload these on the final page of the form.
Benefits to community
Describe how you will measure the reduction in waste to landfill and/or the education/behaviour change on waste minimisation as a result of your project *
Must be no more than 200 words
From a waste minimisation perspective, describe how the community and/or environment will benefit from this project or initiative. Give specific examples. *
You may also include additional benefits from the project (150 words recommended)
Estimated number of people the project will benefit
Will this project support waste minimisation for marae and community facilities,

community organisations or registered charities. If 'yes,' please explain how.

Will this project create better waste minimisation outcomes for Macultural groups? If yes, please explain.	iori or othe
People / organisation	
Describe the relevant skills and experience of the organisation(s) involved to deliver this project successfully. Include any technical needed or relevant networks you have established	
CVs of key people can be attached at the end of the form	
Outline the governance structure for the project	
Project time frame	
Is this project/initiative designed to be long term/ongoing, short to lf long term, please describe how it will be financially sustainable.	
If part of a larger, non-waste focused project, please answer in regard to the waste aspects specifically	minimisation
Health and Safety	
You shall be responsible for ensuring all relative legislation is complied with purpose of this grant. This includes, but not limited to the Health and Safet 2015 and Regulations.	
Please indicate you have read and accept this responsibility:	
Project feasibility questions	

As you're applying for more than \$10,000, we recommend you do some checks to ensure your project will work and is feasible.

A feasibility study will help ensure you've considered what's necessary to make your project a success. It is a "health check" on your project to make sure you have the foundations set.

How much money is needed to established or completed?	to start the project and keep it running until it is
Drill down all your potential costs be	fore you commit yourself to seeing an idea through
Who is your target audience/	customer?
Identify who will be most interested cost-effective way.	in your product/service, so you can market to them in a direct and
Who are your main competito	ors?
Understand who may offer similar pr	roducts/services and learn about their strengths and weaknesses.
Do you have any compliance/	legal obligations?
Research your obligations on busine	ss.govt.nz
Financial Information	
* indicates a required field	
Budget Information	
Is your organisation GST registered? *	□ Yes □ No
If yes, please provide GST number	Must be a registered GST number
Dan's at Language	

#### Project Income

List the sources of income for this project.

You can also include any other funding sources for this project.

Please note applications from a registered business require a minimum of 50% co-funding for the project from the applicant(s). For applications from a charity or community group, projects with a total value greater than \$50,000 require a minimum of 25% co-funding from the applicant.

Income	\$			
Project Costs				
List the specific costs you v	vish to cover with this Waste M	linimisation Funding application.		
Provide quotes for items ov	ver \$100 where possible. (Atta	ch later in form)If your organisation		
is GST registered DO NOT i		,,,,,,		
Expenditure	\$			
	ĺ			
Budget Totals  Total Income Amount	Total Expenditure Amount	Income - Expenditure		
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.		
Project costs request	ed			
Total Amount Requested (\$50,000 maximum) *	Must be a dollar amount a	Must be a dollar amount and no more than 50000. What is the total financial support you are requesting in this		
Project cost details				
Please describe exactly have listed above	what you will use the fund	ing for. Explain the costs you		
Provide any extra details for the	he costs you have listed			

Applicant contribution to the project

What is the applicant's financial contribution or in-kind contribution (e.g. volunteer hours, professional services or donated materials) to the project?

Please note applications from a registered business require a minimum of 50% co-funding for the project from the applicant(s). For applications from a charity or community group, projects with a total value greater than \$50,000 require a minimum of 25% co-funding from the applicant.

#### Accountability for a previous grants and funding

If your group/organisation previously received funding from Hastings District Council please specify details below

Name of Project	Year Received	Amount Received	Accountability Report
		\$	
		\$	
		\$	

#### Supporting documents

Please attach any supporting documents you would like considered alo	ongside
your application. This could include things like a project plan, research	ı/evidence
for the project, written letters of support from stakeholders and CVs o	f any key
people. Provide quotes for any items over \$100 where possible.	
Attach a file:	

Include your project budget if you have this in a separate document

### For grant applications over \$20,000, we recommend you attach a project plan or business plan

Attach a file:

We recommend for larger applications over \$20,000, that start-ups and new businesses provide a business plan. We recommend that established businesses provide a project plan.

#### Declaration

\* indicates a required field

In making this declaration I declare that:

- 1.I am authorised to do so and to the best of my knowledge the information contained herein is true and correct.
- 2.Any funding received will be used for the project for which it was approved and in the event that this is not possible, the funding will be refunded to Council.
- 3. The organisation will comply with any reasonable request from Hastings District Council to monitor performance and accountability.

- 4.This organisation will not make any material or substantial alteration to the project without obtaining approval from the Hastings District Council Community Grants Advisor
- 5.This organisation will obtain approval from Hastings District City Council prior to using their name or logo in any promotional material.
- 6.This organisation is fully compliant with all applicable legislation, including part 3 of the requirements under the <u>Vulnerable Children Act 2014</u> to safety check your volunteers and staff (if applicable).
- 7.This organisation is aware that the personal information that you provide in this form will be held and protected by Hastings District Council in accordance with our Privacy Statement.

Full name of organisation				
_				
Full name of authorised signatory *	Title	First Name	Last Name	
Position of authorised signatory *				
Date of declaration *				
	Must be a d	ate		