

Application Form - Small Projects

Form Preview

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 *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Primary Phone Number *

Applicant Primary Email *

Must be an email address.

Organisation Type and Name

Are you applying as an: *

- ☐ Individual
- ☐ Registered charity
- ☐ Business
- ☐ Community group
- ☐ Educational provider

Registered Charity

NZ Charity Registration Number (CRN)

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

New Zealand Charities Register Information

Charity Registration

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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. Click Lookup above to check that you have entered the NZBN correctly.

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

Educational provider

Educational provider name

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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 waste minimisation outcomes *

Provide a short description (250 words recommended) of your project - what are you out to do?

What are the primary areas of focus for this project/program? *

You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

Project Start date *

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 the owner

Provide an estimated figure of the weight of waste (kg or tonnes) that this project anticipates to divert from landfill. If educational, provide the estimated number of people this initiative will directly reach. *

Word count:

Must be no more than 400 words.

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Why do you think there is a need for the waste minimisation delivered by this project? *

Word count:

Must be no more than 200 words.

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 *

Include any information you will track to measure the project's success

Which other organisations or groups will be involved in the project (if applicable)? 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 *

Word count:

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. *

Word count:

Must be no more than 200 words.

You may also include additional benefits from the project (150 words recommended)

Estimated number of people the project will benefit

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Must be a number.

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 Māori or other cultural groups? If yes, please explain.

People / organisation

Describe the relevant skills and experience of the organisation(s) or individual(s) involved to deliver this project successfully. Include any technical capabilities 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 term or one-off? If 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 minimisation aspects specifically

Health and Safety

You shall be responsible for ensuring all relative legislation is complied with relating to the purpose of this grant. This includes, but not limited to the Health and Safety at Work Act 2015 and Regulations.

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Please indicate you have read and accept this responsibility: ☐

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

Project Income

List any sources of income for the 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.

Project income

\$

Total Project Income

Total Income Amount

This number/amount is calculated.

Project costs

List the specific costs you wish to cover with this Waste Minimisation Funding application.

Provide quotes for items over \$100 where possible. (Attach later in form) If your organisation is GST registered DO NOT include GST in these costs.

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Project costs

\$

	\$
	\$
	\$
	\$
	\$
	\$
	\$

Costs requested

Total Project Costs

\$

This number/amount is calculated.

Total Amount Requested (\$10,000 maximum) *

\$

Must be a dollar amount and no more than 10000.
What is the total financial support you are requesting in this application?

Cost details

Please describe exactly what you will use the funding for. Explain the costs you have listed in the table above

Provide any extra details for the 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
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		\$	
		\$	
		\$	

Supporting documents

Please attach any supporting documents you would like considered with your application. This could include things like a project plan, research/evidence for the project, written letters of support from stakeholders and CVs of key personnel. Provide quotes for any items over \$100 where possible.

Attach a file:

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

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 [Vulnerable Children Act 2014](#) 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

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Full name of authorised signatory *

Title	First Name	Last Name

Position of authorised signatory *

Date of declaration *

Must be a date