

Waste Minimisation Fund Small Projects Application Form

Form Preview

About you

* indicates a required field

About the Applicant

Applicant *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Name and Contact

Are you applying as an: *

- Individual
- Registered Charity
- Business
- Community Group

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

Must be formatted correctly.

Community Group

Community Group Name *

Organisation Name

Community Group Description

Your Project

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* indicates a required field

Project Details

Project name *

Project description *

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)

Who are the expected primary beneficiaries of this project/program? *

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal - no particularly targeted beneficiaries'

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

Signed permission from land owner (if applicable)

Attach a file:

Why do you think there is a need for this project? *

Word count:

Must be no more than 200 words.

What are the outcomes the project aims to achieve? *

Word count:

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Must be no more than 400 words.

Please describe how the community and/or environment will benefit from this project *

Word count:

Must be no more than 200 words.

Describe the estimated number, gender, age and location/region of those participating in the project (150 words recommended)

Describe how you will measure the reduction in waste as a result of your project *

Word count:

Must be no more than 200 words

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

Please attach any supporting documents you would like considered along side your application.

Attach a file:

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.

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

Budget

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If your organisation is GST registered DO NOT include GST in these costs.

Income	\$	Expenditure	\$
	\$		\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

Total Amount Requested

\$

Must be a dollar amount.
What is the total financial support you are requesting in this application?

Additional Budget Information

do you have any other information to add to your budget?

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
		\$	
	Must be a date		

Declaration

* indicates a required field

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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

Full name of authorised signatory *

Title

First Name

Last Name

Position of authorised signatory *

Date of declaration *

Must be a date