

School Waste Systems Fund Application Form

Form Preview

About your school

* indicates a required field

School name *

Applicant name *

Title First Name Last Name

----------------------	----------------------	----------------------

Applicant position at school

Principal, Deputy Principal Teacher.

School address *

Address

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

School phone number *

School email *

Must be an email address.

Number of students enrolled

Must be a number.

Alternative contact person

Alternative email address

Must be an email address.

Alternative phone number

Must be a New Zealand phone number.

School Waste Systems Fund Application Form

Form Preview

About your project

* indicates a required field

Describe the current waste streams collected at your school. *

Which of the following will you collect with the new bins proposed for purchase *

- ☐ Food scraps
- ☐ Paper and cardboard
- ☐ Plastics and cans
- ☐ Glass
- ☐ Other:

Type of bins required

Type of bin	Number required
Compost bins / worm farms	
Paper recycling bins	
Plastic and cans recycling bins	
Food scrap bins	
Other	

Where the material will go

Describe where the material will go after it is collected, e.g. food scraps composted in the existing school compost bins, or via a recycling contractor.

Is this an existing or new service for the school?

Total amount requested *

What is the total financial support you are requesting in this application? Must be no more than \$1000 per 250 students, maximum \$4000.

Please attach recent quote

Attach a file:

School Waste Systems Fund Application Form

Form Preview

The quote should be less than one month old and include bin types, quantities and sizes.

Declaration

* indicates a required field

Reporting: If this funding application is successful, the school agrees to share with HDC details around the success and learnings of the initiative.

Terms and conditions: 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 authorised signatory *

Title

First Name

Last Name

Position of authorised signatory *

Date of declaration *

Must be a date

