

# CDC Waste Minimisation Grant application form 2023

## Form Preview

### Eligibility

\* indicates a required field

Applicants: please note

Before completing this application form, you should have read the Waste Minimisation Grant guidelines: **{{ insert hyperlink }}**.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact

**Sandra Burles: sandrab@cdc.govt.nz**

If you do contact us throughout the application process, please quote the application number below:

#### Application Number

This field is read only.

### Confirmation of Eligibility

#### I confirm that the applicant ...

- has read and understands the program guidelines
- is able to demonstrate alignment between their project and the aims of this program
- is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- is incorporated society
- is located in and running their proposed activity in the **Carterton District**.
- is able to demonstrate financial viability
- does not owe any grant accountability reports or money to Carterton District Council as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant

**Please select below: \***

Yes

No

You must confirm that all statements above are true and correct.

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### Contact Details

\* indicates a required field

### Privacy Notice

To view our privacy statement, go to <https://cdc.govt.nz/your-council/publications/privacy-policy/>

### Applicant Details

#### Organisation: \*

Organisation Name

For organisations: please use the organisation's full name. Make sure you provide the same name that is listed in official documentation.

#### Other:

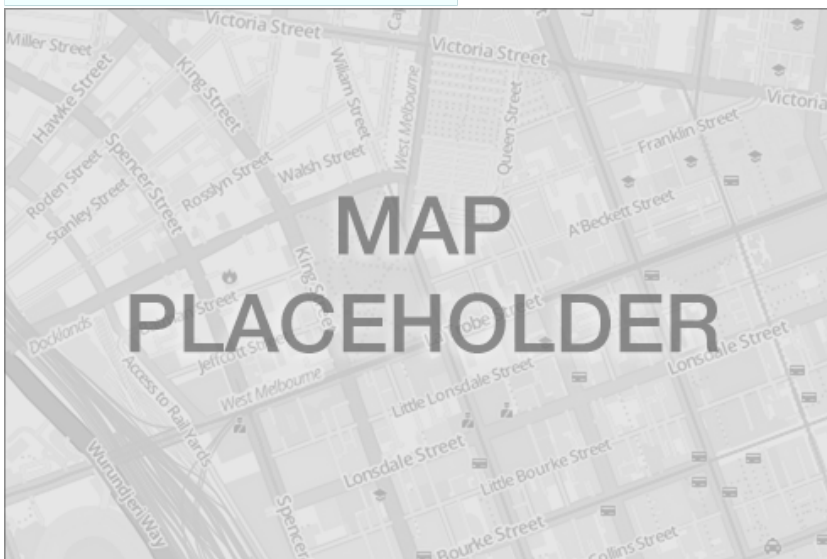
(for example - a Neighbourhood group, business, Social Enterprise, education facility)

#### Department/Branch/Faculty

Use this field only if relevant.

#### Applicant primary address

Address

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### Applicant postal address

Address

### Applicant primary phone number \*

### Applicant email address \*

Must be an email address.

### Applicant website

Must be a URL.

## Primary Contact Details

### Primary contact \*

Title      First Name      Last Name

This is the person we will correspond with about this grant.

### Position held in organisation \*

e.g., Manager, Board Member or Fundraising Coordinator.

### Primary contact primary phone number \*

### Primary contact office phone number

### Primary contact email address \*

This is the address we will use to correspond with you about this grant.

## Organisation Details

\* indicates a required field

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**What is your organisation's purpose or mission? \***

Word count:

Must be no more than 200 words.

**Does your organisation have an NZBN or CRN? \***

Yes

No

**Applicant 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

**Applicant 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 Number
Organisation Name
Other Names
Status
Street Address
Postal Address
Telephone
Fax
Email
Website
Date Registered

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Must be formatted correctly.

### What type of not-for-profit organisation are you?

- Educational institution (includes pre-schools, schools, universities & higher education providers)
- Religious or faith-based institution
- Philanthropic organisation
- Social enterprise
- Professional association
- Healthcare not-for-profit
- Community group
- Research body
- General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

### What is your organisation's legal structure?

- Incorporated Society
- Organisation established through specific legislation
- Trust

## Organisational Bank Account details

Please provide the following details:

### Bank Account \*

Account Name

Account Number

Must be a valid New Zealand bank account format.

### GST Number

Must be a number.

Must be a 9 digit number

## Partner Information

\* indicates a required field

### Are you partnering with another organisation for the purpose of this grant? \*

- Yes
- No

## Partner Organisation Details

### Partner organisation name \*

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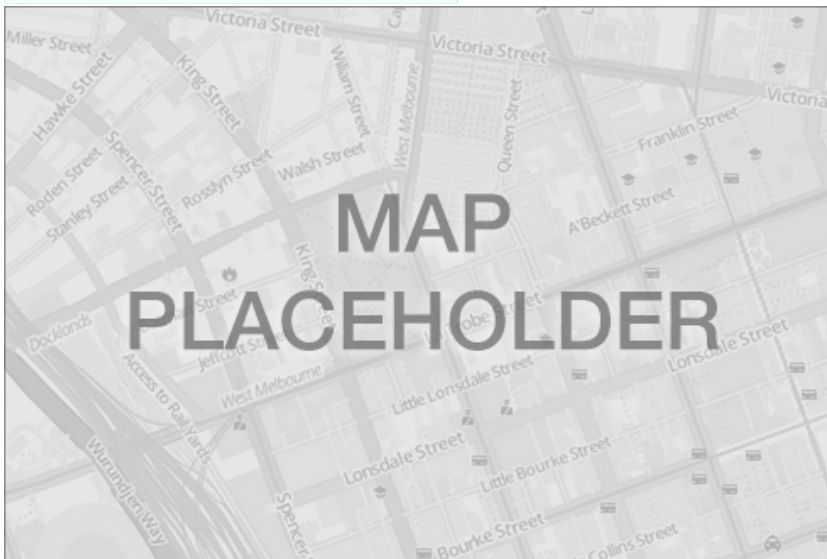
## Form Preview

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation.

**Auspice or partner primary address**

Address

**Partner postal address**

Address

**Partner primary phone number \***

**Partner email address \***

Must be an email address.

**Partner website**

Must be a URL.

**Primary contact person at partner organisation \***

Title      First Name      Last Name

We may contact this person to verify that the partner arrangement is valid and current.

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**Position held in organisation \***

e.g., Manager, Board Member or Fundraising Coordinator.

**Partner primary contact primary phone number \***

**Partner primary contact office phone number**

**Partner primary contact email address \***

Must be an email address

**Please attach a letter from the partner organisation confirming that the partner arrangement is valid and current. \***

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

**Please list all the people who will be delivering the project, along with their relevant experience:**

Word count:

Must be no more than 200 words.

**Are there any other partners involved in project? Please list them here:**

Word count:

Must be no more than 500 words.

## Project Details

\* indicates a required field

**Project title:**

Provide a name for your project/program/initiative. Your title should be short but descriptive

**What type of project is this?**

- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Behaviour Change | <input type="checkbox"/> Business Case  | <input type="checkbox"/> Equipment  | <input type="checkbox"/> Data Collection |
| <input type="checkbox"/> Education        | <input type="checkbox"/> Infrastructure | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Waste Auditing  |

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- Feasibility Study     Materials     Surveys     Social Enterprise Start Up (using waste as a resource)

Anticipated start date

Anticipated end date

Note: Your project must be finished by June 31st 2024

### Please provide a short summary of your initiative \*

Be descriptive, but succinct: How does your project promote or achieve waste minimisation? Ensure your project is in accordance with the guidelines.

### Rationale / Theory of Change: What is the need and how will you address it?

What are your goals and objectives? Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Refer to the Fund Guidelines to ensure you meet the requirements.

### Alignment - How will your initiative help Carterton District Council achieve our goals?

How does your project support the Council's Waste Management and Minimisation Plan? Please consult the Fund guidelines for more information about our program and organisational goals.

### Please tell us how your activity meets the following objectives.

Key objectives include

- Increase awareness in our community about challenges and opportunities with current national, regional, and local waste systems and transitioning these systems to circular economy approaches required for the future of te taiao – natural world.
- Information and awareness relating to Carterton District Councils Waste Minimisation Community Fund reaches a diverse and extensive range of Carterton community members to support inclusion and participation of waste minimisation activities and efforts.
- Carterton District Council are committed to partnerships within our community and seek to draw on the skills, experience and talents that exist within the districts business,



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schools, community groups, sports clubs, iwi, hapū and individuals to deliver solutions, actions and outcomes from the WMMP.

- Encourage and Support iwi and cultural groups to reduce waste to landfill
- Achievement of specific actions within the WMMP
- Provide solutions or support to recycle items that cannot be recycled in kerbside services.
- Promote a shift up the waste hierarchy to focus on avoiding and reducing resource use.

<b>Anticipated Outcomes that meet the above Objectives</b>	<b>Timeframe</b>	<b>Indicator</b>	<b>Verification Method</b>
	Short, Medium or Long term	What you will use to measure this outcome.	e.g. survey; interviews; focus groups

Alignment:

**If your project does not align with any of the above objectives, please explain why it should still be considered:**

Word count:

Must be no more than 500 words.

**Does your initiative prevent items from going to landfill ?**

Refer to the Guidelines for the types of General Waste and Special Waste, eg: plastic, rubber, timber, organic (including food), paper, potentially hazardous, rubble, sanitary, textiles, glass, ferrous metal.

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Waste material classification	Individual waste item	Commercial or Residential ?	Quantity
Refer to Guidelines classification, eg; Paper, organic, timber	eg; bread, broken rubber jandels, plastic lids	Select either Commercial or Residential waste	Approx.

## Event Waste management

### Is your event in the Carterton District?

- Yes  
 No

### Is your funding for Event Waste Management? (Note a waste management plan is required under the Solid Waste Management and Minimisation Bylaw for events over 1000 people attendance, and recommended for events with under 1000 people in attendance)

- Yes - I have contracted a company to manage waste  
 Yes - I am still to find a contractor to manage the waste  
 No - for a different part of my event

### Please upload quotes here:

Attach a file:

## Changing Behaviour

### How many people do you plan to target, and how will you encourage participation?

(Estimate, for example based on number in attendance, method of communication, number of households/ Schools involved.)

### Do you have a goal for how many people will changed their behaviour by engaging with your activity or project?

### Does this initiative have community support?

- Yes                       No                       Don't know                       Not Applicable

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

### What evidence do you have that this project/program has community support?

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### Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

### If your grant application is for funding > \$2000.00 please outline what the major steps / stages (i.e. milestones) involved in delivering your initiative?

Milestone	Start Date (if known)	Finish Date (if known)	Location (if relevant)	Notes
e.g. planning; major activities; evaluation	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	(e.g. add address, suburb, region if known; otherwise type 'unknown' or 'not applicable')	Add explanatory notes if required

## Monitoring

### How will you monitor and evaluate success?

## Health and Safety

**Please list any health and safety risks associated with your project along with measures you will take to mitigate such risks. Please note that shortlisted applications may be required to submit a health and safety plan with risks associated to the project.**

## Inputs (Budget)

\* indicates a required field

## Funding Categories

The Carterton District Council Waste Minimisation Grant has two categories for funding:

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Rapid Fund - for small and rapid projects up to \$2000.00

Annual Contestable Fund - for medium and large projects over \$2000.00

### Total Amount Requested

\$

What is the total financial support you are requesting from Carterton District Council in this application?

### Total Project/Program Cost

\$

What is the total budgeted cost (dollars) of your project?

### Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'fundraising initiatives', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time employee x 40 hours'.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	

### Budget Totals

#### Total Income Amount

\$

This number/amount is calculated.

#### Total Expenditure Amount

\$

This number/amount is calculated.

#### Income - Expenditure

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This number/amount is calculated.

### Please attach quotes

Attach a file:

**Please share any project management and financial budgeting experience that demonstrates your organisation's ability to deliver this project and that the funds will be used:**

**What other resources will you need in order to successfully carry out this project?**

**Confirmed?**

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

## Funding Sources

**What other funding have you received from Carterton District Council in the past 1 year?**

Word count:

**Please describe how your project will continue after the funding ends: \***

Word count:

Must be no more than 200 words.

## Applicant Capacity

\* indicates a required field

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**Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application.**

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

**Please provide a link to or attach a copy of your most recent Annual Report.**

If you do not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

**Upload files \***

Attach a file:

or

**Provide web link:**

Must be a URL

## Acknowledgement

**If you are successful, how would you acknowledge Carterton District Council's funding contribution?**

## Certification and Feedback

\* indicates a required field

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

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**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree \***

Yes

No

**Name of authorised person \***

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

## Applicant Feedback

You are nearing the end of the application process.

**Please indicate how you found the online application process:**

Very easy

Easy

Neutral

Difficult

Very difficult

**How many minutes in total did it take you to complete this application? \***

Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**