



WASTE MINIMISATION FUND - 2010/2011

Office Use Only
Application #:

Application Form

See the Explanatory Notes attached for questions marked with an asterisk *

If using a computer or word processor, please use a different font.

If handwritten, please ensure form is neatly written in dark pen so that your application can be easily read and photocopied.

GENERAL DETAILS:

1. Name of organisation: _____
2. Postal address: _____
3. Street address: _____

PERSONAL CONTACT DETAILS

- 4*. Contact names of two people in your organisation to assist with further information if required i.e. President, Chairperson, Secretary, Treasurer. One of these contacts must be the person who filled in this application form. Please note that consent must be obtained from other persons to provide their particulars, in accordance with the Privacy Act 1993.

First contact person: _____ (Mr/Mrs/Miss/Ms) _____

Position in organisation: _____

Address: _____

Phone (day) _____ Phone (evening) _____

Email _____

Second contact person: _____

Phone (day) _____ Phone (evening) _____

Email _____

5. What is the main purpose of your organisation?

6*. If your organisation is registered for GST, please supply your GST number: _____

7. Year organisation established: _____

Status of organisation : Incorporated Society Charitable Trust Other: _____

PROJECT DETAILS:

8*. Please provide **a full description of the waste minimisation project for which you are seeking Council funding**: (if additional sheets are required, please use A4 and attach to the back of this form)

9. What would happen to your project if you do not receive any Council funding?

10. What would happen to your project if you only receive some of the funding you have requested from the Council?

11*. Please list other community organisations which provide similar services.

Similar services _____

How you differ _____

12. If you were successful with obtaining this waste minimisation funding, when would your project start and would it have a finish date?

13. Tell us **why** Council should fund **this project**.

14. How will this project help meet Wanganui's waste minimisation goals? (Refer to Council's Waste Minimisation Fund Policy 2010 and Council's Waste Management and Minimisation Strategy 2009).

15*. Please provide a **breakdown of the budget for this project**.

PLEASE NOTE: If you are registered for GST, please do not include GST in these costs.

Expenditure (list of project costs)	\$	Income (financing of project)	\$
Total cost of the project is: Total (A)		Applicant's contribution is: Total (B)	

Amount applied for	Total (A) - Total (B)	\$
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NOTE: Please enclose your last audited accounts

16*. Have you received, or applied for, **any funds** from any organisation for this project?
If yes please provide the following details and/or attach evidence of funding sought:

Yes | No

Funding Organisation	Outcome	Amount (\$)

17*. If funding is approved, how will your organisation acknowledge the Wanganui District Council's assistance?

18*. To receive waste minimisation funding from the Council, your organisation must negotiate performance measurements for this project. Please list the performance measurements you propose.

19*. Please advise how your organisation will report on the achievement of the performance measurements.

FUTURE ORGANISATIONAL PLAN:

20*. Please attach a copy of a Development Plan or Business Plan for the Project.

IMPORTANT

- ⇒ **Please ensure that you have provided evidence to demonstrate compliance with application criteria on page 2**
- ⇒ **Please attach a set of your organisation's last audited accounts to this application**
- ⇒ **Please attach evidence of applications to other funding provider(s) for this project**
- ⇒ **Please ensure that you have answered all of the applicable questions**

Declaration/Consent Under Privacy Act 1993

I hereby declare that, to the best of my knowledge and belief, the information supplied here on behalf of my organisation is correct, and also consent to Wanganui District Council collecting the personal details provided, and retaining and using these details. I undertake that I have obtained the consent of the other persons to provide these details. I acknowledge my right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Name: _____

Signature: _____

Please return application to:

Robyn Butler
Wanganui District Council
PO Box 637
WANGANUI