WASTENET COMMUNITY WASTE MINIMISATION FUND 2024/25 APPLICATION FORM

Before You Start

- Read the Community Fund Application Guide.
- Complete the Community Fund Application form according to the guide.
- Applications can only be submitted using this document.
- If you are unable to type into the form directly, please print a copy and complete by hand.
- We recommend that you keep a copy of your completed application for your own references.

Part 1 - Applicant Details

Full Name of Organisation:				
Mailing Address:				
Physical Address (If different from above):				
Website (If available):				
Legal Status of Organisation: (e.g. Charitable Trust, Limited Liability Comp	any)			
Charities commission or NZBN registration number: (If applicable)				
Contact Person:				
Position:				
Phone:	Email:			
Alternative Contact:				
Position:				
Phone:	Email:			



Part 2 - Details of the Activity

Activity Name:
Date/s of the activity; or
Date the project is expected to be completed by:
Total estimated cost for this activity:
Funding amount requested from the Community Waste Fund (Note: value should be excluding GST):
Venue or facility where this activity/project will take place:
Please describe the activity by answering the questions below:
he Plan: Identify which of these strategic objectives your project will achieve:
1. Waste Reduction- Reducing waste at source and/or
2. Waste Recovery – Diverting waste from landfill.
Briefly summarise your project. (Maximum 350 words)



Part 2 - Details of the Activity continued

	scribe how your project will provide a solution to the wax	aste challenge(s). Make sure yo	u include:	
a. b. c.	The expected project outcome The activities you will undertake to achieve the outcome(s) How you will measure the success of the outcome(s) and			
How ma	ny people do you expect to take part in the activity?	Participants	Audience	
Describ	e how your project encourages community partic	ipation and/or delivers tangi	ble community benefit.	
Describe	e how your project will create enduring change in beh	avior. (Maximum 250 words)		



Part 3 - Activity Budget

(You may attach your forecasted budget to support the tables below)				
Are you registered for GST?	Yes - Do NOT include GST in your budget	No - Include GST in your budget		

If yes, please enter your GST number:	

Please provide itemised	costs for	this activity:
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Item	Detail	Amount \$
Total Costs		\$

Please provide income details including how your organisation will contribute financially to your activity if applicable (eg) participant fees, fundraising

Income	Detail	Amount \$
Total Income		\$
	Costs minus income	\$

\$



Part 3 - Activity Budget

Please list confirmed sources of other funding for the activity and amounts you have applied for and are awaiting confirmation

	Funding Source		Confirmed Yes/No	Amount \$
ful, when do you	hope to have the funds available from Co	uncil? Date:		
Date	Name of Fund applied to		Activity	
				Amount
				Amount
				Amount
				Alliount
				Amount
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				Amount
				Allisani
				Alliouni
ou hear about t	he WasteNet Community Waste Minimis	ation Fund? (Please tick	c that all apply)	
ou hear about t uncil Website uncil Staff men	Other Website Facebook	ation Fund? (Please tick Instagram her (please detail)		adio



Part 4 - Declaration

I/We agree,

- That the information supplied in this application is true and correct to the best of my/our knowledge.
- That I/We have the authority to commit our organisation to this funding application.
- That any funding received will be used only for the activity for which it is approved.
- To participate in any funding audit of the organisation as required by the Invercargill City Council.
- To complete the accountability requirements and provide receipts where requested.
- That I/We will provide a complete evaluation and/or report detailing the spending and outcome of the activity.
- That the details about our funding application may be released to the media or appear in publicity material.
- As Invercargill City Council is bound under Local Government Official Information Act 1987 and details entered in this application may be released under the act.
- To Invercargill City Council collecting the personal contact details provided on this form. This consent is given in accordance with the requirements of the Privacy Act 1994.

1. Name:	
Signature:	
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2. Name:	
Position:	
Signature:	
Date:	

