

# Community Projects 2024-2025

## Form Preview

### Community Projects 2024-2025

\* indicates a required field

#Review supporting information at [www.kapiticoast.govt.nz/WasteReductionGrants](http://www.kapiticoast.govt.nz/WasteReductionGrants) before completing this form.

#### **[NAME of] Group / Business / Organisation \***

Organisation Name

#### Contact details

#### **# Project contact \***

First Name

Last Name

#### **Address \***

Address

  

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

#### **# Email**

#### **Role within business / organisation \***

#### **#Mobile number \***

#### **How did you hear about the Waste Levy Grant(s)?\***

- Worth of mouth
- Social Media
- Newsletter
- Radio
- Newspaper
- Other:

#### Project plan

# Community Projects 2024-2025

## Form Preview

### Briefly describe the proposed project \*

Provide a short description (100 words recommended) of your project - what are you out to achieve?

### Start Date \*

### End Date \*

### Is this a new or ongoing project? \*

- New
- Ongoing

### Project details

Information about the types of things are eligible for funding: [www.kapiticoast.govt.nz/wastereductiongrants](http://www.kapiticoast.govt.nz/wastereductiongrants)

### I am applying as a \*

- Organisation
- Neighbourhood group with the direct involvement of at least 5 households
- Other

**If you are applying as a project with householder involvement, please attach a copy of minutes of the meeting at which it was resolved that this application be made and listing the names, addresses and contact details of at least five participating households. If there are more than five households participating, please indicate the total number directly involved.**

Attach a file:

### How will this project lead to participants' long-term waste minimisation and/or positive behaviour change? \*

### Project geographical boundaries \*

### How will success be measured and reported to Council?

# Community Projects 2024-2025

## Form Preview

### Provide details of community support/involvement (where available)

### Previous experience your business/organisation/project group has had managing community projects

### Outline your plan for telling and sharing the story of your project to engage with the community?

Include things like your website and content, whether and where your project is active on social media platforms, and any other ways that you plan to gain visibility and interest for your project.

## Funding Details

A **\$30,000** funding pool is available for Community Projects in 2024-2025.

Eligible and ineligible costs via [Waste levy grants - Kāpiti Coast District Council \(kapiticoast.govt.nz\)](https://www.kapiticoast.govt.nz)

Notes:

- Two supporting quotes are required (where possible) for proposed equipment purchases.
- No minimum \$ per application.
- Registered for GST, **exclude** GST in your costs.
- Not registered for GST, **include total costs including GST**.

## Project Costings

Name Item / Service	Cost \$NZ	Please provide quotes for all items
---------------------	-----------	-------------------------------------

	If you are registered for GST, exclude GST in your costs. If	
--	--	--

# Community Projects 2024-2025

## Form Preview

	you are not registered for GST, include total costs.	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

### Total Amount Requested \*

Must be a dollar amount.

What is the total financial support you are requesting in this application?

### Budget Totals

### Total Expenditure Amount \*

\$

This number/amount is calculated.

### Further Funding Details

### Estimated total cost of project \*

### Do the amount requested and total project cost exclude or include GST \*

- excl. GST  
 incl. GST

Registered for GST = exclude GST in your costs. Not registered for GST = include total costs including GST.

### Have you ever applied to any other funding source for funding/sponsorship for the same or similar project? \*

- Yes  
 No

### If you answered 'Yes' above, please list the funding source(s), date of application(s), funding outcome(s)

### Is this project likely to recur or extend beyond the 12 months of this funding round? \*

- Yes  
 No

# Community Projects 2024-2025

## Form Preview

**What is the potential for the project becoming self-funding? \***

**Do you have any other information to support your application?**

**List any relevant supporting information (e.g. meeting minutes resolving to undertake the project/apply for the Fund; project plans)**

**Attach any supporting information and quotes**

Attach a file:

## Declaration

By typing my name in the box below, I certify that the information on this form is correct.

I understand that if the information is not correct, then the Council may refuse to consider the application, require immediate repayment of any grant, cancel any other entitlement granted and/or enforce its rights.

Every applicant must use grant monies only for the purpose for which they are granted and account for them. If that is not done, any grant monies paid must be repaid to the Council on demand. If the actual cost of purchased equipment is lower than the initial quote, the difference will be repaid to the Council at the same time that the purchase price is paid. Proof-of-purchase will be forwarded to the Council.

I understand that the personal information collected in this application will be collected for the purpose of assessing grant applications in accordance with Kāpiti Coast District Council's Privacy Policy and the Privacy Act 2020. Personal information about an individual will be redacted from Committee meeting agendas and reports, which are public. Information collected will not be used for any other purpose, except as required by law. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you would like to ask for a copy of your information, or to have it corrected, please contact us at [privacy@kapiticoast.govt.nz](mailto:privacy@kapiticoast.govt.nz) or 04 296 4700. If this application includes personal information, I have obtained the consent of all persons concerned to provide it.

Please ensure you have read and understood this statement prior to submitting your application.

### Name

First Name

Last Name

# Community Projects 2024-2025

## Form Preview

### Date

Today's date

### Have you... \*

- Completed all sections of this form?
- Read the supporting information on our website at [www.kapiticoast.govt.nz/WasteReductionGrants](http://www.kapiticoast.govt.nz/WasteReductionGrants) and checked that your application does not include any ineligible purposes or costs?
- Attached all relevant supporting documentation including copies of quotes (if possible)?
- Accepted the declaration and dated the application form

At least 4 choices must be selected.