Palmy's Resource Recovery Fund 2022-23

* indicates a required field

Palmy's Resource Recovery Fund has been established to support community initiatives to increase the amount of material that is diverted from landfill.

The guidelines for this fund can be found here.

If you need help with your application, please phone Melissa Doyle on 06 356 8199, or email resourcerecoveryfund@pncc.govt.nz.

Applicant details

Applicant *	Organisation Name			
	Name of organisation (business, community group or registion)			
Contact Person	Title	First Name	Last Name	
	Name of person filling out this form			
Position in organisation				
Physical address	Address			
Postal address	Address			
Phone *				
	Must be a N	New Zealand phone	number.	
Email *	Must be an	email address.		
	Must be an	eman address.		
GST number (if applicable)				

Organisation Name NZ Charity Registration Number (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

Must be formatted correctly.

Organisation Name 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

Must be formatted correctly.

Organisation Website

Must be a URL.

Conflicts of interest

All known conflicts of interest (whether actual, potential or perceived) must be declared.

All Council officers involved in the funding process are also required to declare any conflicts of interest.

Are there any Palmerston Nor your organisation? *	_		rs or elected	members in
○ Yes		○ No		
Please provide their names *				
Are you aware of any other conflicts of interest which could affect this proposal? *	○ Yes	C) No	
Please describe *				
Project details				
Name of project *				
Start date *				
Must be a date.				
End date *				
Must be a date and no later than 30/4	1/2026.			
Brief project description *				
Provide a short description (100 word why you are doing this?			what are you ou	t to do and
Explain why you think there is	a need for	this project *		
Please specify which part(s) of the pr	oject you are s	seeking grant funding	g for.	

Please describe how	the community will	benefit from this project
This can include environn	nental, social, economic a	and cultural benefits.
How will the success	of the project be m	neasured?
Please include how you w	vill measure how much wa	aste can be diverted from landfill
Alignment with W	aste Managemen	t and Minimisation Plan
Read the Waste Manag	gement and Minimisation	on Plan (WMMP) <u>here:</u>
Please describe how	your project aligns	with Palmerston North's WMMP
Funding request		
Funds are available for	projects between \$2,5	500 and \$15,000.
What is the total cost of your proj \$ Must be a dollar amount. What is the total budgete project?		How much are you requesting from Palmy's Resource Recovery Fund? * \$ What is the total financial support you are requesting in this proposal?
Are you seeking funding from oth Yes	er sources? * ○ No	
Details of other fund sources	ling	
	Please speci	fy what funding you have sought from other sources.
Budget		
Please include in-kind	support, such as volun	teer time and donated materials.
Income	\$	Expenditure \$
PNCC grant	\$	\$

Budget totals				
Total income	Total expenditure	Net income		
\$	\$	\$		
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.		
Supporting information				
If you have any additional material you would like us to refer to, please enter it in the section below. This is not a requirement.				
File upload	Attach a file:	Attach a file:		
Free toyt				
Free text				
Health and Safety plan	for community events	5		
We need to make sure that events funded by PNCC are safe for all attendees. If your project is an event, depending on its nature and size, you may need a formal health and safety plan. This plan should cover the hazards and risks of an event, including things like traffic management, recycling and waste minimisation, healthy beverages, sun protection, and first aid.				
Please fill out the Health a	nd Safety Plan below.			
Download the Council's templa	ate for Health and Safety pla	n <u>here.</u>		
Please upload your health and safety plan Attach a file:				
Comments				
Comments				
Terms of Agreement				

1. In accepting the offer of funding from the Palmerston North City Council, the applicant agrees to:

You will only be bound by these terms if your application is successful.

- complete the project as outlined in the application (or request permission in writing from Council for any change to the project)
- use the grant money for the expenses identified in the success letter
- return any unspent funds
- operate in an open and publicly transparent manner
- manage the project in a financially prudent manner with full, up to date and accurate records
- keep invoices/receipts and a record of all expenditure for seven years
- participate in any funding audit of my organisation or event conducted by Council
- contact the Council to let them know of any public event or presentation that is funded by the Council
- positively acknowledge the support of the Council in all relevant media and promotional activities
- give permission for my/our name, brief details about the event, and the amount of the grant to be made available to the public
- comply with all relevant legislation, including government direction regarding Covid-19 quidelines.
- **2.** Palmerston North City Council shall not be liable for any loss or damage incurred or sustained by the applicant, or any of its employees, agents, contractors, customers or volunteers.
- **3.** Representatives of both parties to this agreement will discuss any issues relating to the achievement or non-achievement of the expectations outlined in the agreement. If either party identifies any issues, such discussions will take place as soon as practical.
- **4.** No alteration to, deletion from, or amendment to, any of the provisions of this agreement shall be binding on the parties unless both parties agree, and this agreement is recorded in writing.
- **5.** Palmerston North City Council may terminate this agreement, with two months written notice, where it considers there are serious performance problems against the expectations outlined in this agreement.
- **6.** In the event that the applicant fails to comply with these terms of agreement, Palmerston North City Council is entitled to terminate the agreement immediately. In the event of termination the applicant is required to repay the grant money to Palmerston North City Council.

Do you accept the terms of agreement outlined above? *

□ Yes
Declaration
You must agree to the below statements before submitting your proposal: * ☐ I understand that the Palmerston North City Council is bound by the Local Government Official Information and Meetings Act 1987. ☐ I consent to Palmerston North City Council recording the details provided in this proposal and retaining and using these details for considering the proposal. ☐ I have obtained the consent of all people involved to provide any personal contact details in this proposal. I understand that I have the right to access this information. This consent is given in accordance with the Privacy Act 2020. ☐ I authorise Palmerston North City Council to seek such information as they may require to complete the consideration of this proposal.

I understand that Palmersto any government department or about my organisation for the p application.	agency, private person	or organisation any inf	ormation	
• •	th City Council of any sig	unificant change to our	organisation's	
\square I will advise Palmerston North City Council of any significant change to our organisation's finances between the date this proposal is submitted and the date I am notified of the				
Council's decision.	proposar is sustinitied a.	ia the date rain notine	. O. C	
At least 6 choices must be selected	1.			
Authorisation				
I declare that the details contained in this proposal are correct and that I have authority to commit to the above conditions. * $\hfill \Box$ $\hfill \Box$ $\hfill \Box$				
Your Name *	First Name	Last Name		