

RETHINK WASTE COMMUNITY GRANT PROGRAM

Application Form

CONTACT INFORMATION


Name of Applicant or Organization	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	Prov.	<input type="text"/>	Postal Code	<input type="text"/>
Phone (primary)	<input type="text"/>	Extension	<input type="text"/>	Phone (secondary)	<input type="text"/>
Email	<input type="text"/>			Fax	<input type="text"/>
Contact Person	<input type="text"/>				

PROJECT SUMMARY

Applicants are required to provide detailed information regarding their project. If more space is required, please submit additional information in a separate document.

PROJECT NAME:

OVERVIEW: Describe at a high level your projects purpose, objectives and activities



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WASTE REDUCTION: Explain how your project contributes to reducing waste and assisting the capital region achieve its waste disposal goal of 250kg/capita/year or less

COMMUNITY ENGAGEMENT: Explain who will benefit from your project and how they will be engaged.

PROJECT PARTNERS: Identify any partners or networks you will collaborate with as part of your project.

LEGACY POTENTIAL: Describe how your projects impacts may be sustained and even expanded into the future.

PROJECT OUTCOMES: Provide information on how you will measure the impacts of your project

BUDGET: Provide details on your overall project budget and how the Waste Reduction Grant will be allocated.

BONUS ADDITIONAL INFORMATION: Opportunity to provide additional information (e.g. climate impacts, circular economy, 5R hierarchy).



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PROJECT FOLLOW-UP

I/we agree to share photos and will sign a photo submission form

I /we agree to submit a final report to the CRD upon completion of the project

TOTAL CRD FUNDING REQUEST

Total CRD funding requested for this project: _____

APPLICANT SIGNING AUTHORITY

Name	
Title	
Date	
	_____ Signature (not required with online submissions)

I/we hereby declare that all the information provided herein and on the accompanying statements is to the best of my/ our knowledge, true, complete and correct and understand that it will be used by the Capital Regional District to determine funding worthiness. This information is collected under/subject to The Freedom of Information and Protection of Privacy Act. The proceeds of the funding applied for, if approved, will be used for the expressed intent described in this application which will be for business and not for personal, family or household purposes.

Please save and return using one of the methods below:

- By fax: (250).360.3047
- By email: infoline@crd.bc.ca
- By mail: Capital Regional District
PO Box 1000
Victoria, BC
V8W 2S6

Questions? Contact 250.360.3030 or infoline@crd.bc.ca

