RETHINK WASTE COMMUNITY GRANT PROGRAM

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CONTACT INFORMATION

Name of Applicant or Organization (as it should appear on the cheque)					
Address					
City		Prov.		Postal Code	
Phone (primary)		Extension		Phone (secondary)	
Email					
Contact Person					

Please indicate your organization type:

- ☐ Non-profit (including registered charities)
- ☐ Local Government or First Nation
- ☐ Community Association
- ☐ Educational Organization, Club, Group

Individual (please specify your partner organization): _____

Other (please specify): _____

Applicants are required to provide detailed information regarding their project. Suggested word limits are a *guide only*. Applicants may exceed or go below the recommended count as long as the content remains relevant and addresses the application requirements. If additional space is required, please provide supplementary information in a separate document.

PROJECT NAME:

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PROJECT OUTCOMES AND ALIGNMENT WITH CRD WASTE REDUCTION GOALS

a.) Describe at a high level your organization and project purpose, objectives and activities *(250 words)*

b.) Explain how your project will reduce waste and help the Capital Region achieve its waste disposal goal of 250 kg/capita/year or less**.** Identify measurable outcomes, explain how success will be evaluated, and describe the connection between project activities and waste reduction. Identify the materials you will target and how reductions will be measured (e.g., number of items, weight in kg/lbs) *(300 words)*

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COMMUNITY ENGAGEMENT AND KNOWLEDGE SHARING

Indicate who will benefit from your project, including participants and/or target audiences, and how they will be engaged. If your project focuses on education or behaviour change, describe the intended reach/audience, the knowledge or information that will be shared, and the behaviour(s) you aim to change. How will you share your project's results and learnings? *(200 words)*

INNOVATION, NEW IDEAS, GAP ADDRESSED

Will the project introduce a new idea, test a promising approach, demonstrate an innovative solution, or adapt a successful model to a new audience or setting? Projects should generate learning, address an identified gap, or demonstrate potential for broader application. Describe the innovative aspect of your project and how it will address an identified need or opportunity. *(250 words)*

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NEXT STEPS & IMPACT POTENTIAL

How will your project create lasting benefits beyond the grant period? Describe how the project's outcomes, infrastructure, knowledge, or behaviour change will continue to support waste reduction over time. *(250 words)*

PARTNERS & COLLABORATION

How will your project involve relevant organizations, groups, or communities? Describe any existing initiatives you have considered, how you will avoid duplication, and how partnerships will support the project. *(250 words)*

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BUDGET AND USE OF GRANT FUNDS

Please provide a detailed breakdown of how you plan to use the Rethink Waste Community Grant funds. For each budget item, clearly explain how it will support waste reduction, reuse, recycling, or other waste diversion goals. The proposed budget should be reasonable, clearly explained, and focused on activities that directly support project objectives and waste reduction outcomes. You may use the suggested categories or create your own.

Your response should include:

- A list of specific expense items (e.g. supplies, equipment, outreach materials, event costs)
- The estimated cost for each item
- Funding requests should demonstrate good value and provide details on how funds directly support waste reduction.

Items	Description	Amount	Contribution to Waste Reduction
Example: materials	Gloves, bags, signage	$150	Supplies needed for multi-stream collection and sorting
Total Funding Request			

**If additional space is required, please provide supplementary information in a separate document.

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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

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 email: rethinkwaste@crd.bc.ca

By mail: Capital Regional District
625 Fisgard Street
Victoria, BC
V8W 2S6

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