

RETHINK WASTE COMMUNITY GRANT PROGRAM

Application Form

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): _____

PROJECT SUMMARY

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 more space is required, please submit additional information in a separate document.

PROJECT NAME:

OVERVIEW: Describe at a high level your organization and project purpose, objectives and activities (150 words)

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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. If applicable, please list the material(s) you intend to target for reduction and how you could measure reduction (i.e., number of items, lbs/kgs, volume) *(200 words)*

COMMUNITY ENGAGEMENT: Explain who will benefit from your project and how they will be engaged. How will you share the results of your project? *(200 words)*

PROJECT PARTNERS: Identify any partners or networks you will collaborate with as part of your project. What role(s) will your partners have? *(100 words)*

IMPACT POTENTIAL: Describe how your project impacts may be sustained and even expanded into the future. Does it include plans for long-term sustainability, such as securing future funding or scaling up? If you are applying for funding for a similar project again, please demonstrate how you will continually improve upon previous results. *(200 words)*

PROJECT OUTCOMES: What results do you hope to see? Provide information on how you will measure the impacts of your project. (i.e., How many people do you intend to reach? How much material will be diverted from landfill? What behaviours do you intend to change?) *(200 words)*



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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

