

### Welcome / He mihi

#### **IMPORTANT INFORMATION:**

Please read through the [Love Food Hate Waste Fund Guidelines](#) before completing this application form.

**Please make sure you answer all questions on the application form.**

The guidelines advise:

- The fund's priorities and outcome areas
- What can and cannot be applied for
- General funding requirements
- What information you will need to include in your application

For more information regarding the Love Food Hate Waste Fund (LFHW) click [here](#).

**All applications must be submitted online using this form.** The application form can be saved as you go and will autosave each time you move to a new page.

Sections of the application form will be greyed out because they are not relevant to your project.

The information provided in this form will be used to assess your application. Please include all supporting documentation even if you have provided this with previous applications.

#### **NOTE:**

- The part/s of the project requiring funding must start after the outcome of this application has been notified.
- All consenting and health & safety requirements must be planned or addressed by the applicant before any funding can be approved.
- Decisions for this funding round are notified 01 April 2022.

**If you have any questions regarding the Love Food Hate Waste Fund or this application form, please contact the Programme Advisor at [wastewise@aucklandcouncil.govt.nz](mailto:wastewise@aucklandcouncil.govt.nz) or phone (09) 301 0101.**

Documents you may need to complete this application form:

- letters of support
- letter of agreement from school/s if your project is being delivered in a school

# LFHW application form 2022

## Form Preview

- any permits necessary if your project is on public land
- evidence of bank account number (must be one of the following):
  - blank pre printed deposit slip
  - certified bank statement or letter
  - online print screen image (must show bank's web address (URL))

## Contact Details / Ngā tohu whakapā

\* indicates a required field

### Applicant

The contact person must be authorised to represent the organisation and must sign this application, advising their position. All correspondence will be sent to this person. Personal information provided on this application form will be used for the purpose of processing the application. It will be held by Auckland Council and you have the right to access and request correction of any personal information provided.

#### Organisation or Individual name \*

Individual       Organisation

Organisation Name

First Name

Last Name

Must match the name on the bank account information supplied

### Address

#### Physical address \*

Address

  

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

#### Is your postal address different from your physical address? \*

Yes       No

If yes, please complete below

#### Postal address \*

Address

  

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

# LFHW application form 2022

## Form Preview

### Website

#### Website address

Must be a URL.

#### Facebook page

Must be a URL.

### Contact details

#### Application contact person \*

First Name

Last Name

#### Project contact person (This person will be the signatory designated for the organisation or group). \*

First Name

Last Name

#### Position held in organisation (if applying as an organisation) \*

#### Position held in organisation (if applying as an organisation) \*

#### Daytime phone number \*

#### Daytime phone number \*

#### Mobile phone number

#### Mobile phone number

#### Email address \*

#### Email address

## Applicant Details / Ngā kōrero whakapā mō te kaitono

\* indicates a required field

#### What is the legal status of your organisation/group? \*

Incorporated Society  Charitable Trust  Limited Liability Company  School

Maori Trust

Other

Other: can include not for profit community groups

#### Please indicate which category your application falls into: \*

Applying for up to \$1,000

Applying for \$1,001 and over

**Applicants with no formal legal structure may apply for grants up to \$1,000 without the need to nominate an umbrella organisation.**

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## Form Preview

**Applicants with no formal legal structure seeking grants over \$1,001 need to either:**

**Select one option below \***

- Nominate an umbrella organisation (which has agreed to receive and administer the grant on your behalf) - the umbrella organisation will be legally accountable to Auckland Council for the expenditure of the grant
- Do not wish to nominate an umbrella organisation and therefore agree to have funds released via reimbursement after the project accountability has been satisfactorily completed

If you are unsure, check with the WasteWise Advisor (Programmes) at [wastewise@aucklandcouncil.govt.nz](mailto:wastewise@aucklandcouncil.govt.nz) or phone (09) 301 0101.

**What registration numbers apply to your organisation?**

(Please provide all applicable numbers)

**New Zealand Companies Office incorporated society number**

Must be a number.

Please click [here](#) to visit the Societies and Trusts website

**Applicant 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.

**Applicant NZBN**

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## Form Preview

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.

## Umbrella Organisation Details / Ngā kōrero mō tō Rōpū Matua

\* indicates a required field

### Name of your Umbrella Organisation \*

Organisation Name

### Postal address

Address

  

Any, but at least one field is required.

Please click [here](#) for the postcode finder website

### Contact person \*

First Name

Last Name

  

### Position in organisation \*

### Daytime contact number \*

Must be a New Zealand phone number.

### Email address \*

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## Form Preview

Must be an email address.

### What is the legal status of your umbrella organisation \*

- Incorporated society       Charitable trust       Limited liability company       Other:

### Umbrella New Zealand Companies office incorporated society number

Must be a number.

Please click [here](#) to visit the Societies and Trusts website

### Umbrella NZ Companies Register

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.

### Umbrella 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

# LFHW application form 2022

## Form Preview

Website  
Date Registered

Must be formatted correctly.

## Project Details / Ngā Kōrero mō tō Kaupapa

\* indicates a required field

Please provide clear and concise responses to the following questions. Supporting information may be provided as an attachment.

\* indicates a required field.

**Project Title \***

**Project/event address? \***

This means the street address, legal description, location of event or venue where this project/activity will happen.

**Provide a brief summary of the project, its purpose and goals. \***

Word count:

Must be no more than 250 words.

**Describe how your project would reduce the amount of food waste sent to landfill? \***

Word count:

**How would your project encourage community participation and/or encourage behaviour change? \***

Word count:

Must be no more than 200 words.

**What are the expected start and finish dates for your project?**

**Start Date \***

# LFHW application form 2022

## Form Preview

Must be a date

### End Date \*

Must be a date

### What resources could your organisation provide to ensure successful completion of the project? \*

Word count:

Must be no more than 150 words

### In which local board area(s) will your project be delivered?

#### Central local boards

- |  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Albert-Eden         | <input type="checkbox"/> Ōrākei     | <input type="checkbox"/> Waiheke   |
| <input type="checkbox"/> Great Barrier       | <input type="checkbox"/> Puketāpapa | <input type="checkbox"/> Waitemātā |
| <input type="checkbox"/> Maungakiekie-Tāmaki |                                     |                                    |

Please select all that apply

#### North local boards

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Devonport-Takapuna | <input type="checkbox"/> Kaipātiki | <input type="checkbox"/> Upper Harbour |
| <input type="checkbox"/> Hibiscus and Bays  | <input type="checkbox"/> Rodney    |  |

Please select all that apply

#### South local boards

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Māngere-Ōtāhuhu | <input type="checkbox"/> Ōtara-Papatoetoe |
| <input type="checkbox"/> Howick   | <input type="checkbox"/> Manurewa        | <input type="checkbox"/> Papakura         |

Please select all that apply

#### West local boards

- |   |   |                               |
|---|---|-------------------------------|
| <input type="checkbox"/> Henderson-Massey | <input type="checkbox"/> Waitākere Ranges | <input type="checkbox"/> Whau |
|---|---|-------------------------------|

Please select all that apply

#### Regional

- All local board areas

To find what local board area your project is taking place in please visit the [local board finder tool](#).

## Demographics

To help council better understand who will benefit from this project, please indicate below who this is targeted at. This is for internal use only.

### What proportion of your project is targeted at the following age groups?

If your project is not targeted to any specific age group please enter 100 in the 'All ages' box.

(Numbers only, "%" symbol is not needed)



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## Form Preview

**0 - 5 years**

Must be a number.  
Must be a percentage out of 100  
(numbers only)

**6 - 14 years**

Must be a number.  
Must be a percentage out of 100  
(numbers only)

**15 - 24 years**

Must be a number.  
Must be a percentage out of 100  
(numbers only)

**25 - 44 years**

Must be a number.  
Must be a percentage out of 100  
(numbers only)

**45 - 64 years**

Must be a number.  
Must be a percentage out of 100  
(numbers only)

**65+ years**

Must be a number.  
Must be a percentage out of 100  
(numbers only)

**All ages**

Must be a number.  
Must be a percentage out of 100  
(numbers only)

**Which ethnic group(s) is your project/activity targeted at? Select any that apply: \***

- New Zealand European  Other European  Māori  Pacific Peoples  Chinese  
 Korean  Indian  Other Asian  Middle Eastern  Latin American  African  
Other

**How will you reach your targeted audience? \***

Must be no more than 100 words.

## Project Budget / Te tahua ā-kaupapa whakahaere

\* indicates a required field

**What part of the project are you requesting funding for? \***

Word count:

Must be no more than 150 words.

**Is your organisation (or umbrella organisation) GST registered? \***

- Yes  No

**GST number \***

Must be a number.

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## Form Preview

**Is there a cost of participation for this project? If so please state what the type of cost is, and how much it is i.e. tickets \$5 each, entry fee, entry by donation/koha, membership - a \$150 annual fee \***

### Table one: expenses/costs for the project

Please provide itemised information on all expenses/costs associated with this project/activity. This should include your contribution to the project including voluntary time.

Please attach a quote or evidence such as screenshots of items or past invoices for a similar activity for each listed item.

If you or your group are GST registered, please **do not** include GST in the amounts.

If you or your group are **not** GST registered, please **do** include GST (where applicable) in the amounts.

Description	Quantity	\$/Unit (excluding GST)	\$ Total cost (excluding GST)	\$ Applicant plus other organisation contribution (excluding GST)	\$ Love Food Hate Waste grant contribution (excluding GST)	Quotes
-------------	----------	-------------------------------	-------------------------------------	--	--	--------

	Must be a number		Must be a whole dollar amount	Must be a whole dollar amount	Must be a whole dollar amount	
		\$	\$	\$	\$	

### Funding summary

**Total project cost \***

\$   
Must be a dollar amount

**Total income amount \***

\$   
Must be a dollar amount.

**Applicant, plus other organisations contribution \***

\$   
Must be a dollar amount

**Love Food Hate Waste Fund contribution \***

\$   
Must be a dollar amount

**Amount of funding sought in this grant round (GST exclusive) \***

\$

Must be a dollar amount and no more than 5000.

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

# LFHW application form 2022

## Form Preview

**If Auckland Council is unable to fund the full amount requested, would a smaller grant still be of assistance? \***

Yes

No

**If yes, which part of your project should be considered and what would this cost?**

**Applicant name must match the name on the bank account information supplied.**

**Proof of bank account may be one of these options.**

- Bank deposit slip
- Certified bank statement (certified means bank details stamped and signed by the bank teller)
- A letter from the bank on the bank's letterhead confirming the bank account holder name and bank account number
- Print screen or image capture of an on-line bank statement confirming the bank account holder name and bank account number. This must include the bank logo and URL

**Proof of bank account \***

Attach a file:

Acknowledgement and promotion

**Do you plan to promote/market/advertise your project? \***

Yes

No

**If yes, please provide details on how**

Word count:

Must be no more than 80 words.

**How will you publicly acknowledge Auckland Council's contribution towards this project? \***

Word count:

Must be no more than 80 words.

e.g. place logo on printed material, invite Waste Solution staff to your event, signage, advertising materials etc.

### Supporting Documentation / Ngā pukaTautoko

\* indicates a required field

#### Umbrella organisation supporting documentation

**Please attach proof of bank account details for the umbrella organisation \***

Attach a file:

**Please provide documentation from the Umbrella Organisation showing agreement to act on your behalf.**

Attach a file:

#### Supporting project documentation

Please attach any other relevant documents to support your application and/or help us understand your project

Attach a file:

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

**If you are working with schools or early childhood education providers you must attach a letter of acceptance/agreement from each provider.**

Attach a file:

### Declaration and Privacy / Ngā whakīnga whai pānga me te noho tapu o ngā kōrero

\* indicates a required field

#### Declaration

**I/We certify that to the best of our/my knowledge the information contained in this application is correct \***

Yes

No

# LFHW application form 2022

## Form Preview

**I/We confirm that any funds granted will only be used for the activity described in this application \***

- Yes  No

**I/We confirm that I/we will submit to Auckland Council an accountability report and supporting paid invoices and receipts (GST exclusive) that applies to GST registered groups, within the allocated timeframe of the completion of my/our activity \***

- Yes  No

**I/We confirm that to the best of our/my knowledge I/we have no perceived , potential or actual conflict of interest in applying for or using any grant funding**

- Yes  No

For guidance on whether you have a perceived, potential or actual conflict as a result of applying for and using grant funding you should consider the following matters - if in doubt you should declare the conflict.

A conflict of interest could arise where you (the applicant) have a responsibility as a result of receiving council grant monies. This could affect another responsibility, duty or relationship you may also have.

For example

- If you are an Auckland Council employee/local board member or a councillor
- If your organisations committee or board member is an Auckland Council employee/ local board member.
- Personal or family relationships that you have
  - with council employees
  - with council contractors
  - organisations or persons that you will procure services from with the grant monies
- Financial relationships
  - e.g. investments that you have in entities that you will procure services from with the grant monies
- Employment relationships or membership of clubs
  - e.g. you intend to procure services with the grant monies from your employer or a club you are a member of - who will benefit financially from the arrangement.

**If you have answered no to any of the above, please provide details below:**

Must be no more than 100 words

- **I/We understand that Auckland Council is bound by the Local Government Official Information and Meetings Act 1987**
- **I/We understand that my/our name and brief details about the project may be released to the media or appear in publicity material**
- **I/We understand that I/we have the right to have access to this information**
- **I/We undertake that I/we have obtained the consent of all people involved to provide these details.**

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## Form Preview

**Has your organisation been subject to enforcement or received a request for abatement in relation to non-compliant activities? This could include Resource Consents, Licensing and Compliance or Building Control etc.**

\*

Yes

No

**If yes, please provide details.**

**Accept/Decline \***

Accept

Decline

**Date: \***

When your application is submitted you will receive an automatic confirmation email that the application has been received from Smartygrants. If you do not receive an email confirmation, please check to see if the email has been treated as "spam".

If you need assistance please contact the Environmental Funding team at [environmentalfunding@aucklandcouncil.govt.nz](mailto:environmentalfunding@aucklandcouncil.govt.nz) or phone 09 301 0101.

**How did you find out about this fund?**

Applied previously

Council staff member

Poster/flyer

Word-of-mouth

Council website

Local board member

Radio

Other:

Council mail-out

Local newspaper

Social media

## Contact Database

**I would like to be added to the mailing list to be advised of any updates regarding the Waste Minimisation and Management in the Auckland Region \***

Yes

No

You may opt-out at a any stage by emailing [aucklandwastefund@aucklandcouncil.govt.nz](mailto:aucklandwastefund@aucklandcouncil.govt.nz)

## Privacy

Any personal information that you provide in this form will be held and protected by Auckland Council in accordance with our [privacy policy](#) and with the Privacy Act 1993. Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.