**Charitable recyclers**

**dumping reduction program**

**Application Form 2019**

**Application Closing Date – 5pm 18 November 2019**

The program and its key elements are described in the following document which is available on the Waste Authority website:

*Charitable recyclers dumping reduction program – program guidelines 2019*

<http://www.wasteauthority.wa.gov.au/programs/other-programs/crdrp>

For further information please contact a Program Officer at [betterpractice@dwer.wa.gov.au](mailto:betterpractice@dwer.wa.gov.au)

# Applicant details

The following information is regarding charitable organisation(s) applying for dumping reduction program funding.

The lead applicant is responsible for ensuring the delivery of the project, managing distribution of funding and providing final project reports. Refer to the dumping reduction program guidelines for more information.

If there is more than one partner in the project, please attach additional pages with their details.

## Lead applicant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEAD APPLICANT DETAILS** | | | | |
| Organisation name | |  | | |
| ABN/ACN | |  | | |
| Address | Street |  | Suburb |  |
| Postcode |  | State |  |
| Postal address | Street |  | Suburb |  |
| Postcode |  | State |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONTACT PERSON** | | | | | |
| Title |  | First name |  | Last name |  |
| Position |  | | | | |
| Email |  | | | Phone |  |

|  |  |
| --- | --- |
| **ELIGIBILITY DETAILS** | |
| Is the lead applicant a licensed charity under the Western Australian *Charitable Collections Act 1946*? | YES  NO |
| Has the organisation obtained Deductible Gift Recipient Status from the Australian Tax Office? | YES  NO |
| Does the organisation collect or receive donated goods at public drop-off or donation points such as charity bins or shopfronts in the Perth metropolitan region, in accordance with a community service or activity that benefits the community? | YES  NO |
| Is the organisation a member of the National Association of Charitable Recycling Organisations, Western Australia (NACRO WA)? | YES  NO |
| Does the organisation have any outstanding obligations under other Waste Authority funding programs? | YES  NO |
| Does the organisation have certificates of currency for insurances, including but not limited to, worker’s compensation insurance, directors and officers liability, personal accident insurance for volunteers (where applicable) and public liability insurance to cover its potential liability in conducting activities funded through the dumping reduction program? | YES  NO |

## Project partner(s) - These details must be completed for each project partner

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARTNER DETAILS** | | | | |
| Organisation name | |  | | |
| ABN/ACN | |  | | |
| Address | Street |  | Suburb |  |
| Postcode |  | State | WA |
| Postal address | Street |  | Suburb |  |
| Postcode |  | State | WA |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONTACT PERSON** | | | | | |
| Title |  | First name |  | Last name |  |
| Position |  | | | | |
| Email |  | | | Phone |  |

|  |  |
| --- | --- |
| **ELIGIBILITY DETAILS** | |
| Is the partner a licensed charity under the Western Australian *Charitable Collections Act 1946*? | YES  NO |
| Has the organisation obtained Deductible Gift Recipient Status from the Australian Tax Office? | YES  NO |
| Does the organisation collect or receive donated goods at public drop-off or donation points such as charity bins or shopfronts in the Perth metropolitan region, in accordance with a community service or activity that benefits the community? | YES  NO |
| Is the organisation a member of the National Association of Charitable Recycling Organisations, Western Australia (NACRO WA)? | YES  NO |
| Does the organisation have any outstanding obligations under other Waste Authority funding programs? | YES  NO |
| Does the organisation have certificates of currency for insurances, including but not limited to, worker’s compensation insurance, directors and officers liability, personal accident insurance for volunteers (where applicable) and public liability insurance to cover its potential liability in conducting activities funded through the dumping reduction program? | YES  NO |

# Nominated collection sites for the dumping reduction program

Collection sites must be located within the Perth metropolitan region and subject to problems such as illegal dumping, theft or vandalism.

A maximum of two prevention activities should be implemented at each site.

Complete the required details in the table below for each site included in the proposed program.

## Site 1

|  |
| --- |
| **Charitable recycler** |
|  |
| **Title of project** |
|  |
| **Address** |
|  |
| **Number of collection bins at site** |
|  |
| **Typical service frequency at site** |
|  |
| **Issues encountered with the site (environmental, social and economic impacts are considered) and rationale for selection** |
|  |
|  |
|  |
| **Potential intervention activity for the site (maximum two interventions per site)** |
| Sensor lights |
| Optical surveillance devices |
| Painted and/or refurbished bins |
| Signage to improve community understanding of what can be recycled |
| Fencing and gates |
| Collection times increased |
| Other (please specify) |
| Other (please specify) |

## Site 2

|  |
| --- |
| **Charitable recycler** |
|  |
| **Title of project** |
|  |
| **Address** |
|  |
| **Number of collection bins at site** |
|  |
| **Typical service frequency at site** |
|  |
| **Issues encountered with the site (environmental, social and economic impacts are considered) and rationale for selection** |
|  |
|  |
|  |
|  |
| **Potential intervention activity for the site (maximum two interventions per site)** |
| Sensor lights |
| Optical surveillance devices |
| Painted and/or refurbished bins |
| Signage to improve community understanding of what can be recycled |
| Fencing and gates |
| Collection times increased |
| Other (please specify) |
| Other (please specify) |

## Site 3

|  |
| --- |
| **Charitable recycler** |
|  |
| **Title of project** |
|  |
| **Address** |
|  |
| **Number of collection bins at site** |
|  |
| **Typical service frequency at site** |
|  |
| **Issues encountered with the site (environmental, social and economic impacts are considered) and rationale for selection** |
|  |
|  |
|  |
|  |
| **Potential intervention activity for the site (maximum two interventions per site)** |
| Sensor lights |
| Optical surveillance devices |
| Painted and/or refurbished bins |
| Signage to improve community understanding of what can be recycled |
| Fencing and gates |
| Collection times increased |
| Other (please specify) |
| Other (please specify) |

## Site 4

|  |
| --- |
| **Charitable recycler** |
|  |
| **Title of project** |
|  |
| **Address** |
|  |
| **Number of collection bins at site** |
|  |
| **Typical service frequency at site** |
|  |
| **Issues encountered with the site (environmental, social and economic impacts are considered) and rationale for selection** |
|  |
|  |
|  |
| **Potential intervention activity for the site (maximum two interventions per site)** |
| Sensor lights |
| Optical surveillance devices |
| Painted and/or refurbished bins. |
| Signage to improve community understanding of what can be recycled |
| Fencing and gates |
| Collection times increased |
| Other (please specify) |
| Other (please specify) |

## Site 5

|  |
| --- |
| **Charitable recycler** |
|  |
| **Title of project** |
|  |
| **Address** |
|  |
| **Number of collection bins at site** |
|  |
| **Typical service frequency at site** |
|  |
| **Issues encountered with the site (environmental, social and economic impacts are considered) and rationale for selection** |
|  |
|  |
|  |
| **Potential intervention activity for the site (maximum two interventions per site)** |
| Sensor lights |
| Optical surveillance devices |
| Painted and/or refurbished bins. |
| Signage to improve community understanding of what can be recycled |
| Fencing and gates |
| Collection times increased |
| Other (please specify) |
| Other (please specify) |

## Site 6 (copy for additional sites)

|  |
| --- |
| **Charitable recycler** |
|  |
| **Title of project** |
|  |
| **Address** |
|  |
| **Number of collection bins at site** |
|  |
| **Typical service frequency at site** |
|  |
| **Issues encountered with the site (environmental, social and economic impacts are considered) and rationale for selection** |
|  |
|  |
|  |
| **Potential intervention activity for the site (maximum two interventions per site)** |
| Sensor lights |
| Optical surveillance devices |
| Painted and/or refurbished bins |
| Signage to improve community understanding of what can be recycled |
| Fencing and gates |
| Collection times increased |
| Other (please specify) |
| Other (please specify) |

# Funding requirements

## Project budget

|  |  |  |
| --- | --- | --- |
| **Site number** | **Funding items proposed** (for example, activity type, infrastructure installation, monitoring, analysis of monitoring) | **Budget**  **$ (ex GST)** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
|  | **Total** |  |
|  |  |  |
|  | **Funding provided by applicant (a minimum of 20 per cent of total)** |  |
|  | **Funding requested from this program (a maximum of 80 per cent of total)** |  |

## Procurement

|  |
| --- |
| **Describe how you will ensure good value for money and sound procurement practices** |
|  |

# Other criteria

Lead applicant to complete in consultation with partner(s)

|  |
| --- |
| **Describe how you will collect quantitative and qualitative data to monitor progress at donation sites** |
|  |
| **Comment on each organisation’s capacity to evaluate outcomes and deliver the final report on time and to a high standard** |
|  |

# Signatures

## Lead applicant CEO or authorised person approval

By signing this document I declare that:

* I have read and understood the Charitable recyclers dumping reduction program guidelines and associated documents.
* I will provide the final report and meet all associated requirements.
* the information contained in this application is true and correct at the time of application.

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Position title |  |
| Date |  |

## Project partner CEO or authorised person approval[[1]](#footnote-1)

By signing this document I declare that:

* I have read and understood the Charitable recyclers dumping reduction program guidelines and associated documents.
* I will provide information to the lead applicant for the final report and all associated requirements.
* the information contained in this application is true and correct at the time of application.

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Position title |  |
| Date |  |

**Applications must be lodged at** [www.wasteauthority.wa.gov.au/programs/public-submissions/](http://www.wasteauthority.wa.gov.au/programs/public-submissions/)

**Applicants will receive an automated email to confirm lodgement.**

1. Copy this section if there is more than one project partner [↑](#footnote-ref-1)