




Application Form

Funding for Community Waste Diversion Project

Instructions and Helpful Hints

-  If you are unsure of an eligible or ineligible project cost, or if you have any questions while completing this form, it is best to call the Business Development Officer for assistance at 757-0782, or toll free at 1-800-901-MMSB or email moton@mmsb.nl.ca. Read the assessment criteria prior to completing an application form to ensure eligibility. This document is available at mmsb.nl.ca.
-  Be as detailed as possible regarding the purpose, workplan, and budget of your project. This will help prevent questions and revisions that may slow the review of your application. Please type into the space provided, as the boxes will expand as required.
-  Be consistent with the goals of the Provincial Waste Management Strategy when completing your application. More detail is available upon request.

Part A: Proponent Overview

Special Note: Please ensure that you provide at least two contact names, phone numbers and email. One of them must be the Town Manager/CAO/Clerk

| | | | |
|--|---------------------------------------|---|----------|
| Community Name | | | |
| Organization Type | <input type="checkbox"/> Municipality | <input type="checkbox"/> Local Service District | |
| Population | | | |
| Mailing | | | |
| Street | | | P.O. Box |
| City or Town | Province | Postal Code | |
| Contact Information | | | |
| Contact 1 <small>(Town manager, CAO or clerk)</small> | | | |
| Email | | | |
| Telephone | | | Fax |
| Contact 2 <small>(project manager)</small> | | | |
| Email | | | |
| Telephone | | | Fax |

Part A: Proponent Overview (continued)

| Project Overview | | | |
|--|--|-------------------|--|
| Project Name | | | |
| Project Location | | | |
| Please provide a brief overview of your community as it relates to waste management. | | | |
| What are your community's specific waste reduction/diversion goals? (i.e. reduce, reuse, recycle, recover and/or dispose) | | | |
| What is the target waste stream (i.e. organic waste, single-use plastics, metals, etc) | | | |
| How has your community demonstrated its capability to successfully undertake the project? | | | |
| Total Project Cost: | | Amount Requested: | |

Part B: Project Description

What is the purpose of your project? Be sure to highlight the how your project will reduce or divert waste from the landfill and how it is unique.

Please provide measurable objectives for your project that clearly identify your anticipated outcomes. TIP: Objectives should be quantitative and easy to measure. For example, we want to engage 30 new residents in community composting over the life of the project.

Please list all activities that will be carried out as part of the project and associated timelines.



Part B: Project Description (continued)

List all your expected deliverables at the completion of your project.

How do you plan on measuring the success of your project? For example, weigh the waste material collected before composting, count the number people using reusable bags.

How will this project support the implementation of the Newfoundland & Labrador Waste Management Strategy?

Part B: Project Description (continued)

What are the risks associated with implementing this project? How do you plan to mitigate these risks.

How do you plan to continue the project beyond the year of funding?

How will this project benefit your local economy?

How will the proposed project be communicated to the various stakeholders and general population of the community? Please be descriptive.

Part C: Project Budget

Complete the following budget summary. Remember, the contribution covers up to 80% of the eligible costs of projects and is to a maximum of \$10,000.00 per project. **Please ensure that all costs and funding sources balance.**

| Project Costs B | | | | | |
|-----------------|--------------------------|------------|----------------------------------|------|---------|
| Item | Costs | | Funding Sources | | |
| | # of units and unit cost | Total Cost | Requested Contribution from MMSB | Cash | In-kind |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

*Include quotes if available

* Attach quotes for purchases over \$500.00

| Other Funding Contributions (excluding MMSB) | | | | |
|--|-------------|------|---------|-----------------------------|
| Organization Name | Description | Cash | In-kind | Confirmation Included (Y/N) |
| | | | | |
| | | | | |
| | | | | |

NOTE: Please note that you will need to provide confirmation letters from these funding sources. Any letters of confirmation not available at the time you submit your application can be sent in later, however, no funds can be released until all confirmation letters are received. The letters must indicate the cash or fair market value of the contribution being made.



Part E: Certification

I hereby certify that the information provided in this application for funding from MMSB is accurate and complete to the best of my knowledge.

Completed by: _____

Title: _____

Signature: _____

Date: _____

****Electronic signatures accepted****

Application Checklist

To ensure the most efficient application processing time, please be sure to review the following checklist prior to mailing your application:

- ♻️ Include the full and completed application form. **All sections are mandatory for processing.**
- ♻️ Include letters from confirmed funding sources.
- ♻️ Enclose any additional documents such as attached project descriptions, detailed budgets, pictures, or terms of reference/requests for proposals.
- ♻️ Be sure you have listed the most up to date contact names and number(s).
- ♻️ Include letters of support.

Where to Submit

Please send your completed application by email to:

Mfon Oton

Business Development, MMSB

Phone: (709) 757-0782

Toll Free: 1-800-901-MMSB

Fax: (709) 753-0974

Email: moton@mmsb.nl.ca