



Application Form

Solid Waste Management Innovation Fund Program

CONFIDENTIALITY: The information provided in this application (including any supporting documents) is subject to the **Government of Newfoundland and Labrador's Access to Information and Protection of Privacy Act (ATIPPA)**, as applicable. Applicants are encouraged to consult **ATIPPA** for additional details. The applicant should indicate any information that it considers confidential.

It is the responsibility of the applicant to complete all required sections as accurately and as completely as possible. Failure to do so may prevent MMSB from considering the application. MMSB may require further information and/or consents from the applicant to fulfill requirements.

Part A: Applicant Overview

Applicant and Contact Information			
1. Legal name of applicant:		Business or operating name of applicant (if different):	
2. Mailing address:			
City/Town:			Postal code:
Business telephone number:	Fax number:	Email:	Website:
3. Name of authorized contact:			
Position Title:			
Business telephone number: Ext:	Mobile telephone number:	Fax number:	
Email:			
4. Provide a brief description of your organization:			
5. Date of incorporation or registration if applicable (yyyy/mm/dd):			
6. Applicant business number (9-digit business identifier provided by the Canada Revenue Agency):			
7. Applicant category: <input type="checkbox"/> Business <input type="checkbox"/> Not for profit organization <input type="checkbox"/> Industry Association			
8. Number of employees:			
9. Name and contact details of the financial institution that MMSB can contact to inquire about the applicant:			
Institution:	City/Town:	Contact person:	Telephone number:

Part B: Project Overview

Project Information
1. Project name:
2. Provide a brief description of the project (500 words or less):
3. State how the project is relevant to the Provincial Waste Management Strategy (300 words or less):

4. Project site location (street, unit number, etc.):

City/Town:

Postal code:

5. Estimated total project costs:

\$

6. Amount requested from MMSB:

\$

7. Applicant fiscal year

Start (yyyy/mm/dd):

End (yyyy/mm/dd):

8. Has the applicant (organization or authorized contact) received funding from MMSB previously?

Yes

No

9. Has the applicant made any financial or legal commitments for the project?

Yes

No

10. If yes, provide details:

11. Total number of jobs dedicated to the project:

12. Expected jobs to be created at end of project:

13. Describe any other measurable economic benefits of the project:

Part C: Submission Checklist

Required Information and Documents (Please check the ones that are attached to this application.)	YES	N/A
Completed application form.		
Detailed project proposal (Word/PDF format; 25-page max).		
Completed project budget (template attached).		
Letter of good standing or bank statement, line of credit statement, or bank letter advising that the applicant can finance its portion of the project.		
Incorporating documents and information on ownership if applicable (include names and percentage of owners).		
Description and qualifications of key personnel, including management.		
Letters of support (where applicable).		
Vendor/direct seller license number (where applicable).		
Municipal, provincial and/or federal permits required (where applicable).		
Letters from confirmed funding sources.		
Quotes or price comparisons for purchases over \$10,000.		
User reference for purchases over \$5,000.		

Part D: Certification

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

I authorize MMSB to inquire, collect, and share necessary information with individuals or organizations to assess this application, oversee project implementation, and evaluate post-project results.

I have read and consent to the **Funding Guidelines** for this program.

Completed by: _____

Title: _____

Date: _____

Signature: _____

Thank you for your application.