

# Application Form - Stream 1 - OLD

## Form Preview

### About the grant

\* indicates a required field

### Instructions for Applicants

Before completing this application form, you should have read the program guidelines. Incomplete applications and/or applications received after the closing date will not be considered.

#### Application Number

This field is read only.

### Program Details

#### Joint Procurement Funded Support - Stream 1

This field is read only.

The program this submission is in.

### Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

### Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation),

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project title, project description, location, anticipated time for completion and amount awarded;

- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

## Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://www.dpc.nsw.gov.au/privacy>);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

## Eligibility

### Eligible Applicants

Funded support is available to the following eligible applicants:

- all NSW councils\*
- Regional Organisations of Councils (ROCs)
- Voluntary Regional Waste Groups
- Joint Organisations (JO's)

\* NSW councils remain eligible if they partner with councils outside of NSW.

### Eligible Projects

To be eligible for funding applications, must be *exploring* joint procurement of one or more of the below domestic waste management services.

1. New domestic waste management facility or facilities including:

- Transfer station, disposal, processing, reprocessing and/or remanufacturing facility

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2. Domestic waste management services including:

- Processing, treatment or disposal of residual waste
- Processing, reprocessing and/or remanufacturing of recyclables and/or organics
- Processing, reprocessing, remanufacturing, reuse and/or disposal of bulky waste

3. Domestic waste collection including:

- Collection/haulage of residual waste, recycling, organics and/or bulky waste.

**I confirm that the applicant and project is eligible according to the criteria outlined in the Program Guidelines \***

☐ Yes

## Contact Details

\* indicates a required field

### Organisation Details

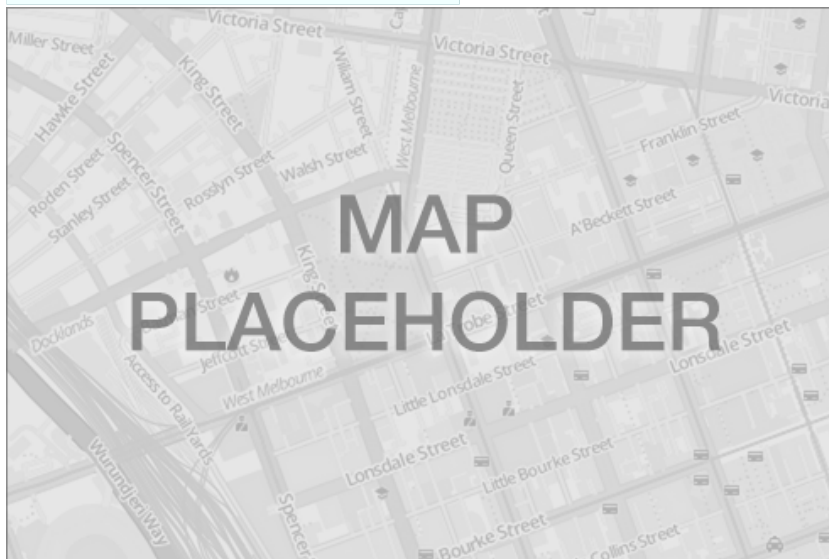
#### Organisation Name \*

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

#### Primary Address

Address

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### Postal Address

Address

### Primary Phone Number \*

Must be an Australian phone number.  
Country code not required, area code for landlines is required.

### Other Phone Number

Must be an Australian phone number.  
Country code not required, area code for landlines is required.

### Email Address \*

Must be an email address.

### Website

Must be a URL.

### ABN

### Does the applicant organisation have an Australian Business Number (ABN)? \*

☐ Yes ☐ No

### ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	

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Tax Concessions

Main business location

Must be an ABN.

### Primary Contact Details

#### Primary Contact \*

Title

First Name

Last Name

This is the person we will correspond with about this grant.

#### Primary Contact Position \*

e.g., Manager, Board Member or Fundraising Coordinator.

#### Primary Contact Phone Number \*

Must be an Australian phone number.

Country code not required, area code for landlines is required.

#### Primary Contact Other Phone Number

Must be an Australian phone number.

Country code not required, area code for landlines is required.

#### Primary Contact Email \*

Must be an email address.

This is the address we will use to correspond with you about this grant.

### Insurances

#### Please provide evidence that the applicant organisation holds Public Liability Insurance \*

Attach a file:

Applicants are required to hold at least \$20 million public liability insurance in order to enter into a funding deed with the NSW Government.

#### Please provide evidence that the applicant organisation holds Workers Compensation Insurance \*

Attach a file:

Applicants are required to hold workers compensation insurance in order to enter into a funding deed with the NSW Government.

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### Please provide evidence that the applicant organisation holds Professional Indemnity Insurance \*

Attach a file:

Applicants are required to hold at least \$5 million professional indemnity insurance in respect of each occurrence and in the aggregate in order to enter into a funding deed with the NSW Government.

## Application Details

\* indicates a required field

### Title \*

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

### Brief description \*

Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

### Anticipated start date \*

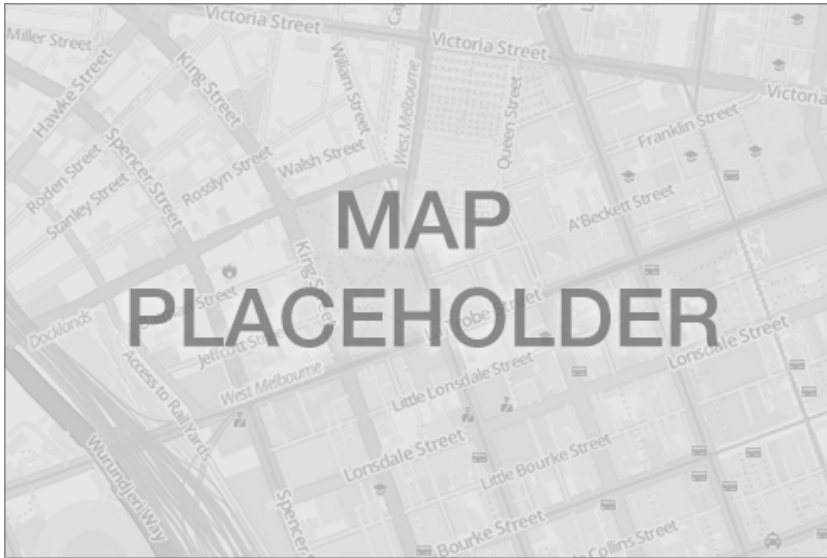
### Anticipated end date \*

### Primary location of your initiative

Address

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Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

### Alignment with policies and/or strategies

**Describe how the project aligns with relevant policies and/or strategies \***

e.g. Councils strategic plan, waste strategy, regional waste strategy or the Waste and Sustainable Materials Strategy 2041

### Partners

Please list the council leading the project.

**Lead council \***

Please list each partner council (where relevant)

**Partner council/s**

Single councils or groups of councils may apply for Stream 1 (groups of councils may apply without a formal commitment from partner councils)

### Eligibility

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**Please confirm which of the below you are exploring \***

- ☐ Domestic waste facilities (New) - Transfer station, disposal, processing, reprocessing and/or remanufacturing facility
- ☐ Domestic waste management services - Treatment, processing, remanufacturing or disposal
- ☐ Domestic waste collection - Collection/haulage of residual waste, recycling, organics and/or bulky waste

At least 1 choice must be selected.

### Domestic Waste Management Services

Please select the appropriate waste type:

- ☐ Residual waste - processing, treatment or disposal
- ☐ Recycling - processing, reprocessing and/or remanufacturing
- ☐ Bulky waste - processing, reprocessing, remanufacturing, reuse and/or disposal of bulky waste
- ☐ Organics - processing or reprocessing

### Objectives

#### Alignment with program objectives

Please provide the project objectives and detail how they align with the below program objectives:

- support councils to access the best advice and assistance to be confident in their procurement decisions
- facilitate collaboration, knowledge sharing and partnerships to assist councils to strategically plan for waste infrastructure and services
- support groups of councils to procure cost-effective waste management services.
- Promote alignment between councils to procure waste services that meet their needs

Please add a new row for each objective.

#### Your project objectives

#### How do your project objectives align with the program objectives?

e.g. Identification of potential procurement partners	e.g. The project will identify potential procurement partners to ensure council works collaboratively to strategically plan for waste infrastructure and services

### Project planning

#### Project plan



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Outline below a high-level project plan or upload a document.

**Word count:**

Must be no more than 500 words.

If you already have a project plan or scope please upload below.

**Attach a file:**

Outline how the requested support addresses a knowledge gap or assesses the viability of a joint procurement project.

## Collaboration and knowledge sharing

Through the Funded Support, the NSW EPA are seeking to foster strong partnerships between councils and the EPA. To help drive this outcome, successful applicants are encouraged to demonstrate collaboration and opportunities to share learnings.

Types of collaboration and knowledge sharing opportunities may include:

- The EPA being included in project meetings to help build capacity, understand the waste service needs, and inform NSW policy
- Non-confidential outputs shared with council stakeholders and/or converted into guidance material such as templates, case studies or fact sheets.
- Project team members agreeing to share learnings at conferences and events

**Describe any opportunities for collaboration or knowledge sharing with other NSW councils and the EPA**

See above for some examples of collaboration and knowledge sharing

## Budget

\* indicates a required field

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### Total Amount Requested

\*

\$

What is the total financial support you are requesting under this grant?

## Expenditure

Total Amount Requested above (Section 1) is exclusive of GST.

Please provide details of **all** funding requested including a brief description, estimated costs, any co-contributions and/or in-kind contributions (co-contributions are encouraged but not required):

Description	Requested amount (Excluding GST)	Applicant Co Contribution	Total Budget	Quote or Estimate
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Detail requested support	Must be a dollar amount.	Must be a dollar amount.	This number/ amount is calculated.	Formal quotes are preferred however email correspondence from a supplier may be submitted to support the application

## Declaration and Authorisation

\* indicates a required field

### Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;

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- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

### Authorisation

**I agree \***

☐ Yes

**Name of authorised person \***

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Email \***

Must be an email address.

### Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**How did you find the online application process?**

☐ Very easy    ☐ Easy    ☐ Neutral    ☐ Difficult    ☐ Very difficult

**How many minutes in total did it take you to complete this application?**

Estimate in minutes i.e. 1 hour 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

