

Waste Less Recycle More Organics Infrastructure Fund

Organics Market Development Grant Program

Stream Two: Organics Market Development

Part A: Application form

Closing date 11 August 2015

Submitting your application

Applications close at 1 pm 11 August 2015.

No late applications will be accepted

Please email your completed application, including all attachments to:

organics.recycling@epa.nsw.gov.au

with subject line 'WLRM Stream 2: Organics Market Development Grant'

Checklist

Please check you have done all the following:

read the Guidelines for Grant Applicants in detail

completed all parts of the application:

Part A: Application form Part B: Project Plan Part C: Project Budget

attached copies of Certificate of Currency for insurance, as per section A7.

Need assistance?

For any enquiries, email organics.recycling@epa.nsw.gov.au or phone 02 9995 6874.

Section A: Registration and administration

A1. Eligibility

The applicant agrees that (please tick):

the applicant will work with organic materials generated in NSW

the applicant will nominate a person as the project manager and will commit the attendance of that person to monthly meetings located in Parramatta, NSW

the market development projects proposed in the grant application will deliver program outcomes *additional* to those in place up to and including June 2015

all content prepared and activities undertaken as part of the grant project may be audited by an auditor appointed by the Environment Protection Authority (EPA)

all content prepared as part of the grant project may be included in events and publications prepared by the EPA and its contractors

the EPA will be consulted prior to entering into any commercial confidentiality agreements that may limit the EPA, and/or public access, to content prepared as part of the grant project

a senior officer in your organisation (e.g. general manager, CEO, chief financial officer, group manager, company secretary) must attest to the accuracy of the information within the application.

Applicants who do not agree to these requirements are not eligible for funding.

A2	Organisation's details (the lead organisation administering the project, if the proposal is submitted by a partnership)						
Name of organisation							
What is your	What is your ABN? Registered for Yes or No GST?						
Street addre	SS						
Postal address							
Town/Suburb State Postcode							
A3	Organisational status						

This section gives us important background information about the nature of your organisation and your organisation's ability to manage and capacity to deliver your project. See the *Organics Market Development Grant Program – Stream 2: Market Development – Guidelines for Applicants* for the eligibility of your organisation to apply for a grant.

A3.1	What is the legal status of your organisation? (Select only ONE box)			
☐ Proprietary limited company		☐ Incorporated association		
☐ Compan	y limited by guarantee	Other (please detail)		
A3.2 Date of formation of your organisation				

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A4	C	Contact for correspondence							
Title		First	name				Surname		
Position			Daytime phone (0)				(0)		
Mobile				Em	ail			•	
A5	Contact details for Project Manager (If same as the contact for correspondence, 'as above')			respondence, write					
Title	•	First	name				Surname		
Position							Daytime ph	one	(0)
Mobile				Em	ail				
	ı			l.					
A6	N	ame c	of partne	r organisa	tion/s	and contracto	ors (if any)		
Partner 1	•								
Organisatio	n na	me:							
Street addr	ess:								
Postal addi	ress:								
Partner 2									
Organisatio	n na	me:							
Street addr	ess:								
Postal add	ress:								
Partner 3									
Organisatio	n na	me:							
Street addr	ess:								
Postal add	Postal address:								
A7	Insurance								
Attach copies of Certificates of Currency. Include comparable details for each proposed contractor.									
Professional indemnity insurance									
			Lead or	ganisation		Partner 1	Partnei	2	Partner 3
Insurer									

Sum insured

Date of expiry

Public liability insurance

Public liabil	ity insur	ance				
		Lead organisation	Partr	ner 1	Partner 2	Partner 3
Insurer						
Sum insured						
Date of expir	ry					
Workers co	mpensa	tion insurance				
-		Lead organisation	Partr	ner 1	Partner 2	Partner 3
Insurer						
Sum insured						
Date of expir	ry					
A8	Previo	ous grant funding				
Has your org	ganisatio	n received a governme	ent grant i	n the past f	ive (5) years? 🗌 Y	es 🗌 No
If so please	provide tl	he name of the most r	ecent gra	nts and a c	ontact for the grant	administrator
Grant				Contact		
name:				name:		
Contact email:				Contact phone:		
				<u> </u>		
Grant name:				Contact name:		
Contact email:				Contact phone:		
	-			1		
Grant name:				Contact name:		
Contact email:				Contact phone:		

Section B: Project proposal

Project timeframe

Commencement: **Deed of Agreement acceptance date**, final reporting date no later than **1 June 2017**.

Assessment Criterion 1: A clear and credible description of the proposed project activities (Questions B1–B1.2)

D4	Project Plan
B1	Please fill out Part B: Project Plan . This Project Plan will form an important part of the resources that you provide for the grant assessment.
B1.1	Project description.
	Please provide a one page description of your project.

B1.2	Project summary. Please provide a summary description of your project (~ 100 words). This summary may be used for Waste Less Recycle More promotion.

Assessment Criterion 2: Alignment with fund objectives (Questions B2–B2.2)

B2	Briefly explain how your project will support the following objectives of the Organics Market Development Grant Program. These objectives are focused on sustainable market expansion. • Facilitate the expansion of the NSW markets for recycled organic materials by an additional 70,000 tonnes by June 2017 • Encourage more organics to be diverted from the source-separated Municipal solid and Commercial and Industrial waste streams by increasing the annual demand for recycled organic products • Change awareness, knowledge, behaviours and practices around the use of recycled organic products
B2.1	Markets targeted What market(s) will your project target? Why have you chosen this market? What is your estimate of the potential size of this market(s) and how have you calculated that potential?

B2.2	Communications and extension How will you communicate your project's outcomes to the extended market, the NSW organics processing industry and the broader community? (Outline only. Preparation of a detailed communication plan may be included as an activity within your project, if relevant.)

Assessment Criterion 3: Capacity and commitment to manage the project (Questions B3–B3.2)

B3	Project management Detail how your organisation will manage the project. (If you intend to use sub-contractors please indicate here the anticipated roles of the sub-contractors and indicate how these sub-contractors will be managed.)
B3.1	Organisational capacity Describe the capacity of your organisation to implement the project successfully. (Include points such as a brief financial status, an outline of your organisational structure which will support the project and outline any partnership(s) which will support the delivery of your project.)
B3.2	Product quality How will you ensure that recycled organics used or specified in your projects are of suitable quality and are fit-for-purpose? How will you ensure that these products satisfy the EPA's Resource Recovery Exemptions and Resource Recovery Orders? www.epa.nsw.gov.au/wasteregulation/recovery-exemptions.htm

Assessment Criterion 4: Risk management, metrics and evaluation (Question B4–B4.2)

B4	Risk management Explain how your organisation will identify and manage risks in implementing your Market Development Project and attach a detailed risk management framework. Please summarise the main risks and your proposed mitigation measures
B4.1	Project measurement and evaluation: Project progress What data will you use to assess the progress of your project and how will you capture this data? (Brief monthly reports will be required, progress reports will be required sixmonthly and a final evaluation report will be required.)

B4.2	Project measurement and evaluation: Project outcomes
	What methodology and data will you use to evaluate the success of your project?
	How will you capture this data?

Section C: Funding

Assessment Criterion 5: Value for money (Questions C1–C4)

C1	How much funding are you seeking from the EPA? The total NSW program funding available in this grant program is \$2.55 million. Grants of between \$50,000 and \$500,000 are available. For more details see Stream Two: Guidelines for Applicants.			
Years	Funds excluding GST			
2015–2016	\$			
2016–2017	\$			
TOTAL	\$			
C2	Project budget Please provide a detailed project budget using Part C: Project Budget and attach it' to this application. Please provide a summary of that budget here (i.e. a list of the total project unit costs and the funding you are seeking for each from the EPA).			
С3	Please provide details of all complementary resourcing (cash or in-kind). You must contribute at least 20% of the total project cost in cash or in-kind.			
Project item	Cash contribution In-kind (\$ equivalent)			
C4	Resources from other sources List any grants that you (the applicant, partners and sub-contractors listed in this application) have/will receive relating to the activities proposed in this project. Note: this grant will fund additional work above existing commitments. It will not fund work that would have been undertaken as part of agreed commitments or existing programs or business activities.			
Funding/payment source	Agency providing the funding/payment	Amount of funding/p		Describe the relationship to this project

Section D: Certification

A principal of the organisation, the General Manager or an officer at Director level, must verify the accuracy of the information contained in this applications.

(If a partnership is applying, the lead organisation must verify the following section.)

I certify that, to the best of my knowledge, the information in this application is true.

If the NSW Environment Protection Authority approves this application, I will accept the conditions of the funds on behalf of my organisation.

Name:		
Position in organisation:		
Date:		

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Environment Protection Authority 59 Goulburn Street, Sydney NSW 2000 PO Box A290, Sydney South NSW 1232 Phone: +61 2 9995 5000 (switchboard)

Phone: 131 555 (environment information and publications requests)

Fax: +61 2 9995 5999

TTY users: phone 133 677, then ask for 131 555

Speak and listen users: phone 1300 555 727, then ask for 131 555

Email: <u>info@environment.nsw.gov.au</u> Website: www.epa.nsw.gov.au

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