Winnipeg

Water and Waste
Eaux et déchets

Application form - Compost Support Program

Applicant information

Name of organization:

Legal name of organization (if different):

Address:

City and province: Postal code:

Name and title of authorized representative:

Phone number: Email:

Name and title of authorized representative:

Phone number: Email:

Project information

Project name:

Description: *(provide a detailed project description, including goals, objectives, and environmental and social benefits - 1000 words maximum)*

Requested amount *(please specify how much of the funding will be in-kind advertising)* **($):**

In-kind ($):   **Total budget ($):**

Anticipated start date: **Anticipated end date*:**

Project end date (goods and/or services delivered to the City of Winnipeg) shall be no later than March 31, 2025. The project **must be completed before the specified end date. Reporting can be submitted up to 45 days after the specified end date.*

Deliverables: *Identify the project deliverables and the proposed monitoring or tracking, including metrics. Make sure to explain how the deliverables support one of the following:*

- *Providing a subsidy for low-income residents who wish to participate in compost collection but are financially unable to*
- *Assisting in developing new programs for residents whose dwellings do not currently qualify for compost programs (e.g. multifamily)*
- *Implementing measures to offset program costs for the benefit of City residents.*

Deliverable	Evaluation metrics	Describe how it supports criteria listed above

Timeline:

Activity	Start date	End date

Marketing and communications:
Explain how the project and its work will be shared or publicized:

Regulatory approvals:
Has your project received all necessary environmental permits and approvals?   **Yes**   **No**   **NA**

Funding information:
Complete the following funding document for the proposed project. Enter whole dollar numeric values (letters, decimals, and dollar signs are not allowed). For "Other Sources of Funding", please indicate if sources of funding are confirmed or pending.

Expenditure Item	Requested $ Amount	Other Sources of Funding			Source (List all sources)	Total Budget Cost
		Cash	Confirmed or Pending	In-Kind		
Salaries (Attributed to project costs)						
Management / Professional Fees (identify for each position)						
Equipment						
Materials and Supplies						
Administration Costs (Identify)						
Transportation Costs						
Other						
Total						

Add required attachments to generated email before submitting
(check boxes below to confirm they are included):

Prior fiscal year's financial statements

Annual report

Annual general meeting minutes