

For administration use:	Application No:

## WEEE Local Project Fund Application Form

1<sup>st</sup> August 2017

### Important Notes:

- Please read the **WEEE Local Project Fund Guidance Notes** before completing this form.
- Please complete all relevant sections. Incomplete applications will not be considered.
- Applications must be submitted by 29<sup>th</sup> September 2017
- Late submissions will not be accepted.
- If you have any queries or need further assistance, please email [weee@defra.gsi.gov.uk](mailto:weee@defra.gsi.gov.uk)
- No information will be considered beyond that contained in the application form

### Submission Instructions:

Submit your application by 29<sup>th</sup> September 2017 to: [weee@defra.gsi.gov.uk](mailto:weee@defra.gsi.gov.uk)

## ABOUT THE APPLICANT(S)

1.1. Please provide the contact details for the lead local authority, the contact for this application and the main day to day contact for the project (if different):

<b>Lead Local Authority name:</b>	
Address:	
Main telephone no.	
Authority type (WDA, WCA, Unitary)	

<b>Contact name for application</b>	
Position:	
Address: (if different from above)	
Direct line telephone no:	
Email:	

1.2 Please provide details of the Waste Disposal Authority endorsing the application and through which funds will be provided by the DTS or compliance fee operator if successful.

<b>Waste Disposal Authority (if different from lead local authority) :</b>	
Address:	
Main telephone no.	

<b>Contact for name application</b>	
Position:	
Address: (if different from above)	
Direct line telephone no:	
Email:	

1.3 Please provide a list of the partner organisations involved in this bid and their role in the project (increase number of lines if more than 3 partners)

<b>Organisation name</b>	<b>Type of organisation</b>	<b>Role</b>

## 2. INFORMATION ABOUT THE AREA COVERED BY THIS PROJECT PROPOSAL

Area covered by the proposal	
Existing WEEE collection arrangements in the area	

Existing WEEE reuse services in the area	
Recent WEEE activities i.e., promotional or awareness raising relating to WEEE services	
Size of population in area covered by proposal	
Number of households	
2015 and 2016 (or most recent data available) total tonnage of separately collected WEEE for area covered by proposal	2015 :  2016 :
2015 and 2016 (or most recent data available) total tonnage of separately collected WEEE as expressed by kg per head of population of area covered by project proposal	2015 :  2016:
2015 and 2016 (or most recent data available) total tonnage of WEEE sent for reuse for the area covered by project proposal	2015:  2016:

**3. PROJECT OUTLINE**

Note: No additional project information should be sent with this application as it will not be assessed with the application.

Project start date	
Project finish date	

Please give a brief outline of the project. Include details on the type of WEEE to be collected, roles and responsibilities of the different partner organisations. Highlight any particularly innovative features  
Max 300 words

Please explain how this project is additional to current WEEE related activity and whether the project is linked to any other activities related to WEEE or wider recycling in the area  
Max 150 words

<p>Please provide project milestones</p>	
<p>Please identify major risks and describe how these will be managed.</p>	
<p>Describe how the results and good practice arising from the project will be shared with other local authorities (eg via NAWDO/LARAC meetings/publications, press notices, website etc)</p>	

**4. PROJECT OUTCOMES – answer all relevant questions**

<p>Indicate predicted increased tonnage of separately collected WEEE as a result of this project? Show how you have calculated this and how you propose to measure it.</p>	
<p>Indicate predicted increased tonnage of WEEE diverted from recycling to reuse as a result of this project? Show how you have calculated this and propose to measure it.</p>	

<p>Outline any social benefits of the project e.g. re-training and educational benefits, impact on low income householders, community, third sector involvement, household awareness raising.</p>	
<p>Describe how key outcomes and any necessary funding will be sustained, replicated or developed beyond period of DTS funding</p>	
<p>Describe the impact on the project should your application to the DTS Local Project Fund be unsuccessful</p>	

<p>Describe how the project will reduce the occurrence of fly tipping of WEEE through, for example, improved communication and availability of legitimate facilities</p>	
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## 5. FUNDING AND RESOURCES

Please provide a budget for the project. Figures should be additional to spend on existing activities.

<p>Total Funding sought from WEEE Local Project Fund (£)</p>	
<p>Breakdown of financial contributions provided by project partners (£)</p>	
<p>Breakdown of in-kind contributions provided by project partners along with the associated financial equivalent value (£)</p>	
<p>Total Project Budget (£)</p>	
<p>Breakdown of estimated project costs, e.g. management/staffing, marketing, capital expenditure, PR, printing, advertising, operating costs etc. Total Project Costs (£)</p>	

**DECLARATION**

I declare that:

The information given on this form and in any other documentation that supports this funding application is accurate to the best of my knowledge.

I understand that, where any materially misleading statements (whether deliberate or accidental) are given at any stage during the application process, or where any material information is knowingly withheld, this could (at the discretion of the panel) render my application invalid and any funds received by us will be liable for repayment.

I confirm that my organisation will take all reasonable precautions to ensure that any funding received will not be misused or misappropriated in any way. In the event of a fraud, I understand that the DTS may take legal action to recover any misappropriated funds.

I agree that in the event that the project for which funding is granted does not proceed or the funding is not fully spent on the project by 31 December 2018 the funds advanced (or unspent balance) will be repaid to the DTS

I agree that in the event that a report is not submitted to the DTS when requested which is likely to be 12 months from the date of receiving funding any funds received will be liable for repayment

I agree that the information supplied on this form, including individual contact information, together with information given in the project audit report will be used to chart the success of the project and for DTS monitoring purposes.

**To be signed by person completing this form**

Signed:	
Print Name:	
Position:	
Local Authority Name:	
Date:	

**To be signed by Head of Service or Portfolio Holder at Lead Local Authority**

Signed:	
Print Name:	
Position:	
Contact email address and phone number	
Date:	

**To be signed by Waste Disposal Authority endorsing the application and through which funds will be provided by the DTS if successful.**

Signed:	
Print Name:	
Position:	
Contact email address and phone number	
Date:	

**To be signed by other project partners:**

Signed:	
Print Name:	
Position:	
Contact email address and phone number	
Date:	

Signed:	
Print Name:	
Position:	
Contact email address and phone number	
Date:	

Signed:	
Print Name:	
Position:	
Contact email address and phone number	
Date:	