



## WASHABLE DIAPER GRANT FOR RESIDENTS OF THE CITY OF BATHURST POLICY

<b>Policy Number</b>	P2019-03
<b>Classification</b>	ADM
<b>Effective Date</b>	2019-05-21
<b>Approval Authority</b>	COUNCIL
<b>Supersedes</b>	NA
<b>Mandated Review</b>	2027

### 1. PURPOSE

The purpose of this policy is to protect our planet by reducing the amount of waste sent to our landfill, the City is endorsing the present policy offering a grant encouraging the usage of washable diapers.

### 2. SCOPE

This Policy applies to all residents of the City of Bathurst.

### 3. DEFINITIONS

- (1) **APPLICANT** means for the parent or legal guardian of the child.
- (2) **CITY** means the City of Bathurst
- (3) **GRANT** means financial aid offered by the City
- (4) **RESIDENT** means the person residing in the limits of the City of Bathurst

### 4. POLICY STATEMENT

The City of Bathurst recognizes the impact that disposable diapers may cause and the environmental drawbacks for future generations.

#### 1. LIMITATIONS

- a) One grant will be offered per child to a maximum of \$150.
- b) Purchase must be made less than six months of date of application.

## 2. HOW TO QUALIFY

- a) The applicant must be a resident of the City of Bathurst;
- b) The applicant must be the parent or the legal guardian.

## 3. HOW TO APPLY FOR GRANT

- a) Complete the “Washable Diaper Grant Application” form;
- b) Submit the original receipt for the purchase of washable;
- c) Submit child proof of birth (birth certificate with parents’ name);
- d) Submit proof of residence (water bill, driver’s license, etc.).
- e) Submit all documentation to City Clerk’s office during the current year.
- f) The City will issue a cheque within 30 days of receipt of complete application.

## 5. RELATED DOCUMENTS

- *Washable Diaper Grant Application Form*

## 6. REVISION HISTORY

<b>Date (mm/dd/yyyy)</b>	<b>Description of Change</b>	<b>Sections</b>	<b>Person who Entered Revision (Position Title)</b>	<b>Person who Authorized Revision (Position Title)</b>



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### Washable Diaper Grant Application

Child's Name \_\_\_\_\_

Child's date of birth \_\_\_\_\_

Name of Parent (or legal guardian) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_

Child's Proof of Birth \_\_\_\_\_

Proof of Residence \_\_\_\_\_

I, the undersigned, declare that the information contained in this form is truthful.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
City Clerk