

Environment and Biodiversity Grants August 2025

Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Applicants: please note

Before completing this application form, please read the [Environment and Biodiversity Grants guidelines](#) and [General Grants Program Fact Sheet](#).

Applicants to this round must choose one of two funding tiers: up to \$5,000 or from \$5,000 to \$10,000 for projects/programs or activities commencing after 1 December 2025.

Applications must be completed and received before the closing date to be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

If you have any outstanding Clarence City Council grant acquittals from previous projects, you will not be eligible to apply this round.

If you have any questions in regard to these eligibility criteria, please contact the Clarence City Council grants team on 03 6217 9500 or via email at landcare@ccc.tas.gov.au.

If you do contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Confirmation of Eligibility

For an application to be assessed for grant funding by council, the application must comply with the following criteria:

1. The grant application:

- a) must be complete and include all required supporting documentation;
- b) must be received within the grant application period, late applications will not be considered;

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- c) must be submitted by an authorised person of the organisation or entity and provide evidence of that authorisation; and
- d) must not be for an activity that has a start date which occurred prior to the grant round or that has already taken place.
- 2. The activity must be undertaken within the Clarence municipality or demonstrate that it will benefit the City of Clarence.
- 3. The Applicant must not submit more than one application in each funding round.
- 4. Be an eligible entity for the given grant stream;
- 5. The Applicant must not owe any reports or money to Council as a result of previous funding or grants.
- 6. The applicant/s must have appropriate insurance coverage and have relevant workplace health and safety and risk management policies.
- 7. The Applicant is not:
 - a) government agency or department of Local Government,
 - b) State or Federal levels of Government;
 - c) an organisation with gaming machines;
 - d) a political party or an organisation whose core purpose is political lobbying, including the lobbying of councillors;
 - e) current council employees and councillors (this does not preclude irregular casual council employees whose work does not conflict with the grant activity or committees or organisations that councillors or staff participate on. All applications which involve council employees or councillors in any capacity must be declared as part of the grant application and will be subject to an eligibility conflict assessment by Council).

If you have any questions in relation to eligibility please contact landcare@ccc.tas.gov.au before applying.

Please select below: *

- Yes No

You must confirm that all statements above are true and correct.

Evidence of Eligibility

Before applying, please ensure you have authority to apply, and upload relevant documentation.

Organisations and other entities

Organisations (including not-for-profit organisations, registered charities, and community or resident groups)• to provide evidence of authority to enter into the agreement, for example: Minutes of a meeting of the board or Organisation body authorising the application
Companies• Companies applying for grants must provide a valid ACN• provide a letter of consent to the grant application executed in accordance with section 127(1) of the Corporations Act 2001 (Cth)

Auspiced applications• a letter of support duly signed by the organisation auspicing body (please note this may mean you need a decision of their board and to ensure the letter is duly signed)• a copy of their Constitution and office bearers

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Insurance Applicants must provide evidence of appropriate insurance coverage and relevant workplace health and safety and risk management policies with this application.

Conflict declaration: Please outline any potential conflict you have with council. This includes but is not limited to: • the applicant being an employee or councillor; • if the applicant is an irregular employee of council (an employee of council on a casual basis without consistent hours and whose work does not relate to the grant activity) • In the case of an organisation, if any members of the organisation are council employees or councillors and if so, any steps that have been taken to mitigate a conflict.

Declaration of conflict

Please outline any potential conflict you have with council here

Eligibility Documentation *

Attach a file:

Please upload relevant documents, insurances, evidence of authority, copies of your Constitution, and office bearers here.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

The personal information on this form is required by council for the General Grants Program. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access or amend your personal information at any time. How we use this information is explained in our Privacy Policy which is available [here](#).

Applicant Details

Applicant Name *

Individual Organisation

Organisation Name

First Name

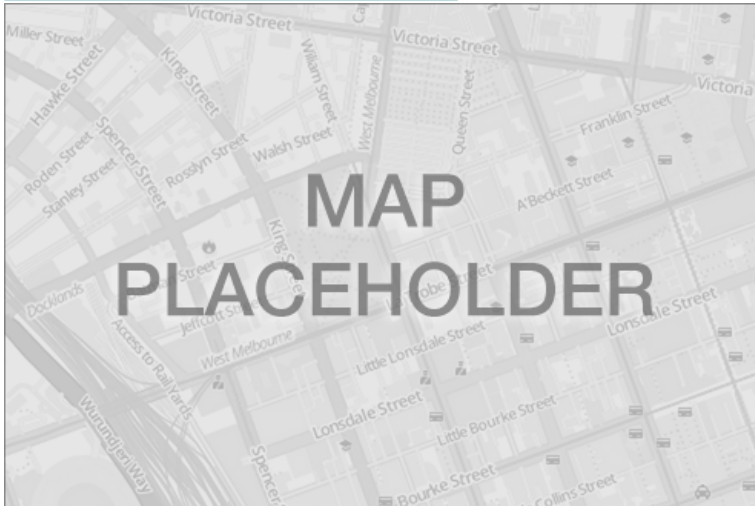
Last Name

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.

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Applicant primary address

Address



Applicant postal address

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

What type of not-for-profit organisation are you? *

- Community/resident group
- Landcare Tasmania-registered community group
- Landcare Australia-registered community group
- School
- Registered charity organisation
- Other:

Please choose the option that best applies to your organisation.

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ABN
Entity Name
ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type More information
ACNC Registration
Tax Concessions
Main Business Location

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

Yes No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Auspice organisation name *

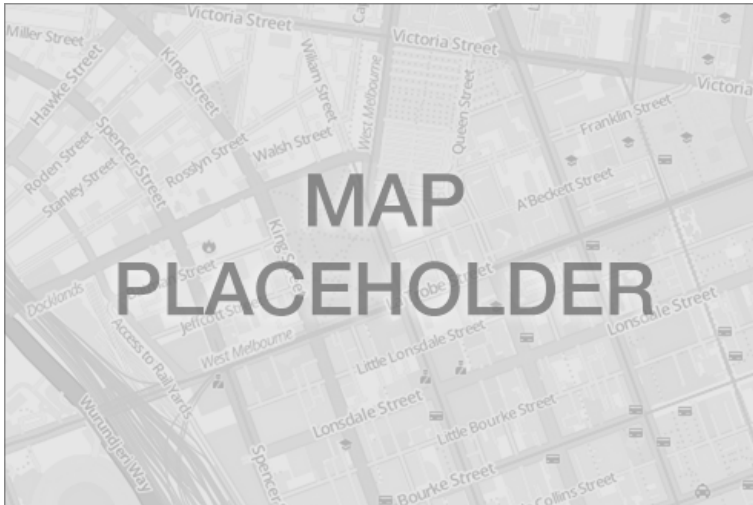
Organisation Name

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.

Auspice primary address

Address

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Auspice postal address

Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice website (if applicable)

Must be a URL.

Primary contact person at auspice organisation *

Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

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

Auspice primary contact primary phone number *

Must be an Australian phone number.

Auspice primary contact office phone number

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Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date on company letterhead.

Does the auspice organisation have an ABN? *

Yes No

Auspice 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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

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Project Details

* indicates a required field

Title of Project/Activity:

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

Funding request

What tier of funding are you requesting? *

- up to \$5,000 Ex GST
 \$5,000 - \$10,000 Ex GST

No more than 1 choice may be selected.
You must only select one of these options

Type of support requested

- Monetary
 In-kind
 Reduction or waiver of fees

Have you previously received funding from council? *

- Yes
 No
 Not sure

Is this activity/program/event funded in any capacity by another grant? *

- Yes
 No

Previous Funding

Please tell us the year you received funding from Council, and the amount received.

Year received *

Amount received *

Other Funding

Please outline how this funding will maximise dollars spent and community benefit, in addition to the grant you've already received. *

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Project/Activity start and end dates

Anticipated start date *

Anticipated end date *

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

Brief project outline *

Please provide a brief but clear rationale for your project. This description is for the assessors and will be used by Clarence City Council for publicity purposes, if your project is successful.

Project outline (extended) *

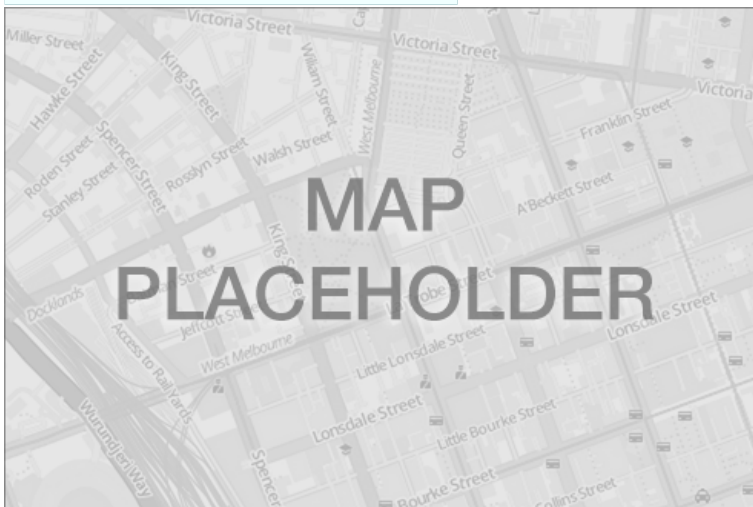
This is where you can go into more detail. Please outline the planned activities, and when they will take place, as well as any collaborators or partners you are working with.

What are the expected conservation outcomes of the project? *

Describe up to three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

Where will your activity take place (for on-ground works)?

Address



Type the address or position the pin on the map

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How will you know if your project has been successful?

These are your measures of success: Describe up to three changes you will see if the expected outcomes of the project occur (150 words recommended)

How do you plan to acknowledge council's support?

- Letter of thanks to councillors
- Invite councillors to relevant event
- Acknowledgement at event/activity
- Provide photos to council
- Acknowledgement in the media
- Other:

Describe how your activity aligns with council's natural area management plans and strategies (e.g. Reserve Activity Plans, Natural Areas Strategy) *

Reserve Activity Plans and other plans and strategies are location on council's website here <https://www.ccc.tas.gov.au/documents/publications/>

Which of the following principles does your activity align with *

- Connecting our community to the natural environment
- Conserving the natural environment
- Collaborating for the natural environment

You can select more than one

Describe how your activity aligns with the above principle(s) *

Please detail how the community will benefit from your activity (including who), and why it is needed.

Environmental Benefit (applications above \$5,000)

Because you answered yes to the Tier 2 Funding option of requests from \$5,000 - \$10,000, we would like to know how your activity will demonstrate significant long-term environmental benefit (as well as aligning with more than one principle listed above).

Examples of long-term environmental benefits include

- provide an education program (or similar) to the community;
- activities which build local capacity over time (such as skills building, promotes self-reliance, strengthens local partnerships);
- requires the applicant to invest time and resources in establishing and maintaining the project or activity beyond the grant completion time
- including other environmental, community or cultural organisations in the activity's planning and/or implementation

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Please outline how your activity will provide significant long-term environmental benefit

Staff, Volunteers, Participants

This section is for people or groups who are actively involved in the delivery of the activity. These could be any paid contractors and volunteers. If the number is zero for any of these fields, please type '0'.

Total number of paid staff/contractors *

Must be a number.

Total number of volunteers *

Must be a number.

Total number of other participants *

Must be a number.

This could be stallholders or vendors or any others who are indirectly involved in the delivery of this project

Total Project Participants

This number/amount is calculated.

Key Personnel

Please list who's involved in your project/activity/initiative and their roles. This should include any responsible officers such as chief wardens, site managers, trainers, project managers, artists, facilitators, for example. Please include a short summary of their experience. If additional lines are required please click the 'Add More' button on the bottom right side of the table.

Key personnel - full name	Role	Paid or volunteer?	Experience in delivering this kind of activity
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Budget

* indicates a required field

Total Amount Requested

*

What is the total financial support you are requesting in this application?

Total Project/Program Cost

*

What is the total budgeted cost (dollars) of your project?

Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.

Examples of expenses could include 'contractor fees', 'purchase of tools', 'purchase of plants'.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Income Description **Income Type** **Confirmed Funding?** **Income Amount (\$)** **Notes**

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	

Expenditure

This section is to demonstrate how you intend to spend the income above. It may include marketing costs, catering, photography, equipment purchase, as examples.

Expenditure Description **Expenditure Type** **Expenditure Amount (\$)** **Notes**

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	

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		\$	
		\$	

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Please attach quotes for those expenditure (cost) items over \$500

Attach a file:

Risk Assessment

Any works undertaken on Council land need to be operated in a safe manner for all parties involved. To ensure your project safe delivery and success, we require a completed risk assessment that outlines how you will identify and manage any potential risks related to your project.

Please read the [Event Risk Assessment Guide and Template](#) and complete the Risk Assessment using the Template. This will need to be submitted along with your application.

If you require any assistance completing this, please contact council via email landcare@ccc.tas.gov.au or phone (03) 6217 9500.

Risk Assessment File Upload

Attach a file:

This is where you upload your completed risk assessment. If you're unsure, or don't believe your project requires a risk assessment, please contact a Grants Officer on the phone number above.

Applicant Capacity

To support your application, demonstrate your organisation's capacity

Include how you will complete this project/program within the proposed timelines, and how it will be resourced. Provide information (if applicable) on previous similar successful activities

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

Signed by the Applicant who confirms by signing this Application that they have authority to act on behalf of the organisation/group.

I agree *

Yes

No

Name of authorised person *

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)

Contact phone number *

Must be an Australian phone number.

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

Contact Email *

Must be an email address.

Date *

Must be a date