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* indicates a required field

Program	
This field is read only.	

Applicants: please note

Before completing this application form, please read the <u>Environment and Biodiversity</u> <u>Grants guidelines</u> and <u>General Grants Program Fact Sheet</u>.

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 June 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:

- 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 relevantdocumentation.

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 ameeting 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 section127(1) of the Corporations Act 2001 (Cth)

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

InsuranceApplicants must provide evidence of appropriate insurance coverage and relevantworkplace 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 limitedto: • the applicant being an employee or councillor; • if the applicant is an irregular employee of council (an employee of council on a casualbasis 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 councilemployees or councillors and if so, any steps that have been taken to mitigate a conflict.

and hos, and broke mannage some control
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 <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>.

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.

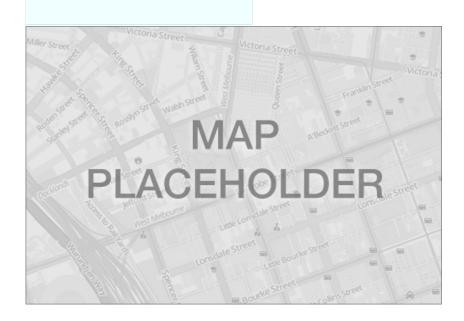
Applicant Details

Applicant Name * O Individual Organisation Name	○ Organisation
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.

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.

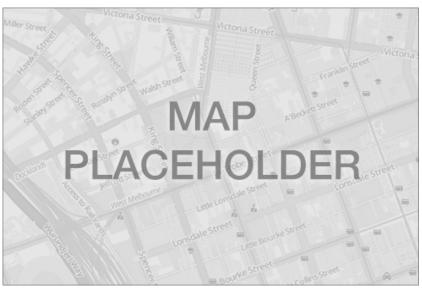
What type of not-for-profit organisation are you? *

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

Please choose the option that best applies to your organisation.

Proof of incorporation? *
Incorporation Number or that of the Auspice organisation
Primary Contact Details
Primary contact * Title First Name Last Name
This is the person we will correspond with about this grant.
Position held in organisation *
e.g., Manager, Secretary, Treasurer, Board Member or Fundraising Coordinator.
Primary contact primary phone number *
Must be an Australian phone number.
Primary contact office phone number
Must be an Australian phone number.
Primary contact email address *
This is the address we will use to correspond with you about this grant.
Organisation Details
* indicates a required field
What is your organisation's purpose or mission? *
What is your organisation's purpose of mission.
Does your organisation have an ABN? * ○ Yes ○ No
Applicant 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		
	wise 48.5% of any approved g	TO Statement by a Supplier Form grant may be withheld. Download
Please upload completed Attach a file:	l Statement of Supplier Fo	rm: *
Max 25mb per file uploaded		
Auspice Information	I	
* indicates a required field		
grant? *	_	ion for the purpose of this
	No applying for a grant must be ausp you should not apply for this gran	piced by an incorporated organisation. t.
Auspice Organisation	Details	
Auspice organisation nar Organisation Name	ne *	
Please use the organisation's for documentation such as that with		the same name that is listed in official
Auspice primary address Address		
7.001.033		



B. H. Wet Melborne	
4 ag in street	
Lors date Linde Bourke	
He street street	
■ Bours	
Auspice postal address Address	
Auspice primary phone number *	
Must be an Australian phone number.	
Auguica amail adduces *	
Auspice email address *	
Must be an email address.	
Plast be all cilial 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 i	s valid and current.
Position held in organisation *	
osition neia 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 nu	ımber	
Must be an Australian phone no	umbor		
Must be all Australian phone in	umber.		
Auspice primary contact	email address ³	k	
Must be an email address			
Please attach a letter fro arrangement is valid and Attach a file:		organisation confirm	ing that the auspice
The letter must be signed by a include: name, position, signat			Board Chair) and must
Does the auspice organis O Yes	sation have an <i>i</i>	ABN? * O No	
Auspice ABN *			
The ABN provided will be us check that you have entered			Click Lookup above to
Information from the Australia	n Business Registe	r	
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)			
DGR Endorsed			
ATO Charity Type	More inform	<u>ation</u>	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			
As the auspice organisation Statement by a Supplier For may be withheld. Download	m with your appl	ication, otherwise 48.5	
Please upload completed Attach a file:	Statement of	Supplier Form: *	
Max 25mb per file uploaded			

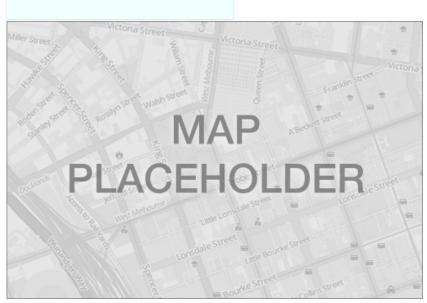
Project Details

* 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 O 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. *

Project/Activity start and end dates

Anticipated start date *	Anticipated end date *	
If unknown, provide your best guess o	or leave blank If unknown, provide your	best guess or leave blank
Brief project outline *		
Please provide a brief but clear ration	nale for your project. This description is f	for the assessors and will
	oublicity purposes, if your project is succ	
This is where you can go into more de take place, as well as any collaborato	etail. Please outline the planned activitions or partners you are working with.	es, and when they will
What are the expected conser	vation outcomes of the project?	*
Describe up to three things you want others (200 words recommended)	the project to achieve in terms of benef	fits for participants and/or
Where will your activity take paddress	olace (for on-ground works)?	



Type the address or position the pin on the map

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) *
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

Please outline how your activity will provide significant long-term environmental benefit			
Staff, Volunteers,	Participants		
	le or groups who are ac d contractors and volun		
Total number of paid	staff/contractors *		
Must be a number.			
Total number of volu	nteers *		
Must be a number.			
Total number of other	er participants *		
Must be a number. This could be stallholders project	or vendors or any others v	who are indirectly involved	d in the delivery of this
Total Project Participants			
This number/amount is ca	ılculated.		
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		Experience in delivering this kind of activity

Total Amount Requested *	\$ What is the total financia application?	I support you are requesting in this
Total Project/Program Cost *	\$ What is the total budgete	ed cost (dollars) of your project?

Budget (GST exclusive)

* indicates a required field

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 (\$)	
			\$	
			\$	
			\$	
			\$	

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	(\$)	
		\$	
		\$	
		\$	
		\$	

Budget Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure
\$	\$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.
Diongo attach guetos fo	ur thaga aynanditura (sast)	itoms over ¢E00
Attach a file:	or those expenditure (cost)	items over \$500
Risk Assessment		
involved. To ensure your p	project safe delivery and succe	ated in a safe manner for all parties ess, we require a completed risk age any potential risks related to
		plete the Risk Assessment using the ed along with your application.
If you require any assistan landcare@ccc.tas.gov.au c	ice completing this, please cor or phone (03) 6217 9500.	ntact council via email
Risk Assessment File U Attach a file:	pload	
		rou're unsure, or don't believe your fficer on the phone number above.
Applicant Capacity		
To support your applica	ation, demonstrate your or	ganisation's capacity
	e this project/program within the on (if applicable) on previous simi	proposed timelines, and how it will be llar 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.

l agree *	○ Yes	○ N	0	
Name of authorised person *	First Name	Last Name		
	Must be a senior staff me authorised volunteer	mber, board	member or	appropriately
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 authorise by the applicant organisation			is authorised
Contact Email *				
	Must be an email address	5.		
Date *				
	Must be a date			