



# Protecting our Places Program 2017

## **Application Form**

Closing Date: 3pm Monday, 4 September 2017

#### General information

- To complete this form, you must have the latest **Adobe Acrobat Reader** installed, please visit the Adobe website to ensure you have the latest version.
- Do not use Acrobat Pro it will not save the data that you have entered onto the form.
- You must use Adobe Reader, and once detail is completed save your application and send as an email attachment.
- Refer to the How to Guide and Program Guidelines prior to completing this application form.
- Answer every question. Where a question does not apply to your proposal, write 'not applicable' or
  preferably briefly explain why. This form is set in length and text boxes will not expand.
- Attachments should not be included unless they are considered essential.
- Email your entire Application to apply@environmentaltrust.nsw.gov.au by the closing date.

Applicant organisation*	
Project title*	
Funding requested*	
Project description	

These fields will auto populate in the form

#### **Enquiries**

**NSW Environmental Trust** 

Telephone: (02) 8837 6093

Email: info@environmentaltrust.nsw.gov.au

## Section A: Registration

Refer to page 6 of the How to Guide

A1 Applicant of	organisation's details.
Organisation na	ame
ABN	Registered for GST
Postal address	
Suburb	State Postcode
A2 What is the	e legal status of your organisation? (Select <b>ONE</b> only).
	al Aboriginal Land Council istered Native Title Group
_	Incorporated community organisation
	d incorporated non-profit group (e.g. Aboriginal Landcare Group)
	rated Aboriginal organisation/group supported by an administrator*
Other (plea	
	ommunity group that is not incorporated, you must nominate a suitable organisation to administer your
grant on your	behalf.
A3 Applicant of	organisation primary contact.
Title	First name Surname
Position	
Phone	Mobile
Email	
A4 Administra	ator details (If applicable).
Organisation	
ABN	Registered for GST
Postal Address	Tregistered for Ce i
Suburb	State Post code
Title	First name Surname
Position	
Phone	Mobile
Email	

# Section B: Project description and justification **B1** Project title (maximum of 68 characters including spaces). B2 Project description. Briefly describe the project you want to do. Project location. Where will the project take place? Local Aboriginal Land Council What is my LALC area? Local Land Services region What is my LLS region? Local Government Area What is my local council? State electorate What is my state electorate? Decimal degrees can be determined by accessing Google maps, navigating to your project site and rightclicking on 'What's here'? Latitude (decimal degrees) Longitude (decimal degrees) Who owns and/or can give permission to undertake works on the site? Do you have approval/permission to undertake works on the site? Yes No Project timeframe. Your project must start between 1 February 2018 and 1 April 2018. Stage 1: Planning (Must be between 6 and 12 months) Proposed commencement date: Proposed completion date: Stage 2: Implementation (Must be between 18 and 24 months) Proposed commencement date: Proposed completion date:

Project justification	
Criterion 1: Tangible environmental	outcome. Refer to pages 7 and 8 of the How to Guide
B5 What is the issue or problem	you are addressing?
D6 How do you know this is on it	caus or problem?
B6 How do you know this is an is	ssue or problem?
B7 What do you hope to achieve	e? and the principal outcomes you seek to achieve? Relates Section C: C1)
(i.e. what is your project goal an	u trie principal outcomes you seek to achieve? Relates Section C. C1)
B8 What studies, reports, assess Please explain how your proj	sments or plans exist for the site and/or the environmental issue? ject will address them.
Study, report, assessment or plan	Describe which particular component of the document your project relates to and
2.aay, report, accomment of plant	how it will attempt to address the issue and/or meet a particular target.

В9	ls t	nis proje	ect part	of a larger, on-going program?
	No		Yes	If yes, briefly explain the linkages between this project and your overarching program.
B10	Ple the	ease ex elegal r	plain ho esponsi	w this environmental issue, or the activities proposed, are not the core business or bility of any person or organisation involved in the project.

### Section C: Project Planning and Methods

Criterion 2: Project objectives and Criterion 3: Planning and methods (Refer to pages 8 to 13 of the How to Guide).

C1 Indic	ative Project Implementation Plan (re	fer to pages 8 to 11 of the How to Guide).												
Project start	t date:		(Des	signat	ted as	s the s	start c	of Qua	arter 1	)				
0	By the end of the project our organisation	on's capacity to successfully manage and deliver projects has	Sta	age 1	Plann	ing			Stage	2 Imp	lemer	ntatio	n	
Outcome 1	improved			Ye	ar 1			Year 2		Year 3				
Activity	Activity Name	Activity Description	Q1	Q1 Q2 Q3 Q4			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1.1														
1.2														
1.3														
1.4														
Mandatory	Activities (1.5 – 1.8)							l	1		<u> </u>	l		
1.5a	Organisational capacity building	Determine skills and capacity building training needs	Х											
1.5b	Organisational capacity building	Undertake identified skills and capacity building training		Х	х									
1.6a	Project Implementation Plan (PIP)	Finalise PIP for Stage 2: Implementation				х								
1.6b	Stage 2: Project Budget	Finalise your budget for Stage 2: Implementation				х								
1.7a	Annual Project Evaluation	Review your project progress against performance indicators								х				
1.7b	Project Refinement	Determine any changes required in the workplan for the next year's project implementation								Х				
1.7c	Annual progress reporting	Write and submit the annual Progress Report to the Trust								х				
1.8a	Final Financial reporting	Organise an independently audited financial statement for the project												Х
1.8b	Final reporting	Write and submit the Final Report to the Trust												Х

Outcome 2		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2.1													
2.2													
2.3													
2.4													
2.5													
Outcome 3		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
3.1		<b>Q</b> 1	<b>Q</b> 2	QU	Q.T	۷.	QZ	Q.J	α,	۷.	QL	40	•
3.2													
3.3													
3.4													
3.5													
Outcome 4	1	Q1	02	Q3	Q4	Q1	02	Q3	Q4	Q1	02	02	Q4
4.1		Qı	Q2	ŲS	Q4	QI	Q2	ųз	Q4	QI	Q2	Q3	Q <sup>2</sup>
4.2												<u> </u>	<u></u>
4.3												<u> </u>	
4.4												<u>L</u>	
4.5													

C2	Attach an A4 sized map as Attachmer	nt 1 that clearly defines your project loc	ation
Мар	attached	No	
C3	What permits/licenses/approvals migh	t you need to undertake your project?	
You	will need to finalise these by the conclus	sion of Stage 1 Planning phase	
C4	Is the protection of a specific threatene	ed species the primary focus of your pr	oject?
	No Yes If Yes, list the	species you are focussing on in your project	et
For a	assistance, please see the OEH Threate		
No.	Common name	Scientific name	NSW conservation status
C5	Will your project be carried out in an e	ndangered ecological community (EEC	*\?
	_	EECs impacted by your project and how you	
	plant of mana	gement, OEH mapping).	
	se use the Bionet Atlas Search. Follow the inse EECs near your project.	structions on how to complete outlined on pa	age 12 of the How to Guide to
C6	What will you do to maintain the project long-term benefits or flow-on effects w	ct outcomes after funding finishes? Wh rill result from your project?	o will be involved? What

tnem?	
Stage 1: Planning	
Risk Factor	How will risk be managed?
Stage 2: Implementation	
Risk Factor	How will risk be managed?
Section D: Project Delivery	
Official A Octobridge International	( , , , , , , 40 to 45 of the Health ( , 0 ) the
Criterion 4: Capacity to deliver (Refer	to pages 13 to 15 of the How to Guide)
D1 Who was involved in the plannii outside of your organisation wh	ng and development of the project? This may include other people o may be elders or knowledge holders.
Who was involved?	What was their involvement?

What are some of the potential risks that could hinder progress on the project and how will you manage

D2	Has this application bee	n endorsed by your organisation's go	overning body/board?	
		If Yes, provide the name of your organisa application.	ation's governing body/board who en	dorsed the
D3	Collaborators. List your project collaborate people or organisations that	ors, and their roles and responsibilities in at will assist you with your project.	the project. These collaborators mus	st be
	Names, positions and group/organisation	Reason for involvement	Intended role in project design and delivery	Confirmed Yes/No
D4	Previous experience.			
	fly outline the previous expone proposed in this applic	perience held by your organisation in cation.	undertaking projects of a similar	nature to

Please explain if the Trust is being asked to fund an existing en	
The Trust will not pay the salaries of existing employees working on the project normally be considered as an in-kind contribution by the applicant). The Trust staff employed specifically to work on the project in addition to their normal description.	t may, however, fund the salary of existing
D6 Please declare any real, potential or perceived conflict of interest	est that you may be aware of.
This can relate to land ownership, salary and/or contractor payments.	
1.	

#### Section E: Indicative project budget

#### Criterion 5: Value for money. Refer to pages 15 and 16 of the How to Guide

#### E1 Please provide an indicative budget breakdown of the funding you are seeking from the Trust.

#### Stage 1: Planning

Expenditure item		Estimated \$				
(Maximum \$10,000)	Total	\$				
Additional organisational capacity building funding	Up to \$5,000	\$				

#### Stage 2: Implementation

Expenditure item	Estimated \$
Independently audited financial statement	\$1000

(Maximum \$50,000) Total

#### E2 What is your indicative co-contribution (cash and in-kind)?

	Summary of co-contribution	Estimated value \$
Cash		
In-kind		

## Section F: Organisational background

F1 How does	you	r organisati	on function	?					
How does your organisation make decisions? (e.g. board, committee, quorum of members, director)									
	President/Chair/CEO								
Office bearers		Treasurer/0	CFO						
Number of years trading				Indigenous Corporation Number: (If applicable)					
Number of full-time employees				Number of part-time employees					
If you are a mem	bersh	nip based org	ganisation, a	pproxim	nately how many members o	do you have?			
F2 Insurance									
It is a condition of your grant that you have adequate insurance cover including public liability insurance of \$10 million, workers' compensation and volunteer insurance. Please provide details of your insurance below:									
		Public li	ability		Workers' Compensation		Voluntee	eer	
Company									
Policy numbers									
Coverage									
Currency (expiry date)									
F3 Has your o	orgai	nisation pre	viously rec	eived E	nvironmental Trust fund	na?			
Has your organisation previously received Environmental Trust funding?  Yes No If yes, please provide reference numbers and/or project title.									
Program		Reference number		Project name Amou		Amount \$	Status		

F4 Has your o	rganisation	received grant funding for	this project site fron	n a body othe	r than the T	rust?
☐ Yes ☐	] No	If yes, please provide det	ails.			
		Funding source		Year	Amount	Status
Section G: Ref	ferees					
Refer to page 17 of the How to Guide.  Please provide details of two referees outside of your organisation who we can talk to about your organisation and your project.						
Referee 1						
Name						
Title/position						
Organisation						
Email						
Phone			Mobile			
Referee 2						
Name						
Title/position						
Organisation						
Email						

Mobile

Phone

### Section H: Authorisation

Refer to page 17 of the How to Guide.

APPLICANT	Chairperson, CE within the applica	O or Executive O ation and can com	fficer) who can conf	irm the acci n to underta	e.g. General Manager, uracy of the information ake the project if funded. I.
Name					
Title/position					
Organisation					
Email					
Phone		Mobile		Date	
ADMINISTRATOR (if applicable)	(e.g. General Ma accuracy of the i	anager, Chairpers information within	the application and	ve Officer) v can commi	as the Administrator who can confirm the it the organisation to the project if required.
Name					
Title/position					
Organisation					
Email					
Phone		Mobile		Date	

## Section I: Application Evaluation

Please provide some basic feedback on your experience with applying to the Protecting Our Places program. All feedback will be collated to provide overall picture and used to assist development of future Environmental Trust documentation.

1.	Where did you hear about the program?						
	Newspaper advert		Email from the T	rust		Trust wel	osite
	Web search		Colleague or oth	er conta	act 🗌	Specialis	t/professional network
	Other						
2.	Time taken to develop your project (including negotiation with collaborators)						
	Less than 5 hours		5 - 20 hours		20 - 40 ho	urs 🗌	More than 40 hours
3.	Time taken to complete the EOI form						
	Less than 2 hours		2 – 5 hours		5-10 hours	; <u> </u>	More than 10 hours
4.	4. Difficulty completing the application						
	Very easy 🔲 E	asy	☐ Modera	ate	☐ Diffi	cult	☐ Very difficult

#### Section J: Application submission

Use the following checklist to make sure that your application is complete and accurately represents your project. You should also read the Program Guidelines and How to Guide to make sure your application is consistent with the program objectives and rules. In particular, those sections covering eligibility and assessment criteria.

	Answer <b>all</b> questions in the application form.					
	Type only in the spaces provided in the form. The boxes provided for answers to questions are a set size; the boxes will not expand to accommodate additional text if you continue to type beyond the bottom of the text box.					
	Attach an A4-s	size map (including a scale) as Attachment 1.				
	Have your application authorised by the appropriately authorised person.					
	Name your Application Form as: Organisation Name – POP Application.					
	Submit your entire application by Email. Postal or faxed submissions will not be accepted.					
	Only one application per email. Email subject line must be: Organisation Name - POP Application.					
	If you are submitting more than one application, number them accordingly. (i.e. 1 or 2)					
	Do not ZIP your application documents. ZIP files cannot be accepted by the Trust.					
	Application form must be sent as the PDF Smart Form					
Email to:		apply@environmentaltrust.nsw.gov.au				
Closing Date:		3pm Monday, 4 September 2017				

Any application that is late, incomplete or ineligible will not be considered.

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