**OCOC Landscape Scale Grant Application**

To submit this application from, you will need:

* *The organisation’s ABN/incorporation number*
* *A copy of the organisations $10 million public liability insurance (unless Landcare Vic Inc insured)*
* *A budget and detailed costing for the project including any quotes or estimates used to calculate costs*

**Section 1 –Project details**

**Project title**

*Title (< 15 words): provide a short project title - this will be used in GHCMA publications to promote the OCOC projects*

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**Project summary and evidence of need**

*Describe the project (500 word maximum - Dot points encouraged.):*

*What is the issue that you want to address?*

*How does the project build on previous OCOC work or studies?*

*What would you like to do, and what do you hope to achieve?*

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| --- |
| 500 word limit |

**Outputs**

*The outputs and focus areas that will be funded as part of the project are listed below, please* *select describe how your proposal will contribute to any of these. Your project may have outputs under one or several areas of focus. It is expected that most projects will have some form of engagement event and or publications.*

|  |  |  |
| --- | --- | --- |
| **Output type** | **Output Measure** | **Activity description (brief)**  |
| *Non-woody weed and pest herbivore animal control* | Area in hectares over which control is implemented |  |
| *Native indigenous vegetation planting*: | Area in hectares planted |  |
| *Wetland assessment including ecological, threatened species, flora and fauna* | Number and type of assessment  |  |
| *Cultural Understanding**support the protection of cultural heritage and inclusion of cultural values in wetland management**e.g. walks and education events relating to Traditional Owner Country Plan aspirations please briefly describe the activities and the Traditional Owner groups involved.*  | Number of events and activities and Traditional Owner engagement |  |
| *Increase understanding of the economic value and benefit of sustainable agriculture practice and wetland management*  | Assessment, survey, field trials or case studies |  |
| *Engagement events*: *Helping farmers understand what wetlands they have on their farm and the use of the Victorian Wetland layer to prevent crop input into wetlands* *Increasing understanding of seasonal wetlands**Trialling new engagement approaches* | *Number of events* |  |
| *Written or visual publications*: *Messaging around wetlands as assets**Messaging around the advantages of Precision Agriculture* | Number of publications  |  |
| **Other:** *Please describe any activities you are seeking funding that do not fall into the categories listed above.* |  |  |

**Section 2 – Project Timeline and Key Stages**

**Key stages:** *Describe how you are going to undertake you project including the key stages, activities and timeframes. Use your key deliverables*

|  |  |  |
| --- | --- | --- |
| **Key stages** | **Activities** | **Timeframe** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Please add more rows as needed

**Experience and capacity:** *What skills and resources from within the group/s or other organisations are you going to use to deliver this project? Identify any previous experience or expertise that provides evidence of your ability to effectively deliver this project.*

|  |
| --- |
| 150 word limit |

*List the resources (Landcare groups, people, materials, equipment) that will be used to plan and deliver the project.*

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| --- | --- | --- |
| **Skill** | **Resource** | **Organisation** |
|  |  |  |
|  |  |  |
|  |  |  |
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**Section 3 - Budget**

**Volunteer contributions:** *What in-kind labour contributions have you secured for the project?*

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| --- | --- |
| **In-kind labour** | **Tick** |
| Volunteer labour |  |
| Support from within the organisation |  |
| Support/involvement from partner organisations (including individuals, other groups and other funding programs) |  |

**Organisation contribution:** *Please describe the support that you plan to provide for the project*

For example:

* Printing of material on office printer (100 flyers @50c per flyer = $50)
* Coordination of volunteers for events (6hrs @$40 per hr = $180)
* Oversight of project (2 hrs per week x 4 weeks @$40 per hr = $240)

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**Volunteer contribution:** *Please describe how volunteers will contribute to the project in the table below.*

* The volunteer time of community group members is costed as an in-kind contribution of $40 per person per hour.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Number of volunteers** | **Number of hours worked per day** | **Number of days** | **Volunteer contribution value $** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
| TOTAL |  |  |  | $ |

Please add more rows as needed

**Budget***: Please complete the table below and detail all items/activities required for project delivery, for both funds requested and in-kind. Be descriptive about what the funds will be used for.*

* The application can be up to $60,000 (ex GST) in total and up to 15% of the total funding request can be for Project Management.
* Total cost of capital items and equipment are not to exceed $3,000. You will need to demonstrate a clear need and community benefit for any capital items included in your budget. Capital items will need to become a registered asset of the applicant group or auspice organisation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Description of Item** | **Funds requested** | **In-kind funds** | **Organisation contributing in-kind funds** | **Quotes (if applicable)** |
|  |  | $ | $ |  |  |
|  |  | $ | $ |  |  |
|  |  | $ | $ |  |  |
|  |  | $ | $ |  |  |
|  |  | $ | $ |  |  |
|  | TOTAL COST | $ | $ |  |  |

Please add more rows as needed

**Budget justification**

|  |
| --- |
|  |

**Budget summary requested funding and in-kind support**

|  |  |
| --- | --- |
| Total amount requested | $ |
| Total in-kind funding value | $ |
| Total volunteer contribution value | $ |

**Section 4 – Risk Management and Conflict of Interest**

**Risk Management:** *In the table below, identify the key risks for the project and how they will be mitigated.*

|  |  |  |
| --- | --- | --- |
| Risk # | Description | Mitigation Strategy |
| *eg* | *No landholder engagement in OCOC focus region* | A planned approach to engagement including leveraging a large regional event that is attended by the target landholders.  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Conflicts of interest management:** *Complete the potential conflicts of interest declaration below.*

*Identify potential conflicts of interest within the project and how they will be managed.*

|  |  |
| --- | --- |
| **Potential conflict of interest** | **Management Actions** |
| *e.g. most skilled local contractor also member of Landcare Group* |  |
|  |  |
|  |  |
|  |  |

Please add more rows as needed.

**Section 5 – Organisational details**

**Organisations/groups:** *How many organisations/groups are involved in delivering this project, please list all involved?*

**Lead Organisation Details:** *Please enter the contact details for the lead organisation*

|  |  |
| --- | --- |
| Organisation name |  |
| Organisation Address |  |

**Admin contact details:** *All correspondence will be sent to this person, including letters, emails and funding contracts.*

|  |  |
| --- | --- |
| Admin contact |  |
| Position in organisation |  |
| Phone number (business hours) |  |
| Email |  |

**Project Contact details** *(if different from Admin contact details):* *This is the best person to contact about project queries. This person will be the point of contact for all queries throughout project delivery*

|  |  |
| --- | --- |
| Project contact |  |
| Position in organisation |  |
| Phone number (business hours) |  |
| Email |  |

**ABN and Incorporation number:** *Which of the following registrations does the organisation have?*

|  |  |
| --- | --- |
| **Registration** | **Number** |
| ABN |  |
| Incorporation number or ACNC Charity Register Number |  |
| None of the above |  |

**Insurance:** *Does the organisation have $10 million Public Liability Insurance? Please indicate which in the table and attach the certificate of insurance.*

|  |  |
| --- | --- |
| **Insurance type** | **Yes/No** |
| Landcare Victoria Inc (LVI) |  |
| at least $10 million Public Liability Insurance |  |
| No $10 million insurance |  |

**Payment details:** *Please provide the applicants banking details. If the project is successful this will assist the payment process*

|  |  |
| --- | --- |
| Bank Account |  |
| Account name |  |
| BSB number |  |
| Account number |  |
| Email for invoice and payment notifications |  |

**Privacy statement**

The personal information on this form is collected by the Glenelg Hopkins Catchment Management Authority (GHCMA) for the purposes of administering your grant application. The personal information in this form will be disclosed to relevant GHCMA staff. Where you do not provide the information required by this form we may be unable to process your application. Personal information may also be disclosed to external experts, such as members of assessment panels, or other Government Departments for assessment, reporting, advice or for comment. For more information please consult the [GHCMA Privacy Policy.docx](https://ghcma.sharepoint.com/%3Aw%3A/s/GHCMARemoteAccess/ESxGkTgu2ZVGgcpbcFUhkHYB6iUdmmF1Uq09C8hhIoFYGg?e=pE4Vuk)

**Declaration:** *You must accept the declaration prior to submitting your application*

I state that the information in this application and attachments is to the best of my knowledge true and correct. I will notify Glenelg Hopkins CMA of any changes to this information and any circumstances that may affect this application. I acknowledge and accept the Privacy Statement at the start of this application. I understand that Glenelg Hopkins CMA is subject to the Freedom of Information Act 1982 and that if a Freedom of Information request is made, Glenelg Hopkins CMA will consult with the applicant before any decision is made to release the application or supporting documentation. I understand that this is an application only and may not necessarily result in funding approval. I understand that if this application is successful, that funding will be subject to terms and conditions set out in agreement with the CMA. I understand that if any of the information submitted as part of this application is found to be false then Glenelg Hopkins CMA reserve the right to request full or partial repayment of provisioned funds.

I have read and understood the Landscape Scale Grant Guidelines.

|  |  |
| --- | --- |
| Acceptance of declaration:  | **I accept** |
| Name |  |
| Position in organisation |  |
| Signature  |  |