Grant Application Form 2022/23

Greater Sydney Local Land Services

Natural Resource Management

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| --- | --- |
| Person/Entity responsible for Agreement  (The name of the applicant should match the name of ABN holder if provided) |  |
| Contact Person |  |
| Landowner(s) (if not applicant) |  |
| Date of application / / dd/mm/yyyy | |
| Is the applicant an Aboriginal or Torres Strait Islander individual or organisation? Yes No | |

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| **Property Address (Project Location)** | | |  | **Applicant Postal Address** | | |
|  | | |  |  | | |
|  | | |  |  | | |
|  | Postcode |  |  |  | Postcode |  |

**Contact Details**

|  |  |  |
| --- | --- | --- |
| Telephone |  | |
| E-mail |  |  |

|  |  |
| --- | --- |
| Project Lot/DP if known |  |
| LGA zoning if known |  |
| Property Identification Code (PIC) | N/A |
| Area of proposed project |  |
| Total Area of Property |  |

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| Are you currently registered for GST? | Yes No | ABN: …………………………………. |  |
| Registered name: | ……………………………………… | | |

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| Has the applicant/site had previous grant funding in the past 5 years? |  |
| If yes, please provide the name of the funder, brief description and current project status. |  |

**Project Name**

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| Project names should include main outcomes and location |
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| --- | --- |
| Intended start date | dd/mm/yyyy |
| Completion date | dd/mm/yyyy |
| Duration of project | E.g. 18 months |

**Project description**

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| Describe the project and type of work that will be funded with the Grant, and who will be doing the work. |
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| Does the project site/s include the presence of Endangered Ecological Communities as listed in the Environment Protection and Biodiversity Conservation Act 1999 (EPBC Act) or Biodiversity Conservation Act 2016? Your LLS officer can provide further details. Please list. |
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| **Outcomes**  What do you want to achieve by implementing this project?  Examples: re-establish native vegetation; improve riparian health; improve soil health; raise community awareness | **Activities**  What works, activities or actions are you planning?  (*How will you achieve the outcomes*?)  Examples: plant & establish 500 trees; 2km fencing to exclude stock from riparian zone; install 5 stock watering points, control 2ha of lantana & blackberry  Note: Please advise output amounts or a number for each activity you list e.g. 2ha/20 trees |
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**Community Ownership and Capacity Building**

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| Is the community involved in the project and if so how are they involved? For example: a local care group is providing labour to the project. |
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**Scale**

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| How does your project provide a positive outcome to others in the catchment or to others in the landscape? For example: fencing a riparian zone to exclude stock will lead to an improvement in water quality downstream. |
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**Project Plan**

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| Is there a management plan for the project site? (if yes please provide a copy) | |  |
| How does this fit into existing long term plans and/or goals? |  | |
| How will you monitor your progress and evaluate the project? |  | |
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**Advice and Capacity**

Please outline who you have sought advice from in the design of your project? For example: LLS staff, other agency state and federal, local government, community reps, local experts etc

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| --- | --- | --- | --- |
| Name | Position | Organisation | Advice provided |
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Provide describe any skills or experience you have that will assist you in undertaking this project.

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| *Examples may include short courses LLS workshops, past experience as a volunteer* |
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**Risks**

Complete the risk assessment below to help anticipate risks to the project and to determine appropriate strategies or controls to manage these risks. Risks identified should be those within the reasonable influence of the project team to both anticipate and manage.

For each category identify potential risks then use the risk matrix provided to determine the overall “Rating” of each identified risk. This is based on the level of likelihood and consequence for each risk without any identified controls in place. For example: If you identified a risk consequence as minor and the likelihood as possible, the risk “Rating” is low.

Describe what you will do to mitigate each identified risk to an acceptable level. Assign the residual risk rating by determining the risk once the proposed controls have been implemented.

**Person completing the risk assessment**

|  |  |
| --- | --- |
| Name: |  |
| Organisation/Group: |  |
| Date of Assessment |  |

RISK ASSESSMENT MATRIX:

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **1. LIKELIHOOD**  (What is the likelihood of the consequence?) | **2. CONSEQUENCES**  (What could be the outcome/the severity?) | | | | | | Insignificant | Minor | Moderate | Major | Extreme | | Almost Certain – Likely to occur once a month | Low | Moderate | High | Very High | Very High | | Likely – Expected to occur once every year | Low | Moderate | High | High | Very High | | Possible – Will be expected to occur once every 10 years | Low | Low | Moderate | High | High | | Unlikely – Will be expected to occur once every 100 years | Very Low | Low | Low | Moderate | High | | Rare – Will be expected to occur once every 1000 years | Very Low | Very Low | Low | Moderate | High | |

**Level of Risk**

**Very High Risk:** immediate action required to reduce the risk

**High Risk:** attention required to reduce the risk

**Moderate Risk:** management of risk must be specified

**Low and Very Low Risk:** manage by routine procedures

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| **Category**  Environmental, Operational Delivery, Landowner/Community Engagement, WHS, Financial and Economic, and Legal | **Risk/ Threat Description**  Describe the threat/risk/its sources and impacts | **Likelihood**  Rare, Unlikely, Possible, Likely, Almost Certain | **Consequence**  Insignificant, Minor, Moderate, Major, Extreme | **Risk Rating**  Very Low, Low, Moderate, High, Very High | **Controls/Contingency**  Describe what you will do to mitigate the threat/risk, source or impact to an acceptable level | **Residual Risk Rating**  Very Low, Low, Moderate, High, Very High |
| **Environmental** |  |  |  |  |  |  |
| **Operational Delivery** |  |  |  |  |  |  |
| **Landowner or Community Engagement** |  |  |  |  |  |  |
| **WHS** |  |  |  |  |  |  |
| **Financial** |  |  |  |  |  |  |
| **Legal** |  |  |  |  |  |  |
| *Add additional categories as required* |  |  |  |  |  |  |

**Map of proposed projects works on property**

Please draw or attach a project map showing your project area and works proposed.

You may also wish to provide photographs or a sketch of the proposed project site to support your application.

**Requested project value** excl. GST

In this section, please provide a detailed budget for the proposed project activities including (monitoring and maintenance)

Note:

* For estimate purposes landholders/community groups should cost their in kind labour component at $45/hour/person.
* LLS funding is provided exclusive of GST.

|  |  |
| --- | --- |
| GS LLS Grant  (GST Exclusive) | Activity Description |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ | TOTAL |

|  |  |
| --- | --- |
| In-kind Labour and/or Materials | Activity Description |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ | TOTAL |

|  |  |
| --- | --- |
| In-kind Cash | Activity Description |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ |  |
| $ | TOTAL |

If successful, you will be required to provide the following documents prior to the payment of any funds:

* A landholder payment form including bank details for payment (Supplied by LLS);
* A signed tax invoice for the LLS funding (further details regarding the GST implications and tax implications of receiving funding can be discussed with your tax adviser).
* A signed Statement of Supplier form (supplied by the LLS) if you are not registered for GST and have not quoted an ABN.

**Aboriginal Cultural Heritage and Consultation**

A cultural heritage assessment may be carried out by an Aboriginal cultural heritage provider as part of the grant application. If you do not give permission for information to be shared with the Local Aboriginal Lands Council (LALC) you may be required to provide your own cultural heritage assessment at your own cost.

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| Checklist Questions | Yes | No |
| Do you know of any Aboriginal sites or objects on your property or in the immediate area? |  |  |
| Are you aware of any Aboriginal history, stories or significant events that took place on your property or in the immediate area? If YES, please provide a brief description below. |  |  |
| Is your project area located near a river, stream, lake, wetlands or watercourse? |  |  |
| Does your project area contain any of the following landforms: rocky or sandy hills, mountains, claypans, caves, sandstone overhangs? |  |  |
| Will there be any native vegetation removed permanently? |  |  |
| Are you interested in planting any native vegetation on your property? |  |  |
| Will there be any ground disturbance involved in the project? If YES, please provide brief description below. – minimum disturbance from hand removal of weeds |  |  |
| Is the property on private (freehold) land? |  |  |
| Do you give permission for relevant project information to be provided to the Local Aboriginal Land Council for the purpose of cultural heritage assessment? |  |  |

Please describe any consultation and/or partnerships with Aboriginal people that may have occurred as part of your project in the “notes” section below. Indicate if you intend to use an Aboriginal Land Management Team to help you implement your on-ground project.

**Public Liability Insurance**

Please be aware that if your application is successful, you will be required to have public liability insurance cover as required by the program over the proposed works site for the duration of the funding agreement.

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| --- | --- |
| I currently have Public Liability Insurance and a copy is attached | Yes No |

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| --- | --- |
| If you currently don’t have this insurance coverage, are you willing to acquire public liability coverage, if you are successful? | Yes No |

**Declaration and Signature**

Before signing, please ensure your application is complete

Successful applicants will need to adhere to the terms and conditions outlined in the funding Agreement.

If a company or organisation, the applicant must be an authorised representative of the entity.

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| --- | --- | --- |
| I, |  | |
|  | | *Name of applicant (please print)* |

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| --- | --- | --- |
| as an Applicant to the Incentives Program, confirm that all details outlined in this application are true and correct. |  |  |
| *Signature of applicant* |  | *Date* |

**Applicants Checklist**

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| --- | --- | --- |
| Have you attached your project map? | Yes | No |
| Have you attached a copy of your Public Liability Insurance? | Yes | No |
| Has the landowner or responsible entity given written permission? | Yes | No |
| Does the person/entity responsible for the agreement name match the name against the ABN number (if applicable)? | Yes | No |
| Has the applicant read and understood the GS LLS Grant Guidelines 2023-26? | Yes | No |
| Have you answered every question? | Yes | No |

**Administration only**

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| --- | --- | --- |
| Date Received |  |  |
| IRIS number |  |  |
| Site Visit date/s |  |  |
| Land Services Officer |  |  |