

# 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](mailto: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](mailto:info@environmentaltrust.nsw.gov.au)

## Section A: Registration

Refer to page 6 of the [How to Guide](#)

### A1 Applicant organisation's details.

Organisation name	<input type="text"/>				
ABN	<input type="text"/>	Registered for GST			
Postal address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

### A2 What is the legal status of your organisation? (Select **ONE** only).

NSW Local Aboriginal Land Council

NSW Registered Native Title Group

Aboriginal Incorporated community organisation

Registered incorporated non-profit group (e.g. Aboriginal Landcare Group)

Unincorporated Aboriginal organisation/group supported by an administrator\*

Other (please detail)

\* If you are a community group that is not incorporated, you must nominate a suitable organisation to administer your grant on your behalf.

### A3 Applicant organisation primary contact.

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Position	<input type="text"/>				
Phone	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>				

### A4 Administrator details (If applicable).

Organisation	<input type="text"/>				
ABN	<input type="text"/>	Registered for GST			
Postal Address	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Post code	<input type="text"/>
Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Position	<input type="text"/>				
Phone	<input type="text"/>	Mobile	<input type="text"/>		
Email	<input type="text"/>				

## 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.

**B3** 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 right-clicking 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

**B4** 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?

**B6** How do you know this is an issue or problem?

**B7** What do you hope to achieve?  
(I.e. what is your project goal and the principal outcomes you seek to achieve? Relates Section C: C1)

**B8** What studies, reports, assessments or plans exist for the site and/or the environmental issue?  
Please explain how your project will address them.

Study, report, assessment or plan	Describe which particular component of the document your project relates to and how it will attempt to address the issue and/or meet a particular target.

**B9** Is this project part of a larger, on-going program?

☐

No

☐

Yes

If yes, briefly explain the linkages between this project and your overarching program.

**B10** Please explain how this environmental issue, or the activities proposed, are not the core business or the legal responsibility 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** Indicative Project Implementation Plan (refer to pages 8 to 11 of the [How to Guide](#)).

**Project start date:**

(Designated as the start of Quarter 1)

Outcome 1	By the end of the project our organisation's capacity to successfully manage and deliver projects has improved		Stage 1 Planning				Stage 2 Implementation							
			Year 1				Year 2				Year 3			
Activity	Activity Name	Activity Description	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1.1														
1.2														
1.3														
1.4														
<b>Mandatory Activities (1.5 – 1.8)</b>														
1.5a	Organisational capacity building	Determine skills and capacity building training needs	X											
1.5b	Organisational capacity building	Undertake identified skills and capacity building training		X	X									
1.6a	Project Implementation Plan (PIP)	Finalise PIP for Stage 2: Implementation				X								
1.6b	Stage 2: Project Budget	Finalise your budget for Stage 2: Implementation				X								
1.7a	Annual Project Evaluation	Review your project progress against performance indicators								X				
1.7b	Project Refinement	Determine any changes required in the workplan for the next year's project implementation								X				
1.7c	Annual progress reporting	Write and submit the annual Progress Report to the Trust								X				
1.8a	Final Financial reporting	Organise an independently audited financial statement for the project												X
1.8b	Final reporting	Write and submit the Final Report to the Trust												X

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														
3.2														
3.3														
3.4														
3.5														

Outcome 4			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4.1														
4.2														
4.3														
4.4														
4.5														

**C2** Attach an A4 sized map as Attachment 1 that clearly defines your project location

Map attached ☐ Yes ☐ No

**C3** What permits/licenses/approvals might you need to undertake your project?

You will need to finalise these by the conclusion of Stage 1 Planning phase

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**C4** Is the protection of a specific threatened species the primary focus of your project?

☐ No ☐ Yes If Yes, list the species you are focussing on in your project

For assistance, please see the [OEH Threatened Species](#) web site.

No.	Common name	Scientific name	NSW conservation status

**C5** Will your project be carried out in an endangered ecological community (EEC)?

☐ No ☐ Yes If Yes, list the EECs impacted by your project and how you found out about them (e.g. plant of management, OEH mapping).

Please use the [Bionet Atlas Search](#). Follow the instructions on how to complete outlined on page 12 of the [How to Guide](#) to locate EECs near your project.

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**C6** What will you do to maintain the project outcomes after funding finishes? Who will be involved? What long-term benefits or flow-on effects will result from your project?

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**C7** What are some of the potential risks that could hinder progress on the project and how will you manage them?

Stage 1: Planning

Risk Factor	How will risk be managed?

Stage 2: Implementation

Risk Factor	How will risk be managed?

Section D: Project Delivery

Criterion 4: Capacity to deliver (Refer to pages 13 to 15 of the [How to Guide](#))

**D1** Who was involved in the planning and development of the project? This may include other people outside of your organisation who may be elders or knowledge holders.

Who was involved?	What was their involvement?

**D2 Has this application been endorsed by your organisation's governing body/board?**

☐

No

☐

Yes

If Yes, provide the name of your organisation's governing body/board who endorsed the application.

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**D3 Collaborators.**

List your project collaborators, and their roles and responsibilities in the project. These collaborators must be people or organisations that will assist you with your project.

Names, positions and group/organisation	Reason for involvement	Intended role in project design and delivery	Confirmed Yes/No

**D4 Previous experience.**

Briefly outline the previous experience held by your organisation in undertaking projects of a similar nature to the one proposed in this application.

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**D5 Please explain if the Trust is being asked to fund an existing employee.**

The Trust will not pay the salaries of existing employees working on the project as part of their usual duties (this would normally be considered as an in-kind contribution by the applicant). The Trust may, however, fund the salary of existing staff employed specifically to work on the project in addition to their normal duties/hours.

**D6 Please declare any real, potential or perceived conflict of interest that you may be aware of.**

This can relate to land ownership, salary and/or contractor payments.

## 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)	<b>Total</b> \$
Additional organisational capacity building funding	Up to \$5,000 \$

### Stage 2: Implementation

Expenditure item	Estimated \$
Independently audited financial statement	\$1000
(Maximum \$50,000)	<b>Total</b>

**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 your organisation function?

How does your organisation make decisions? (e.g. board, committee, quorum of members, director)	
----------------------------------------------------------------------------------------------------	--

Office bearers	President/Chair/CEO	
	Treasurer/CFO	

Number of years trading  Indigenous Corporation Number: (If applicable)

Number of full-time employees  Number of part-time employees

If you are a membership based organisation, approximately how many members 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 liability	Workers' Compensation	Volunteer
Company			
Policy numbers			
Coverage			
Currency (expiry date)			

### F3 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	Amount \$	Status

F4 Has your organisation received grant funding for this project site from a body other than the Trust?

☐ Yes ☐ No If yes, please provide details.

Funding source	Year	Amount	Status

## Section G: Referees

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

Phone

Mobile

## Section H: Authorisation

Refer to page 17 of the [How to Guide](#).

### APPLICANT

Include the details of an office-bearer in your organisation (e.g. General Manager, Chairperson, CEO or Executive Officer) who can confirm the accuracy of the information within the application and can commit your organisation to undertake the project if funded. **This person will be a secondary contact for the project if required.**

Name					
Title/position					
Organisation					
Email					
Phone		Mobile		Date	

### ADMINISTRATOR (if applicable)

Include the details of an office-bearer in the organisation acting as the Administrator (e.g. General Manager, Chairperson, COE or Executive Officer) who can confirm the accuracy of the information within the application and can commit the organisation to undertake the project if funded. **This person will be a contact for 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?

- |                                           |                                                     |                                                          |
|-------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Newspaper advert | <input type="checkbox"/> Email from the Trust       | <input type="checkbox"/> Trust website                   |
| <input type="checkbox"/> Web search       | <input type="checkbox"/> Colleague or other contact | <input type="checkbox"/> Specialist/professional network |
| <input type="checkbox"/> Other            |                                                     |                                                          |

### 2. Time taken to develop your project (including negotiation with collaborators)

- |                                            |                                       |                                        |                                             |
|--------------------------------------------|---------------------------------------|----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Less than 5 hours | <input type="checkbox"/> 5 - 20 hours | <input type="checkbox"/> 20 - 40 hours | <input type="checkbox"/> More than 40 hours |
|--------------------------------------------|---------------------------------------|----------------------------------------|---------------------------------------------|

### 3. Time taken to complete the EOI form

- |                                            |                                      |                                     |                                             |
|--------------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Less than 2 hours | <input type="checkbox"/> 2 – 5 hours | <input type="checkbox"/> 5-10 hours | <input type="checkbox"/> More than 10 hours |
|--------------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------------|

### 4. Difficulty completing the application

- |                                    |                               |                                   |                                    |                                         |
|------------------------------------|-------------------------------|-----------------------------------|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Easy | <input type="checkbox"/> Moderate | <input type="checkbox"/> Difficult | <input type="checkbox"/> 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.

<input type="checkbox"/>	Answer <b>all</b> questions in the application form.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Attach an A4-size map (including a scale) as <b>Attachment 1</b> .
<input type="checkbox"/>	Have your application authorised by the appropriately authorised person.
<input type="checkbox"/>	Name your Application Form as: <i>Organisation Name – POP Application</i> .
<input type="checkbox"/>	Submit your entire application by Email. <b>Postal or faxed submissions will not be accepted.</b>
<input type="checkbox"/>	Only one application per email. Email subject line must be: <i>Organisation Name - POP Application</i> .
<input type="checkbox"/>	If you are submitting more than one application, number them accordingly. (i.e. 1 or 2)
<input type="checkbox"/>	<b>Do not ZIP your application documents.</b> ZIP files <b>cannot be accepted</b> by the Trust.
<input type="checkbox"/>	Application form must be sent as the PDF Smart Form
<b>Email to:</b>	apply@environmentaltrust.nsw.gov.au
<b>Closing Date:</b>	<b>3pm Monday, 4 September 2017</b>

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

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