

# Restoration and Rehabilitation

## 2018 Application Form

Closing Date: 3pm Monday, 26 March 2018

### Summary

Applicant organisation*	
Project title	
Funding requested*	
Project description. Please provide a 100 word, maximum, summary of your project. This summary will be used to promote your project on the Environmental Trust website, and media releases.	

\* These fields will auto populate in the form

### General information about completing this form

- To complete this form you must have **Adobe Acrobat Reader XI** installed. You can download the latest version from the [Adobe website](#).
- **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 the application form.
- **Please answer every question.** Where a question does not apply to your proposal, write 'not applicable' or preferably briefly explain why.
- Attachments should not be included unless they are considered essential.
- Email your application to the Trust by the closing date: **3pm Monday 26 March 2018**.

### Enquiries

NSW Environmental Trust

Telephone: (02) 8837 6093

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

## Part A: Project context and justification

Project justification (Assessment Criterion 1: Tangible environmental outcome)

Refer to pages 5 - 8 of the [How to Guide](#)

A1 What is the environmental issue or problem you are addressing?

A2 How do you know this is an issue or problem?

A3 What do you hope to achieve? (i.e. What are your proposed project outcomes?)

A4 How will you achieve these outcomes? (i.e. what activities are you undertaking?)

**A5 Is this project part of a larger, on-going program? If so, please explain.**

**A6 Where will the project take place?**

Site address or location description

Latitude (decimal degrees)  Longitude (decimal degrees)

Local government area  [What is my local council?](#)

Local Land Service region

State electorate  [What is my state electorate?](#)

Have you attached a regional context map?  Yes  No

Have you attached a site map?  Yes  No

Guidance on how to prepare your maps may be found [here](#).

Who owns the site?

Do you have approval/permission to undertake works on the site?  Yes  No

**A7 Has your project site been identified as a priority site under any state or regional process or plan? (e.g. [Regional Strategic Weed Management Plans](#), [Saving Our Species Conservation Projects](#) or other)**

Yes  No If Yes, list the plan or process and any relevant comments.

Site	Plan / Process	Comments

**A8** What other 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?

**A9** Does your project target any endangered ecological communities (EEC)? (i.e. primary focus of your project)

Yes  No If Yes, list the EECs below and the methods used to verify their presence (e.g. site plan management, OEH mapping, SOS Database, OEH advice etc.). Also refer to question B4 below.

EEC	Verification method	Comments

**A10** Does your project target any specific threatened species? (i.e. primary focus of your project)

Yes  No If Yes, list the species below, their [SOS listed management stream and sites](#) at which they are present? Also refer to question B4 below.

Scientific name	Common name	SOS management stream	Site (if named)
		Choose a Stream.	
		Choose a Stream.	
		Choose a Stream.	
		Choose a Stream.	

**A11** Does your project target any specific weed/s as the primary focus of the project? If so, this must be to protect a specific environmental asset. Please provide justification for why the works should take place.

**Note** Refer to the [guidelines](#) on eligible and ineligible activities for weed species that will be funded. Refer to each [Regional Strategic Weed Management Plan](#). Also see the [DPI's NSW WeedWise](#) webpage.

Scientific Name	Common Name	Justification

## Part B: Project planning

Assessment criterion 2 and 3: project planning

B1 Project timeframes and Indicative budget (refer to pages 11 to 13 of the [guidelines](#))

	<b>Project planning</b> (max 2 months)	<b>Stage 1</b> (min 6 mths - max 12 mths)	<b>Stage 2</b> (min 6 mths - max 12 mths)	<b>Stage 3</b> (min 6 mths - max 12 mths)	<b>Note:</b> Projects must be a minimum of 24 mths in total
<b>Date commence</b>					
<b>Date complete</b>					<b>Budget total</b>
<b>Budget requested</b>		\$	\$	\$	

**Note:** The Stage 1 start date must coincide with the commencement of Quarter 1 in Question B2.

**Note:** No more than 70% of total Trust funds sought should be requested in stage 1.

**Note:** Please ensure that Budget figures included here are the same as those defined for each stage in your project budget spreadsheet (Excel).

B2 Preliminary project implementation plan (refer to pages 12 to 14 of the [guidelines](#))

<b>Project management outcome (mandatory activities)</b>			<b>Project planning</b>	<b>Stage 1</b>				<b>Stage 2</b>				<b>Stage 3</b>			
<b>Activity</b>	<b>Activity name</b>	<b>Activity description</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
M1a	Project Implementation Plan (PIP)	Finalise PIP for project implementation	X												
M1b	Project Budget	Finalise project budget aligned to detailed PIP	X												
M2a	Annual project evaluation	Review your project progress against performance indicators				X				X					
M2b	Project refinement	Determine any changes required in the workplan for the next year's project implementation				X				X					
M2c	Annual progress reporting	Write and submit the Progress Report, including budget reporting template, to the Trust				X				X					
M3a	Final financial reporting	Organise an independently audited financial statement for the project												X	
M3b	Final reporting	Write and submit the Final Report to the Trust												X	

Outcome 1					Stage 1				Stage 2				Stage 3			
Activity	Activity type	Activity description	Measure	Output	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1.1	Select an Activity Type		Select a measure.													
1.2	Select an Activity Type		Select a measure.													
1.3	Select an Activity Type		Select a measure.													
1.4	Select an Activity Type		Select a measure.													
1.5	Select an Activity Type		Select a measure.													
1.6	Select an Activity Type		Select a measure.													

Outcome 2					Stage 1				Stage 2				Stage 3			
Activity	Activity type	Activity description	Measure	Output	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2.1	Select an Activity Type		Select a measure.													
2.2	Select an Activity Type		Select a measure.													
2.3	Select an Activity Type		Select a measure.													
2.4	Select an Activity Type		Select a measure.													
2.5	Select an Activity Type		Select a measure.													
2.6	Select an Activity Type		Select a measure.													

**B3** What are some of the potential risks that could hinder progress on the project and how will you manage them?

Risk factor	Likelihood	How will risk be managed

**B4** What permits/licenses are necessary for you to undertake your project? (Owners, local, state and federal authorities)? If your project is successful you will need to provide proof.

**B5** Explain how this environmental issue, or the activities proposed, are not core business or the legal responsibility of any person or organisation

**B6** What will you do to maintain the project outcomes after the Trust's funding finishes?

Actions to maintain outcomes (dot point)			
Who will maintain the site?	<input type="checkbox"/> Local council		<input type="checkbox"/> Confirmed
	<input type="checkbox"/> Landholder		<input type="checkbox"/> Confirmed
	<input type="checkbox"/> Local volunteer group		<input type="checkbox"/> Confirmed
	<input type="checkbox"/> Other		<input type="checkbox"/> Confirmed

**Part C: Project delivery**

Assessment Criterion 4 – Capacity to deliver (Refer to pages 16 to 17 of the guidelines)

**C1** Who was involved in the planning and development of the project proposal?

Who was involved?	Experience / Expertise	What was their involvement

**C2** Who will be involved in undertaking or managing the project?

Role in project (job/function)	Who is undertaking that role? (name/organisation)	Previous experience	Funded by?



**C3 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.

**C4 If the Trust is being asked to fund an existing employee of your organisation, please explain why and how you intend to manage this process.**

The Trust will not pay salaries of existing employees working on the project as part of their usual duties (considered as an in-kind contribution). The Trust, may however, fund salaries of staff employed specifically to work on the project.

**C5 Are there any real, potential or perceived conflicts of interest that you are aware of?**

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

## Part D: Registration

Refer to page 21 of the [Guidelines](#).

### D1 Applicant organisation's details

Organisation name	<input type="text"/>		
Organisation website	<input type="text"/>		
ABN	<input type="text"/>	Registered for GST	<input type="checkbox"/>
Postal Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>

### D2 Primary contact for the project (for all correspondence)

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"/>				

### D3 What is the legal status of your organisation? (Select **ONE** only)

Community group	<input type="checkbox"/>	Local government	<input type="checkbox"/>
Not-for-profit organisation	<input type="checkbox"/>	Regional organisation of councils	<input type="checkbox"/>
Incorporated association	<input type="checkbox"/>	Other local-government controlled organisation	<input type="checkbox"/>
Private business/industry	<input type="checkbox"/>	State government agency or body	<input type="checkbox"/>
Company limited by guarantee	<input type="checkbox"/>	Other (please specify below):	<input type="checkbox"/>
<input type="text"/>			

### D4 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coverage	<input type="text"/>	<input type="text"/>	<input type="text"/>
Currency (expiry date)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**D5 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

**D6 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	Project name	Amount	Status

If you are a state or local government organisation, proceed to Part E.  
All other organisations must complete questions D7 and D8 (if applicable)

**D7 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 operating

Number of full-time employees

Number of part-time employees

If you are a membership based organisation, approximately how many members do you have?

**D8 Administrator details (if applicable)**

Organisation name

ABN

Registered for GST

Postal Address

Suburb

State

Post code

Title

First name

Surname

Position

Phone

Email

## Part E: Referees and Authorisation

Refer to page 22 of the [guidelines](#).

### Referees

Name

Title/position

Organisation

Email

Phone

Mobile

Name

Title/position

Organisation

Email

Phone

Mobile

### Authorisation

#### Applicant

Name

Title/position

Organisation

Email

Phone

Mobile

Date

#### Administrator

Name

Title/position

Organisation

Email

Phone

Mobile

Date

## Part F: Feedback

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

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

- Less than 5 hours     5-20 hours     20-40 hours     More than 40 hours

### 2. Time taken to complete the Trust application form

- Less than 2 hours     2-5 hours     5-10 hours     More than 10 hours

### 3. Difficulty completing the application

- Very easy     Easy     Moderate     Difficult     Very difficult

### 4. Where did you hear about this program?

- Newspaper advert     Email from the Trust     Trust website  
 Web search     Colleague or other contact     Specialist/professional network  
 Other

### 5. Anything else you would like to add regarding the process?

# Application submission

It is recommended that you read all sections of the Guidelines for applicants, particularly those sections covering the objectives of the program, eligibility, assessment criteria and GST.

Applicants must adhere to the naming instructions for submitting their application documents.

Before submitting your application, please refer to the submission process set-out below.

- Answer **all** questions in the Application Form.
- Type only in the spaces provided in the application form. Answer boxes are a set size, and will not expand to accommodate additional text.
- Application form must be submitted as a **PDF smart form** (see instructions in the form and on the web page).
- Complete and attach the Application budget. Form must be submitted as an Excel document. **DO NOT PDF**
- Have your application authorised by the appropriately authorised people.
- Attach all required supporting information, such as CVs (maximum 2 page summary), briefs and job descriptions, letters confirming other funding. Additional information should be kept to a minimum. If your application refers to a large document, only include the relevant pages of that document i.e. title page, executive summary, relevant pages. Refer to page 19 of the guidelines.
- Attach both the regional context and site maps (**A4-size** including a scale).
- **Ensure** you included details of which permits/licences you may need for endangered ecological communities and/or threatened species that will be impacted by the project, and who you contacted from OEHL regarding this matter?
- Submit your entire application by **ONE** of the methods below - **DO NOT** Email **AND** post.  
**Note:** Email is the preferred option. Posted USB applications must be received on or before the closing date.
- **Do not fax** any part of your application.
- **Do not ZIP your application documents.** ZIP files **cannot be accepted** by the Trust.
- Email subject line format must be: Organisation Name – R&R Community or Government (depending on your organisation type).
- One application per email. If more than one, number accordingly. i.e. *XYZ Company R&R Community Application 1.*
- Submit your application form and all other documents by the **closing date 3pm Monday 26 March 2018.**

<b>Email to:</b>	<a href="mailto:apply@environmentaltrust.nsw.gov.au">apply@environmentaltrust.nsw.gov.au</a>	<ul style="list-style-type: none"> <li>• Ensure you email your entire application, including all attachments. <b>Note:</b> Emailed applications cannot exceed <b>10MB</b> including all attachments.  If the files exceed 10MB please contact the Trust well ahead of the submission date for alternative submission facility or submit as a series of emails.</li> </ul>
<b>Post to:</b>	NSW Environmental Trust PO Box 644 PARRAMATTA NSW 2124	<ul style="list-style-type: none"> <li>• If your application exceeds 10MB, and you have decided not to send as either a series of emails or use the One Drive option, you may submit all your forms and supporting documents on a USB.</li> <li>• Hardcopies will not be accepted.</li> </ul>

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

Published by the NSW Environmental Trust, PO Box 644, Parramatta 2124 Phone: 02 8837 6093  
Email: [info@environmentaltrust.nsw.gov.au](mailto:info@environmentaltrust.nsw.gov.au) Website: [www.environment.nsw.gov.au](http://www.environment.nsw.gov.au) OEHL 2018/0060 January 2018