



Restoration and Rehabilitation

2019 Application Form

Closing Date: 3pm Monday, 3 December 2018

Proposal 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

- To complete this Application Form you must use the latest version of **Adobe Acrobat Reader** (Adobe Reader XI). Please visit the [Adobe website](#) to ensure you have the latest version. It is free to download and install.
- The form will need to be saved **each time** it is closed and re-opened to complete. You have the option of saving a new version or overwriting the existing saved form.
- Once completed, save your application and send as an email attachment.
- **Do not use** Acrobat Pro – it will not save the data that you have entered into the form.
- Read the 2018 Restoration and Rehabilitation [Program Guidelines](#) and guide on [How to Complete the 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: **3pm Monday 3 December 2018**.

Enquiries

NSW Environmental Trust
Telephone (02) 8837 6093

Email: 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, and how? (i.e. What are your proposed project outcomes, and what activities do you propose to undertake?)

A4 Is this project part of a larger, on-going program? If so, please explain.

A5 Where will the project take place?

Site name(s),
address and
description

Latitude
(decimal degrees)

Longitude
(decimal degrees)

Local Land Services region

What is my LLS area?

Local Government Area

What is my local council?

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

A6 Has your project site been identified as a priority site under any state or regional process or plan? (e.g. Regional Weed Management Plan, SoS Conservation Project, etc)

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

Site	Plan / Process	Comments

A7 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 part your project relates to and how it will attempt to address the issue or meet a particular target?

A8 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 plans, OEH mapping, OEH advice etc.). Also refer to question B4 below.

EEC	Verification method	Comments

A9 Does your project target any 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.	

A10 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 9 to 15 of the [guidelines](#))

	Project planning (max 2 months)	Stage 1 (min 6 mths - max 12 mths)	Stage 2 (min 6 mths - max 12 mths)	Stage 3 (min 6 mths - max 12 mths)	Note: Projects must be a minimum of 24 mths in total
Date commence	1/08/2019	Select start date	Select start date	Select start date	
Date complete	30/09/2019	Select completion date	Select completion date	Select completion date	Budget total
Budget requested		\$	\$	\$	\$

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

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 9 to 15 of the [guidelines](#))

Project management outcome (mandatory activities)			Project planning	Stage 1				Stage 2				Stage 3			
Activity	Activity name	Activity description		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
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	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
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.														

B3 What are some of the potential risks that could hinder progress on the project and how will you manage them? These could be environmental, social, project management or budget risks.

Risk factor	Likelihood	How will risk be managed
Failure to engage the community in project activities		

B4 What permits/licenses are necessary for you to undertake your project? If your project is successful you will need to provide proof of securing these permits/licences.

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 (this should be 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 [How to Guide](#).

D1 Applicant organisation details.

Organisation name	<input type="text"/>		
ABN	<input type="text"/>	Registered for GST	<input type="checkbox"/> No <input type="checkbox"/> Yes
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 <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			
Policy numbers			
Coverage			
Currency (expiry date)			

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.

Program	Reference number	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

ABN Registered for GST No Yes

ICN if applicable

Postal Address

Suburb State Post code

Title First name Surname

Position

Phone Mobile

Email

Part E: Referees and Authorisation

Refer to page 22 of the [How to Guide](#)

Referee 1

Name	<input type="text"/>		
Title/Position	<input type="text"/>		
Organisation	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>

Referee 2

Name	<input type="text"/>		
Title/Position	<input type="text"/>		
Organisation	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>

Authorisation

Applicant (should not be the same person identified in D2)

Name	<input type="text"/>		
Title/Position	<input type="text"/>		
Organisation	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>

Administrator (only applicable if you completed question D8)

Name	<input type="text"/>		
Title/Position	<input type="text"/>		
Organisation	<input type="text"/>		
Email	<input type="text"/>		
Phone	<input type="text"/>	Mobile	<input type="text"/>

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. 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 | <input type="text"/> | |

2. Time taken to develop your project (including negotiations 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 application 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 |
|------------------------------------|-------------------------------|-----------------------------------|------------------------------------|---|

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 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.
- 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 24 of the How to Guide.
- 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 Email. Posted or faxed submissions will not be accepted.
- 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.

Email to: **apply@environmentaltrust.nsw.gov.au**

Closing Date: **3pm Monday, 3 December 2018**

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