Department of Planning, Industry and Environment
Coastal and Estuary Grants Program
Application for financial assistance 2019-20
Coastal and Estuary Planning

**Open for applications at any time up until 30 June 2020**

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| **General information** |

1. You will need the *Guidelines for Applicants 2019-20 – Coastal and Estuary Grants Program* prepared by the Department of Planning, Industry and Environment to help you fill out this application form. Guidelines are available on the [Department website](http://www.environment.nsw.gov.au/coasts/coastalgrants.htm).
2. To complete this form electronically, click in the shaded boxes and enter the required information. A cross in a box is equivalent to a tick.

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| **1** | **Project title** (maximum of 80 characters including spaces) |
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| **Applicant details** |

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| **2a** | **Name of organisation** |       |

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| **2b** | **Contact person for this project** |

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| Title |       | First name  |       | Surname |       |
| Position |       | Daytime phone | (0 )       |
| Email  |       | Mobile No. |       |
| Address |       |
| Suburb |       | State |       | Postcode |       |

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| **2c** | **Project partner(s)**Attach a letter of support from your partner(s), which outlines their financial commitment to the project |
| Project partner(s) |       |

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| **2d** | **Coastal Zone Management Plan for the project area**Select only **one** of the following |
| [ ]  | Completed and Certified Coastal Zone Management Plan |
| [ ]  | Non-certified Coastal Zone Management Plan  |
| [ ]  | No Coastal Zone Management Plan/Estuary Management Plan |

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| **2e** | **If council is applying for funding for Investigation and Design or Cost Benefit Analysis/Distribution Analysis, are the proposed infrastructure works a recommended action in a certified coastal zone management plan/coastal management program?** | Yes [ ]  or No [ ]  |
| If **yes**, provide details, including priority.  |
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| **Project details** |

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| **3a** | **Project category**Relates to the funding priorities outlined in the Grant Application Guidelines. Select only **one** of the following |
| [ ]  | Prepare Coastal Management Program (CMP) |
| [ ]  | Prepare a scoping study |
| [ ]  | Conversion of an existing Coastal Zone Management Plan (CZMP) to a Coastal Management Program  |
| [ ]  | Investigation and design of work recommended in a certified/approved Coastal Management Program or Coastal Zone Management Plan |
| [ ]  | Cost benefit analysis or distribution analysis of work recommended in Coastal Management Program or Coastal Zone Management Plan |

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| **3b** | **Project significance** |  |
| For investigation and design or cost-benefit projects please outline the priority of the project in the certified plan?  | **Priority** |
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| **4** | **Project timeframe**Please be realistic about the completion date as this will be used to set the term of your funding agreement if you are offered a grant. |
| Proposed commencement  |       | * Project start date cannot be prior to two months after the application is submitted but must commence within six months of the application submission date.
* Project duration cannot exceed 36 months
* Please make sure the dates are the same as those in the project plan
 |
| Proposed completion |       |

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| **5** | **Project location**Enter location description and attach photos of the site where possible and attach a locality diagram or map. Where possible include town, nearby road, beach or other notable landmark. |
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| Please provide the latitude and longitude. This can be taken directly from a map, or from Google Maps.  Go to https://www.google.com.au/maps and find your project location, right click on the map on the project location and in the menu that appears select “what’s here”.  The co-ordinates will appear in the search box above the map. |
| **Latitude**       | **Longitude**       |

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| If the project location falls across more than one local government area (LGA), Local Land Services (LLS) region, State electorate or catchment, please identify the primary one first. |
| **LGA\*** | **LLS\*** | **State electorate/s\*** | **Catchment (if applicable)** |
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\* LGA, LLS Region, State electorate and catchment information required for Program reporting purposes only.

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| **6** |  | **Budget overview** Please make sure the amount matches with the total in the project plan.(More details must be provided in the preliminary project plan at question 12)Table below must include all funding sources. Partner contributions must be removed from the whole project cost prior to applying the funding ratio. |
|  | **Applicant’s contribution** (excluding GST) | **Partner contributions** (excluding GST)  | **Grant amount sought** (excluding GST) | **Total Project cost** (excluding GST) | **Funding level sought** (up to 50% - must be within the limits above) |
| **Total** | **$** | **$** | **$** | **$** |      % |

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| **7** | **Project summary**Provide a brief project overview **(150 words or less)**, including location and the issue that the project will address. **Please note** this summary will be used by the Department for all promotional material relating to the grant |
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| **8** | **Other grants** Have you received previous funding for developing a coastal or estuary management plan?  | Yes [ ]  or No [ ]  |
| If you have answered yes to the above, please provide details below |
| **Project name** | **Funding source** (e.g. State or Commonwealth Government) | **Program name** | **Year of offer** | **Amount** | **Completion/ expected completion date** |
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| **9** | **Other funding.** Do you have any current or planned proposals with other funding programs for this project or components of this project? | Yes [ ]  or No [ ]  |
| If you have answered yes to the above, please provide details below |
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| **10** | **What is the background of the issue and demonstrated need for the project?**Specify why funding is needed for this project. |
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| **11** | **What will the project achieve?**Briefly outline the outcomes and objectives, impact or benefits (including any environmental benefits or improvements to resilience and adaptation to mitigate climate change) of the project. **Note:** if your application is successful you will need to report against these outcomes in your final report. |
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| **12** | **Project plan**Please be realistic about the dates and costs you provide in your preliminary work plan and ensure that they match the completion date provided under **Question 4** and the total funds requested at **Question 6**. **Note:** if you are awarded a grant, you will need to expand this plan to include projected outputs. |
|

| **Milestone**(e.g. Data collection; modelling undertaken; draft plan submitted; community consultation; final plan completed) | **Activities**(e.g. Form steering committee; community consultation/workshops; engage contractor; undertake study into environmental uses; conduct site survey; review and comment on draft plan) | **Estimated cost of each activity**(all contributions)**GST exclusive** | **Projected completion for each milestone**(dd-mm-yy) | **Total estimated milestone cost**(all contributions)**GST exclusive** | **Grant amount sought for each milestone**(maximum of 50% and within the limits at Question 6)**GST exclusive** |
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|  | **Total estimated project cost(all contributions)** | $      |
|  | **Grant amount sought****(must align with amount at Question 6)** | $      |

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| **13** | **Outline council’s capacity to deliver the project efficiently**Look at your past grants management history, available resources including staff and the proposed timeframe, and consider whether it is realistic based on completion of prerequisite consultant briefs, community consultation or approvals. |
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| **14** | **Does council agree to enter into, and be bound by, the conditions in a funding agreement?** | Yes [ ]  or No [ ]  |

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| **15**  | **Has technical advice been provided by a relevant Department officer?** | Yes [ ]  or No [ ]  |
| If yes, provide the name of the Department officer, and the nature of advice provided. |
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| **16** | **Has the proposed project been subject to public exhibition or consultativeprocesses?**  | Yes [ ]  or No [ ]  |
| If yes, provide details. |
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| **17** | **Will the project be undertaken by contract after calling competitive tenders?** | Yes [ ]  or No [ ]  |
| If no, the applicant **must provide** justification for this. |
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| **Authorisations** |

**Applicant** Provide the name of a senior officer in your organisation, with appropriate delegation, who has authorised the submission of this project and has the delegation to authorise the commitment of the resources and expenditure required to deliver this project.

**Note:** Signature **is not** required.

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| Name |       |
| Title/position |       |
| Organisation |       |
| Email |       |
| Phone no. | (0 )       |
| Date |       |

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| **Submission details** |

It is recommended that you read the *Guidelines for Applicants 2019-20 – Coastal and Estuary Grants Program*.

Use the following checklist to make sure that your application is complete and accurately represents your project.

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| **Grant application check list** |
| [ ]  Answer **all** questions in the application form.[ ]  Submit the entire application by **email.**[ ]  Submit one application per project (**Note:** stages of works may be separate applications).[ ]  Type only in the spaces provided in the application 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. Please ensure answers to questions are fully contained within the limits of the text boxes.[ ]  Manually spell check your application (the Microsoft Word spelling and grammar function is disabled in this form).[ ]  Enter the **State** (not federal) electorate(s) at Question 5.[ ]  Enter monetary amounts in full, i.e. $10,000 not $10k. [ ]  Check the budget amounts outlined in the project plan at Question 12 is consistent with the Budget Overview at Question 6. [ ]  Have the application authorised by the appropriately delegated person.[ ]  If council decide to undertake the project in-house at a later date you will need to submit a variation request, therefore it is in council’s best interest to address Question 17 upfront.[ ]  Attach letter(s) of support from project partner(s), if applicable.[ ]  Include your organisation name then project name in the subject line of your email when lodging the application (e.g. XX Council – XX Coastal Zone Management Plan). [ ]  Applications are open until 30 June 2020 for applications at any time. Please allow twelve weeks for applications to be assessed. |
| **Email to:** | [coastalestuary.floodgrants@environment.nsw.gov.au](http://www.environment.nsw.gov.au/resources/coasts/coastalestuary.floodgrants%40environment.nsw.gov.au) | * Please email the **application form as a Word document** **- DO NOT PDF**. Attachments can be emailed as Word, Excel or PDF documents.
* If the application form is not submitted in the format specified above, **it will not be accepted.**
* Ensure you email your entire application, including all attachments, e.g. letters of support from project partners; maps; etc.
* Emailed applications must not be larger than **10MB** including all attachments.
 |

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

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| **Budget overview (OFFICE USE ONLY – not to be completed by the applicant)** |
| **Financial Year** | **Applicant’s contribution** (excluding GST) | **Grantamount sought** (excluding GST) | **Total Project cost** (excluding GST) | **Funding level sought**  |
| 2019-20 | **$** | **$** | **$** |      % |
| 2020-21 | **$** | **$** | **$** |
| 2021-22 | **$** | **$** | **$** |
| 2022-23 | **$** | **$** | **$** |
| **Total** | **$** | **$** | **$** |

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Phone: 02 9895 6494; Email: coastalestuary.floodgrants@environment.nsw.gov.au; Website: www.environment.nsw.gov.au

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