**Grassroots Grant Project Drafting Document**

2023-24 Hills & Fleurieu Grassroots Grants

Tier 2 - $3,001 up to $20,000

This form is OPTIONAL to use:

The purpose of this MS Word version of the online application is to collaborate with others (on the application). You can use this form to work up your project and share, however, once it comes time to submit, you **must do this into the Smartygrants online web form**.

You may notice there will be parts of this form that make sense to just leave until it’s time for input into SmartyGrants – one example being the file upload sections – just leave that until you enter SmartyGrants.

**\*\*This Microsoft Word version cannot be submitted as an application\*\***

# Preliminary project details

*\* indicates a required ﬁeld*

**Project Title: \***

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| --- |
|  |

Provide a short, clear title for the project.

**If this application is a continuation of a current Grassroots Grant (which has not been acquitted), please provide a quick update to the project, indicating how you are progressing with the schedule and likely completion date:**

|  |
| --- |
|  |

200 words recommended

**Have you discussed your project with a Hills and Fleurieu Landscape Board (HFLB) staff member? Recall that speaking to HFLB is an eligibility requirement. \***

Yes  No   
Please see the Guidelines on our website for contact details of relevant staff: <https://www.landscape.sa.gov.au/hf/get-involved/grants-and-funding/grassroots-grants>

**Name of staff member \***

|  |
| --- |
|  |

Must be at least 2 words.

**Does your application reflect any advice given? \***

Yes  To some degree  No  Unsure

At least 1 choice and no more than 1 choice may be selected.

**Any further comments on this?**

|  |
| --- |
|  |

# Contact Details

**Applicant \***

Individual  Organisation

Organisation Name:

|  |  |
| --- | --- |
| First Name | Last Name |

**Contact person \***

|  |  |
| --- | --- |
| First Name | Last Name |

**Phone number \***

|  |
| --- |
|  |

Must be an Australian phone number.

Please include (08) in front of the number for landlines.

**Email address \***

|  |
| --- |
|  |

This is the address we will use to correspond with you about this application.

**Postal address \***Address:

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Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**Entity details**

**Are you a legal entity? \***

Applicants must be a legal entity (e.g. an incorporated association, individual, partnership, corporation/ company) or be sponsored by a legal entity.

Yes  No

**Entity type \***

|  |
| --- |
|  |

**If ‘Other entity type please provide details here:**

|  |
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**Do you have a sponsor? \***

Yes  No

If you are not a legal entity you must have a sponsor to enter into the grant agreement and be responsible for managing the funding on your behalf.

***Applicants who are not legal entities must have a sponsor. You will be unable to progress with this application until you arrange for a sponsor.  
For further information about this requirement please contact Shane Johansen on 0408 427 372.***

**Do you have an ABN? \***

Yes  No

Having an ABN means that your group will not be subject to 46.5% withholding tax on the funds provided. If your group does not have an ABN, and your grant application is successful, you will need to complete and return a ‘Statement of Supplier’ form with your grant agreement. Without the ‘Statement of Supplier’ form, 46.5% of the payment is required to be deducted and passed on to the Australian Tax Oﬃce (ATO) under the ‘No ABN withholding’ arrangements. Here is the ATO form: <https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/>

**ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you entered the ABN correctly.

|  |
| --- |
| **Information from the Australian Business Register**  ABN  Entity name  ABN status  Entity type  Goods & Services Tax (GST)  DGR Endorsed  ATO Charity Type [More information](http://abr.business.gov.au/HelpTaxConcessions.aspx)  ACNC Registration  Tax Concessions  Main business location |

**Sponsor information (if applicable)**

*\* indicates a required ﬁeld*

**Sponsor \***

Individual  Organisation

Organisation Name:

|  |  |
| --- | --- |
| First Name | Last Name |

**Sponsor contact person \***

|  |  |
| --- | --- |
| First Name | Last Name |

**Phone number \***

|  |
| --- |
|  |

Must be an Australian phone number.

Please include (08) in front of the number for landlines.

**Email address \***

|  |
| --- |
|  |

This is the address we will use to correspond with you about this application.

**Postal address \***Address:

|  |
| --- |
|  |

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**Sponsor ABN \***

|  |
| --- |
|  |

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

|  |
| --- |
| **Information from the Australian Business Register**  ABN  Entity name  ABN status  Entity type  Goods & Services Tax (GST)  DGR Endorsed  ATO Charity Type [More information](http://abr.business.gov.au/HelpTaxConcessions.aspx)  ACNC Registration  Tax Concessions  Main business location |

Must be an ABN.

# Sponsor conﬁrmation

**Please upload evidence from your sponsor confirming their willingness to accept legal and financial responsibility for the project if successful. \***

Attach a file:

|  |
| --- |
|  |

**Project details**

*\* indicates a required ﬁeld*

**Project duration**

**Anticipated start date \* Anticipated end date \***

|  |  |
| --- | --- |
| Click here to enter a date. | Click here to enter a date. |

Must be a date between 1/7/2023 and 31/12/2024. Must be a date and no later than 31/12/2024.

# Project location

Which local government area/s does the project relate to? Please select all that apply.

**Local Government Area \***

Mount Barker District Council  Alexandrina Council

District Council of Yankalilla  City of Onkaparinga

City of Victor Harbor  Adelaide Hills Council

At least 1 choice must be selected.

**Please provide a street address for the project if viable**

Address:

|  |
| --- |
|  |

**Is your project located within public land? \***

Yes  No  Partially

No more than 1 choice may be selected.

**If ‘yes’ or ‘partially’, please provide type/name of public land**

|  |
| --- |
|  |

### Overall project description (please note project activities, deliverables and outputs follow later in this application).

### Project description \*

|  |
| --- |
|  |

Word count:

Must be no more than 250 words.

Write a brief description of the project and its objectives. This should provide those assessing the application with a summary of the project including the issues it focusses on, how it proposes to address them, its beneﬁts to the region / community and any particular locations, communities, industries, etc. that are being targeted. The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

# Approvals, permits and considerations

### Have all relevant approvals or permits been sought or obtained (e.g. from Council, water aﬀecting activities, landholders)? These must be obtained prior to works commencing.

Yes  No  Not applicable

No more than 1 choice may be selected.

**Have you consulted or enquired with First Nations about your project?**

Yes

No

Not applicable

**Have you considered risks to Aboriginal Heritage (particularly soil disturbing activities)?**

Yes

No

Not applicable

[Link to Aboriginal Heritage Act 1988](https://www.legislation.sa.gov.au/lz?path=%2Fc%2Fa%2Faboriginal%20heritage%20act%201988) for your information.

Please elaborate regarding your answers above on First Nations and Aboriginal Heritage:

|  |
| --- |
|  |

Attach a file:

|  |
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|  |

Attach any documentation relating to any approvals that you may have obtained.

## **Project alignment to board priorities**

View the board's priorities and focus areas in the Guidelines here: [https://](https://www.landscape.sa.gov.au/hf/get-involved/grants-and-funding/grassroots-grants) [www.landscape.sa.gov.au/hf/get-involved/grants-and-funding/grassroots-grants](https://www.landscape.sa.gov.au/hf/get-involved/grants-and-funding/grassroots-grants)

View the full *Hills and Fleurieu Landscape Plan 2021-2026* here: [https://](https://www.landscape.sa.gov.au/hf/about-us/our-regions-plan) [www.landscape.sa.gov.au/hf/about-us/our-regions-plan](https://www.landscape.sa.gov.au/hf/about-us/our-regions-plan)

### Which of the priorities of the Hills and Fleurieu Landscape Plan 2021-2026 does your project align with? \*

LAND 1 - Reduce the impact and spread of weeds

LAND 2 - Reduce the impact of pest animals and impact-causing native animals

LAND 3 - Support the uptake of regenerative agriculture and land management

LAND 4 - Future-proof our agriculture

WATER 1 - Deliver water resource planning to meet ecological, economic, cultural and social needs

WATER 2 - Improve on-ground management of our water resources

WATER 3 - Build understanding of our water resources

NATURE 1 - Protect and restore our native vegetation and freshwater ecosystems

NATURE 2 - Conserve and rehabilitate our coastal, estuarine and marine ecosystems

NATURE 3 - Recover our threatened species and ecological communities

CLIMATE 1 - Transition to net zero carbon emissions

CLIMATE 2 - Build the climate resilience of our ecosystems

CLIMATE 3 - Build the climate resilience of our communities and agriculture

COMMUNITY 1 - Foster a regional culture of landscape stewardship

COMMUNITY 2 - Walk alongside First Nations in looking after Yarta/Ruwe (Country)

COMMUNITY 3 - Strengthen shared understanding of landscape management challenges

COMMUNITY 4 - Increase community capacity to manage our landscapes

At least 1 choice must be selected.

# In less than 150 words, please explain how your project’s outcomes align with the LAND priority and its Focus Area(s) you selected

|  |
| --- |
|  |

# In less than 150 words, please explain how your project’s outcomes align with the WATER priority and its Focus Area(s) you selected

|  |
| --- |
|  |

# In less than 150 words, please explain how your project’s outcomes align with the NATURE priority and its Focus Area(s) you selected

|  |
| --- |
|  |

# In less than 150 words, please explain how your project’s outcomes align with the CLIMATE priority and its Focus Area(s) you selected

|  |
| --- |
|  |

# In less than 150 words, please explain how your project’s outcomes align with the COMMUNITY priority and its Focus Area(s) you selected

|  |
| --- |
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Must be no more than 150 words

# Summary of planned project outputs

# Now that you've worked through your project outcomes and alignment to the landscape plan, this next section will get more specific on work outputs and activities.

**What kind of outputs will your project achieve?**

Weed control  Revegetation

Pest animal control  Partnerships

Events  Trials/demonstration sites

Regenerative agriculture outcomes  Fencing

Ecological communities supported  Monitoring/surveys

Species recovery actions  Printed or online communications material

**Any other outputs not captured above? Please describe and provide a quantity.**

|  |
| --- |
|  |

**How many hectares will benefit from the weed control?**

**Hectares (1ha = 10,000m2)**

|  |
| --- |
|  |

Must be a number.

**How many hectares will pest animal control occur on?**

**Hectares**

|  |
| --- |
|  |

Must be a number.

**Number of events – put a number against only those relevant**

**Conferences**

|  |
| --- |
|  |

Must be a number.

**Seminars**

|  |
| --- |
|  |

Must be a number.

**Networking event**

|  |
| --- |
|  |

Must be a number.

**Field days/working bees**

|  |
| --- |
|  |

Must be a number.

**Public meetings**

|  |
| --- |
|  |

Must be a number.

**Training/course**

|  |
| --- |
|  |

Must be a number.

**Workshops**

|  |
| --- |
|  |

Must be a number.

**Other**

|  |
| --- |
|  |

Must be a number.

**If you answered ‘other’ above please provide detail here:**

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| --- |
|  |

**How many hectares with regenerative outcomes?**

**Hectares**

|  |
| --- |
|  |

Must be a number.

**Number of priority ecological communities supported**

**Terrestrial**

|  |
| --- |
|  |

Must be a number.

**Aquatic**

|  |
| --- |
|  |

Must be a number.

**Area covered by species recovery actions**

**Hectares**

|  |
| --- |
|  |

Must be a number.

**Areas (hectares) of revegetation – fill in relevant reveg types only**

**Reveg of disturbed/bare ground:**

|  |
| --- |
|  |

Must be a number:

**Reveg understorey**

|  |
| --- |
|  |

Must be a number:

**Reveg around watercourse or dam**

|  |
| --- |
|  |

Must be a number:

**Reveg in remnant habitat**

|  |
| --- |
|  |

Must be a number:

**Reveg for habitat - fauna**

|  |
| --- |
|  |

Must be a number:

**Reveg for increased biodiversity**

|  |
| --- |
|  |

Must be a number:

**Reveg in/around production settings (e.g. shelter belts)**

|  |
| --- |
|  |

Must be a number:

**Other revegetation**

|  |
| --- |
|  |

Must be a number:

# Number of partnerships

**First Nations (groups or individuals)**

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| --- |
|  |

Must be a number:

**Community general**

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| --- |
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Must be a number:

**Community groups**

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| --- |
|  |

Must be a number:

**Industry**

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| --- |
|  |

Must be a number:

**Land managers/farmers**

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| --- |
|  |

Must be a number:

**Local government**

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|  |

Must be a number:

**Non-government agencies**

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| --- |
|  |

Must be a number:

**Special interest groups**

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Must be a number:

**Volunteers**

|  |
| --- |
|  |

Must be a number:

**Other government agencies**

|  |
| --- |
|  |

Must be a number:

**Other**

|  |
| --- |
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Must be a number:

**If you answered other above please provide detail here:**

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| --- |
|  |

**Number of on-ground trials / demonstration sites established or maintained**

|  |
| --- |
|  |

Must be a number:

**Fencing – in meters**

**Fencing to protect watercourses**

|  |
| --- |
|  |

Must be a number:

**Fencing to protect remnant vegetation**

|  |
| --- |
|  |

Must be a number:

**Fencing to protect revegetation**

|  |
| --- |
|  |

Must be a number:

**Number of monitoring sites or surveys undertaken**

**Monitoring sites**

|  |
| --- |
|  |

Must be a number:

**Surveys**

|  |
| --- |
|  |

Must be a number:

**Number of printed or online communications (i.e. articles, signs, posters, brochures, Facebook posts, Instagram reels, online stories/articles). Specifically we mean types of products, not individual number of copies.**

|  |
| --- |
|  |

Must be a number:

# Activities and deliverables

**Please further describe (succinctly) the activities/deliverables needed to achieve the outputs you selected and quantified above.**

***For example,*** *if you checked the Event box above, and put in '1 workshop', in this section you would say something like "A three hour workshop (with light refreshments) will be delivered to approximately 25 people on the benefits of fencing off your dam from stock. In this workshop participants will learn the impact stock can have on water quality, greenhouse gas emissions [etc.]..... and the main presenter is the well-respected Jon Smith from xxxxxxx. A letter or quote provided by Jon has been attached to this application.'*

Please add additional rows to itemise activities.

|  |  |  |
| --- | --- | --- |
| **Activities/deliverables** | **Start date** | **Finish date** |
| Must be between 1 and 75 words. | Must be a date. | Must be a date. |
|  |  |  |
|  |  |  |

# Applicant capability and capacity

*\* indicates a required ﬁeld*

It is essential that the applicant (and sponsor if applicable) has the appropriate governance structures, resources and financial capacity to successfully deliver the project and meet the contractual obligations.

**Please briefly outline your capability and capacity in relation to delivering this project:**

|  |
| --- |
|  |

Must be no more than 175 words.

**Local knowledge, experience and involvement**

Describe your knowledge of the project area and its community, and discuss your experience delivering this type of project. Has the local community been involved in the development of the proposed project and will they be involved in its delivery?

**Please briefly outline here \***

|  |
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|  |

Must be no more than 175 words.

**Project staff (max. 10% budget for admin)**

If your project is employing staff, identify how much full time equivalent (FTE) will be directed towards the project and the function / role of the staff. Include the names of the staff, if known.

|  |  |  |
| --- | --- | --- |
| **FTE** | **Staff member function/role** | **Staff member name** |
|  |  |  |

# Partnerships and communication

*\* indicates a required ﬁeld*

**Communications and engagement**

Identify who will be involved in your project, at what level you intend to engage them and how you will do this.

The levels of engagement are “inform, consult, involve, collaborate and empower” and are based on the *International Association for Public Participation (IAP2) Public Participation Spectrum*.

More information on the spectrum and other community engagement planning tools can be found on the South Australian Government’s *Better Together* website: <https://www.bettertogether.sa.gov.au/planning-tools/prepare>

Add rows as you need.

|  |  |  |
| --- | --- | --- |
| **Who will you engage?** | **How will you engage them?** | **Level of engagement** |
|  |  |  |

**Partnerships**

Describe any partnerships that will be developed and/or supported through this project.

How will these partnerships benefit the project?

Can quality of the partnership be described (e.g. communication between partners; flexibility; accessibility etc.).

Please attach letters of support from proposed project partners.

|  |
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|  |

Must be no more than 200 words

**If you have letters of support from your project partners please attach them here:**

Attach a file:

|  |
| --- |
|  |

# Monitoring and evaluation

*\* indicates a required ﬁeld*

Projects must ensure that adequate data / information is collected to enable success to be measured via evaluation. In addition the data is to enable reporting on project activities and outputs.

**Please describe how you will monitor and evaluate the success of your project with respect to its:**

* **Impact** – what has changed as a result of the project’s activities?
* **Effectiveness** – were the planned activities and objectives achieved?
* **Appropriateness** – did the project meet the needs of the community and use best practice?
* **Efficiency** – was the project undertaken in the most efficient way?

Note: if your project is engaging the community via events, we have standard forms for data collection regarding events that will be provided at the 'agreement' phase.

**Outline how you will evaluate the project and success will be measured (include any data collection methods and systems – even if simply a spreadsheet): \***

|  |
| --- |
|  |

**Outline how your project will be supported and maintained into the future:**

|  |
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|  |

What sort of legacy will the board's investment create? Insert N/A if not applicable

# Project Budget

*\* indicates a required ﬁeld*

### Are you/your sponsor registered for GST?

Yes  No

**Expenditure**

Please outline your expenditure items here, including quantities being purchased etc. as well if applicable.

**All expenditure items need to include GST where it is payable**. There is some important information about GST and Grants in our FAQs on our website [here](https://www.landscape.sa.gov.au/hf/get-involved/grants-and-funding/grassroots-grants). Please review.

Use this table to **also** record other contributions both cash and/or in-kind in the 'Other contributions' (i.e. NOT in the Requested Grant column). In kind or volunteer time is valued at $46.62 per hour.

Please include all expenditure costs, for example: Labour/contractors, materials, consultancy, advertising costs, venue hire and catering, approvals/permits, administration support related to the project (maximum 10%).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expenditure item** | **Details** | **Requested grant ($ value)** | **Other contributions** | **Details of other contributions** |
|  | Provide details of expenditure item | Must be a dollar amount and no more than 20000 | Must be a dollar amount. |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Expenditure total Grassroots Grants** \*

|  |
| --- |
| $ |

This number/amount is calculated.

**Expenditure total Other** \*

|  |
| --- |
| $ |

This number/amount is calculated.

**Status of Other contributions**

Provide confirmation or otherwise of the Other contributions $ you have indicated in the table above. You may wish to upload evidence (i.e. Letters/emails confirming other funding) as well.

|  |  |  |  |
| --- | --- | --- | --- |
| **Other income source** | **Other income amount $** | **Status** | **Notes** |
|  | Must be a dollar amount |  | Please provide any other details regarding status if you feel it supports your application. |
|  |  |  |  |
|  |  |  |  |

# Upload supporting information here

Use this section to provide any required supporting documentation. This may include letters of support, landholder permissions, partner contribution confirmations, contractor quotes, budget workings to show hourly rates and or unit costs as relevant (i.e. to show value for money)

**Please attach anything else that supports your application here. \***

|  |
| --- |
|  |

Upload any other supporting documents here

**If you are unable to provide some supporting information please elaborate here:**

|  |
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**Declaration and Consent**

*\* indicates a required ﬁeld*

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be diﬀerent to the contact person listed earlier in this application form).

* I certify that the application form has been checked for errors and that the organisation, and if applicable the sponsor, is supportive of the project.
* I conﬁrm that the project sponsor, has agreed to accept responsibility for the legal and ﬁnancial accountability of the project and to receive funding, should the application be successful.
* I consent to the release of information in this application form for commercial, publicity and public information purposes.
* I agree to comply with the Hills and Fleurieu Landscape Board’s grant acquittal policy, which requires “*A certified statement of income and expenditure relevant to the grant to be provided by the grantee annually or on completion of the project as appropriate.”*
* I acknowledge and agree that it is my responsibility to assess and consider the risks and scope of insurances required (i.e. $1M Public Liability) for the life of the project, should the application be successful.

**I agree \***  Yes  No

**Name of authorised person \***

|  |  |
| --- | --- |
| First Name | Last Name |

**Position**

|  |
| --- |
|  |

Position held in organisation (if applicable).

**Date \***

|  |
| --- |
|  |

Must be a date.