

# Natural Environment March 2025 Application Form

## Form Preview

### Surf Coast Shire Council's Natural Environment Grants

\* indicates a required field

#### Introduction

Thank you for your interest in Surf Coast Shire Council's Natural Environment grant stream.

Grants of up to **\$8,000** are available in this program. Applicants must contribute a minimum of **30%** (cash or in-kind) towards the total project cost. Applications are open for the months of March and September annually.

If you need an interpreter, please call the Translating and Interpreting Service (TIS National) on 131 450 and ask them to telephone the Surf Coast Shire on 03 5261 0600. Our business hours are 8.30am-5.00pm

Online applications will close at midnight on **30 September**. Incomplete applications and/or applications received after this closing date will not be considered.

Before applying

1. Read the [guidelines](#) and check your eligibility.
2. Call our Grants team on 5261 0600 to discuss your idea and ask any questions.

#### Eligibility - Before you commence your application

Important, please confirm before proceeding:

Please ensure you have read the Surf Coast Shire Natural Environment Grant Guidelines and have contacted the Surf Coast Shire Grants Officer before completing this application.

By submitting this application, you confirm that you understand the eligibility criteria in the [guidelines](#).

**I confirm I have read and can comply with all of the eligibility requirements listed above \***

- ☐ Yes
- ☐ No - Please do not proceed.

**Name Council Officer you have discussed the proposal with:**

#### Applicant Details

\* indicates a required field

**Group Name \***

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Organisation Name

### Contact Person \*

Title First Name Last Name

### Postal Address

Address

  

Suburb State Postcode

### Phone Number \*

### Email \*

### Organisation Type

\*

- ☐ Incorporated as a not for profit
- ☐ Unincorporated not for profit organisation (you will need to seek an Auspice)
- ☐ Individual (you will need to seek an Auspice)
- ☐ Other

If other, please specify:

### Incorporation Number if required

Please enter your incorporation number

### Enter your organisation's 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

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Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

If successful in receiving a grant, organisations that do not have an ABN will be required to complete a Statement by Supplier form. If you don't have an ABN and don't provide this form, Council may be obliged to withhold 46.5% of your grant payment.

[ATO Statement by Supplier form](#)

### Please upload ATO Statement by Supplier form if applicable

Attach a file:

## Auspice Details

Auspicings allows not-for-profit, incorporated organisations to accept grant funding on behalf of individuals or groups who are not incorporated. They will have financial responsibility for the project.

If you or your organisation is being auspicied, please provide the details of the auspicie organisation below.

### Auspice Organisation

Organisation Name

### Auspice Incorporation Number

### Auspice Organisation 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)

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DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

**Please provide a letter from your auspice organisation which states they are willing to auspice the project and accept funding on your behalf**

Attach a file:

### Insurance

A certificate of Public Liability Insurance (proportionate to the risk associated with the activity being undertaken) must be provided. Generally if your project is auspiced, public liability insurance is the responsibility of the applicant, not the auspice organisation. Please check with your auspice organisation.

**Please attach a copy of the Certificate of Currency**

Attach a file:

### Financial Details

**Please attach a copy of your group's latest financial report**

Attach a file:

**If you would like to expand on any information contained in your financial report, please do so here:**

### Key Project Details

\* indicates a required field

**What is the name of your project/event? \***

**Which ward will your project/event take place in? \***

- ☐ Torquay
- ☐ Otway Ranges

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- ☐ Winchelsea
- ☐ All

[For a map of current ward boundaries click here](#)

Please note, these are the new ward boundaries as of 26 October 2024

**Please provide a brief overview of the project/event: \***

Provide a short description (100 words recommended) of your project - what are you out to do?

**Total Grant Amount Requested \***

Must be a dollar amount.

What is the total (grant) financial support you are requesting in this application?

**Total Project Cost \***

Must be a dollar amount.

Sum of all expenses incurred throughout the project/event

**How many people will your project/event involve? This can be an estimate. \***

Must be a number.

Total number - attendees, workers, volunteers.

**Which of the following Surf Coast Shire Council Plan themes does your project address?**

- ☐ First Nations Reconciliation
- ☐ A Healthy Connected Community
- ☐ Environmental Leadership
- ☐ Sustainable Growth
- ☐ Robust and Diverse Economy
- ☐ Arts and Creativity

**Which of the following Health and Wellbeing focus areas does your project address?**

- ☐ Increase Healthy Eating and Active Living
- ☐ Prevents family violence and promotes gender equity
- ☐ Improves Mental Health and Social Connection
- ☐ Tackles the Impacts of Climate Change on Health
- ☐ Reduces harm from Alcohol and other drugs

## Assessment Questions

\* indicates a required field

Tell us about your project/event

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Please answer the following questions to the best of your ability. **Assessment of your application will be largely based on the answers you give on this page of the form.** Tips on how to answer these assessment criteria are in the Natural Environment Grant Guidelines and in the hints boxes which you will see below the text boxes.

The % assigned to each question tells you the weighting of each criterion out of 100.

Applications are assessed against the grant criteria outlined in the guidelines by a panel of Council Officers.

The highest scoring projects will be fully funded and projects that score moderately may be offered partial funding.

**Assessment Criteria 1 (45%) - Project protects threatened flora and fauna; helps manage pest plants and animals; and/or increases community understanding of local biodiversity**

**Tick the following that apply. My project:**

- ☐ Protects and enhances biodiversity
- ☐ Supports effective and collaborative pest plan and animal management
- ☐ Builds and strengthens partnerships to protect biodiversity and manage pest plants and animals
- ☐ Improves community understanding of local biodiversity and how to protect it

**Please expand on the extent to which your project 'Protects and Enhances Biodiversity'**

E.g. Significance of site and environmental values, what will the environmental benefits be, how will your project protect biodiversity?

**Please expand on the extent to which your project 'Supports effective and collaborative pest plant and animal management'**

E.g. Why will your project be effective, location/size of project area, impact.

**Please expand on how our project will 'Build and Strengthen Partnerships to Protect Biodiversity and Manage Pest Plants and Animals'**

E.g. Will you be working with government departments, other groups, private landholders?

**Expand on how your project will 'Improve Community Understanding of Local Biodiversity and How to Protect it'**

E.g. number of participants, materials produced/distributed, number of groups connected, pathways to funding.

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Assessment Criteria 2 (20%) - Opportunities for collaboration, partnerships and/or involvement from broader community, other land managers and Traditional Owners

**Tick the following that apply. My project offers opportunities for:**

- ☐ Partnerships with other groups or programs
- ☐ Broader community involvement
- ☐ Other land manager involvement
- ☐ Traditional Owner involvement

**Please expand on the extent to which your project does the above.**

E.g. who will be involved, number of people involved, does this include any new partnerships or participants, evidence of Traditional Owners support for the project.

Assessment Criteria 3 (15%) - Ability to deliver project

**What knowledge of local biodiversity, pest plants and animals and control techniques will your group contribute?**

E.g. weed control techniques, knowledge of local pest plants and animals and how to control them. Does your group know how to identify a 'weed'?

**Describe HOW you will deliver the project. E.g timelines, tasks, who is responsible for each activity. You may wish to upload a project plan below.**

**Upload a project plan**

Attach a file:

**Landowner permission is required for all on-ground projects. Please upload evidence of landowner approval if applicable.**

Attach a file:

Assessment Criteria 4 (10%) - Contributes to climate change mitigation, adaptation and/or mobilisation (10%)

**Tick the following that apply. My project:**

- ☐ Reduces greenhouse gas emissions or draws down (sequesters) carbon dioxide
- ☐ Helps our community and/or environment adapt to a changing climate

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- ☐ Engages our community in climate action

### Expand on the extent to which your project does the above

E.g. creates carbon sink, who will your project mobilise into action?

## Assessment Criteria 5 (10%) - Budget

### Income

Include the amount you are requesting in this application.

Include any other sources of income. Make sure you tell us whether each source is confirmed or not (for example you might have another grant application in the works but that funding is not actually confirmed yet). Examples of other income could include:

- Another grant
- A cash contribution from your organisation (this could come from things like fundraising or donations)
- In Kind contribution from your organisation

### In Kind contributions:

In kind support - refers to the contribution that your organisation provides in lieu of cash that covers some of the project costs. This could be volunteering time, catering, donated materials or equipment.

To CALCULATE your In Kind Contribution:

- Include an approximate value for donated materials and equipment
- Volunteer hours = calculate volunteer hours at \$43/hour (this is usually the volunteer time actually involved in the project implementation) and skilled trades or professional services at \$150/hr (this would include things like architectural, accounting, engineering or skilled trades e.g. plumbing)

Remember it is expected that your group will contribute 30% or approximately one third of the total costs to the project. Ensure you outline this in your budget.

### Expenditure

List every item of expenditure. Include the cost of each item. (everything that the money, or In Kind will be 'spent' on)

Please note: if you are registered for GST, all budget items are to be GST exclusive. If you are not registered for GST, all budget items are to be GST inclusive. GST registered businesses will be able to claim the GST on their invoice.

### Income and expenditure need to be equal. Your proposed budget must balance

To look at an example budget [Click Here](#)

Source of Income			\$ Income Amount	Confirmed Y/N	Expenditures - itemize all expenses	\$ Expenditure Amount
			\$			\$
			\$			\$



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			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$

### Budget Totals

**Total Income Amount**

\$

This number/amount is calculated.

**Total Expenditure Amount**

\$

This number/amount is calculated.

**Income - Expenditure**

\$

This number/amount is calculated.

**My club/group would consider partial funding of the project? \***

☐ Yes

☐ No

### Quotes

**You must supply a quote for any equipment, material, activity or services that the grant funds will pay for**

Attach a file:

### Further Information

Council collects this data to help us analyse and review the program in the future. It has no bearing on the assessment of this application.

**Gender of contact person for this project**

☐ Woman

☐ Man

☐ Non-binary

☐ Prefer not to say

☐ I use a different term (please specify below)

	<b>Total number of Female people</b>	<b>Male</b>	<b>Gender diverse/ unspecified</b>
	Must be a number.	Must be a number.	Must be a number.
Group/Organisation membership	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Management Committee/ Board membership if applicable				
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Applications are assessed during the months of **April and October (change as required)**

Any questions, contact our Grants Officer, *Terri Hannan* [thannan@surfcoast.vic.gov.au](mailto:thannan@surfcoast.vic.gov.au) or by phone on 5261 0600

### Privacy Notification

The personal information requested on this form is being collected by Council for a grant application. The personal information will be used solely by Council for that primary purpose or a directly related purpose. The applicant understands that they may apply to Council to access and/or amend the information.