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| C:\Users\RClarke\AppData\Local\Microsoft\Windows\INetCache\Content.Word\New CRC Logo.png | **REVEGETATION OF NATURAL AREAS GRANT**  APPLICATION FORM |

# SECTION 1 – ABOUT THE APPLICANT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation Name** |  | | | |
| **Principle Place of Business** |  | | | |
| **Website** |  | | | |
| **Postal Address** |  | | | |
| **Contact Name** |  | | | |
| **Position** |  | | | |
| **Phone** |  | | | |
| **Email Address** |  | | | |
| **ABN** |  | | | |
| **Is the organisation GST registered?** | |  | **Incorporation Number** |  |
| **President/Chairman** |  | | | |
| **Treasurer** |  | | | |
| **Secretary** |  | | | |
| **Other committee/board members (please list)** |  | | | |

# SECTION 2 – ABOUT THE PROJECT

|  |  |
| --- | --- |
| **REVEGETATION PROJECT DETAILS** | |
| **Revegetation Project Name** |  |
| **Location** |  |
| **Start Date** |  |
| **Completion Date** |  |
| **Expected number of participants over the project** |  |
| **Support staff** |  |
| **Volunteers** |  |
| **Sponsors** |  |
| **Other** |  |

# SECTION 3 – ASSESSMENT CRITERIA

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| **Please provide the following details in your Revegetation Management Plan**   * Objectives of your revegetation project (20% weighting) * Revegetation management plan and techniques (50% weighting). * Demonstrate the cost effectiveness (20% weighting) * Experience in revegetation project management? (10% weighting) |

# SECTION 4 – FUNDING REQUESTED

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| **FUNDING REQUESTED FROM COUNCIL** | |
| **Cash (excl GST)** | **$** |
| **Total amount requested (excl GST)** | **$** |

|  |  |  |
| --- | --- | --- |
| **ADDITIONAL SUPPORT**  Often revegetation projects receive support by way of non-cash sponsorship, discounts, donations, materials, and volunteer time. Please specify estimated figures below. | | |
| **Organisation** | **Description** | **Estimated value** |
| *Volunteers* | *Volunteer time 40 hours @ $25 per hour* | *$1,000* |
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| **TOTAL** |  |  |

# SECTION 5 – BUDGET

Please complete ONE of the following budgets for your project

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| --- | --- | --- | --- |
| **BUDGET 1**  For organisations **registered for GST,** please complete this budget only | | | |
| **REVENUE/INCOME** | **AMOUNT** | **GST** | **TOTAL** |
| Requested grant from Council |  |  |  |
| Organisation’s cash contribution |  |  |  |
| Other cash grants (please list individually) |  |  |  |
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| **TOTAL INCOME** |  |  |  |
| **PROJECT EXPENSES** | **AMOUNT** | **GST** | **TOTAL** |
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| **TOTAL EXPENSES** |  |  |  |
| **PROFIT / (LOSS)** |  |  |  |

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| --- | --- |
| **BUDGET 2**  For organisations **NOT registered for GST**, please complete this budget | |
| **REVENUE/INCOME** | **AMOUNT** |
| Requested grant from Council |  |
| Organisation’s cash contribution |  |
| Other grant sources (please list individually) |  |
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| **TOTAL INCOME** |  |
| **PROJECT EXPENSES** | **AMOUNT** |
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| **TOTAL EXPENSES** |  |
| **PROFIT / (LOSS)** |  |

# SECTION 6 – MANDATORY SUPPORTING DOCUMENTATION

|  |  |
| --- | --- |
| **The following mandatory documentation is required to be submitted with your application:** | |
|  | Evidence of not-for-profit status |
|  | Financial statements from the previous two financial years as submitted to the Office of Fair Trading  **OR**  Latest Treasurer’s Report covering the previous 24 months and current bank statement at the time of application |
|  | Certificate of Public Liability Insurance (for $20,000,000 and has Council listed as an interested party) |

# SECTION 7 – CHECKLIST

|  |  |
| --- | --- |
| **Before submitting this application, please check that you have:** | |
|  | Discussed this application with the Community Partnerships team in Community Support  Phone: 1300 692 247  Email: [revegetation.grants@cairns.qld.gov.au](mailto:revegetation.grants@cairns.qld.gov.au) |
|  | Completed Section 5 – Budget |
|  | Attached all supporting documents listed above |

# SECTION 8 – DECLARATION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DECLARATION AUTHORISATION** | | | | | | | | |
| I/We, as the undersigned, authorise Cairns Regional Council to undertake any necessary due diligence and hereby certify that all details provided in this application are true and correct and understand the Council’s policy on confidentiality, commercial in-confidence, and privacy statement.   * I certify that I am authorised by the organisation to prepare and submit this application. * I have read the guidelines relating to the grant and certify that to the best of my knowledge the information provided in this is correct. * I have disclosed full and accurate information of income and expenditure for the program proposed. * I agree to provide Council with any additional information required to assess this application. * I agree to comply with all requirements of the grant funding stream and will return any unspent grant monies. | | | | | | | | |
| **SIGNED for and on behalf of** | | |  | | **by its duly authorised representative** | | |  |
|  | |  | | | | |  |  |
| **Name:** |  | | | **Position:** | |  | |  |
|  |  | | |  | |  | |  |
| **Signature:** |  | | | **Date:** | |  | |  |
|  |  | | |  | |  | |  |
| *Cairns Regional Council is collecting your personal information for the purpose of processing your grant application. The collection of this information is authorised under the Local Government Act 2009. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to by law. Cairns Regional Council and its officers are subject to the Queensland Right to Information Act 2009.* | | | | | | | | |