

# Revegetation of natural areas grant Application form

## Form Preview

### New Application

\* indicates a required field

#### Program

This field is read only.

If you do contact us throughout the application process, please quote the application number below:

#### Application Number

This field is read only.

Please confirm if this application is a draft or final submission

\*

Draft submission

Final submission

For draft submissions you will be contacted by the grants officer once you have submitted your application. You will be able to make changes prior to your final submission. Final submissions will be treated as complete and no changes will be made after submission

### Eligibility

#### I confirm that the applicant... \*

- is not an individual
- is not a political party or discriminatory group
- is not a school, university or TAFE college
- does not have outstanding Council grants that have not been acquitted within required time frames, or grants that have previously not been satisfactorily acquitted.
- does not have overdue outstanding payments to Council (e.g. rents, rates, fees, Council guarantor loan repayments)
- does not own, lease, manage or operate premises with poker machines
- is able to demonstrate alignment between their project and the aims of this program
- is delivering the event, activity or program within the Cairns Local Government Area
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not requesting support for a project, event or activity that has already occurred
- is not requesting support for seasonal or regular bookings of Council-managed facilities
- is not requesting support for projects, events or activities that are the subject of litigation
- is not requesting support for usual business operating expenses
- is not requesting support for programs that duplicate existing services or programs
- is not requesting support for programs, events or activities with a sole religious or political purpose.

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is a not-for-profit organisation defined as "any local organisation, club, state or national organisation, who holds incorporated status under the Associations In-corporations Act 1981, or is a company limited by guarantee under the Corporations Act 2001, and does not operate for the profit or gain (either direct or indirect), of its individual members either from ongoing operations or on its winding up

has read and understood the Grant Objectives and Eligibility requirements. Click the link below to view the requirements.

You must select all that apply to your application/organisation, failure to comply with some criteria may affect your application eligibility. Click [here](#) for the grant objectives and eligibility requirements.

**I confirm these statements above are true and correct \***

Yes

No

You are not eligible for this Cairns Regional Council Grant

For further information on eligibility please contact the grant officer at [grants@cairns.qld.gov.au](mailto:grants@cairns.qld.gov.au)

## Contact Details

\* indicates a required field

### Organisation Details

**Organisation Name \***

Organisation Name

Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

**Organisation Primary Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

**Organisation Postal Address**

Address

  

**Organisation Primary Phone Number \***

Must be an Australian phone number.

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### Applicant Primary Email \*

Must be an email address.

### Organisation Primary Website

Must be a URL.

## Primary Contact Details

### Primary Contact Name \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with about this grant.

### Primary Contact Position \*

### Primary Contact Phone Number \*

Must be an Australian phone number.

### Primary Contact Email \*

Must be an email address.

## Secondary Contact Details

### Secondary Contact Name

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Secondary Contact Phone Number

Must be an Australian phone number.

### Secondary Contact Email

Must be an email address.

## Committee Details

### President/Chairman Name \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Please list the other members on the committee/board \***

i.e Treasurer, Secretary etc

## Organisation Details

\* indicates a required field

**Does your organisation have an ABN? \***

Yes

No

**Applicant 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#)

**Please upload completed Statement of Supplier Form: \***

Attach a file:

Max 25mb per file uploaded

## Incorporated Status

**Is your organisation incorporated? \***

Yes

No

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### Incorporated Details

**What is your incorporation number? \***

Incorporated Association or Australian Company Number

**Please attach evidence of your organisation's not-for-profit status \***

Attach a file:

### Certificate of Public Liability Insurance

Must be for \$20,000,000 and has Council listed as an interested party.

**Public Liability Insurance**

Attach a file:

### GST Registration

**Is your organisation registered for GST? \***

Yes  No

Note: even if the organisation is not registered for GST, it will still have to pay GST on any expenses that are incurred whilst delivering the activity or event as per federal legislation, see:

<https://www.ato.gov.au/Business/GST/>

### Auspice Information

\* indicates a required field

**Is your organisation auspiced by another organisation for the purpose of this grant? \***

Yes  No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

### Auspice Organisation Details

**Auspice Organisation Name \***

Organisation Name

Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

**Auspice Primary Address**

Address



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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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

### **Please upload completed Statement of Supplier Form: \***

Attach a file:

Max 25mb per file uploaded

## Project Details

\* indicates a required field

### **Re-vegetation Project Name: \***

Your title should be short but descriptive

### **Project Location \***

### **Anticipated start date \***

Please allow at least 6 weeks after the grant application closing date before starting.

### **Anticipated end date**

If unknown, provide your best guess or leave blank

Expected number of participants over the project

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**Support staff**

Must be a number.

**Sponsors**

Must be a number.

**Volunteers**

Must be a number.

**Other**

Must be a number.

**Total number of participants**

This number/amount is calculated.

## Assessment Criteria

**Describe the objectives of your re-vegetation project. 20% weighting \***

**What experience do you have in re-vegetation project management? 10% weighting \***

**Demonstrate the cost effectiveness of your re-vegetation management plan. 20% weighting \***

**Re-vegetation management plan and techniques. 50% weighting**

To be completed on page 6.

## Re-vegetation Management Plan - 50% weighting

\* indicates a required field

### Property/Site Details

**Site Address: \***

**Lot No: \***



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**Plan No: \***

## Contact Details

**Contact person \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

## Other Notes:

e.g access etc

## Comments

## Project Description

**Please provide a short summary of the re-vegetation to be undertaken \***

This may be published as part of grant reporting. Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the Funding Centres Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu1> if you need some ideas about how to frame your response.

## Site Preparation

**Type of herbicide & number of applications, ripping, slashing, woody weed removal, erosion control: \***

## Planting Details

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**Type of planting (Habitat, corridor, buffer, windbreak, agroforestry): \***

**Approximate project area (M<sup>2</sup>): \***

Must be a number.

**Number of trees: \***

Must be a number.

**Spacing: \***

**Random / Rows: \***

**Method of hole digging: \***

**Type of fertiliser & application: \***

**Mulch: \***

**Irrigation: \***

**Planting design/model - brief description: \***

**Species list: please attach a proposed species list: \***

Attach a file:

## Project Planning

**Are there other stakeholders? \***

Yes

No

**Please name the other stakeholders: \***

**Are there any power lines, underground cables and/or pipes present? \***

Yes

No

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**Please provide detail: \***

**Are any permits/approvals required prior to the project commencing? \***

- Yes  No

**Please outline which permits/approvals are required. \***

**Are erosion control measures required? \***

- Yes  No

**Please provide detail about the erosion control measure. \***

**Who is supplying the plants? \***

**Can they supply the appropriate local plant stock at the time of planting? \***

- Yes  No

Maintenance

**How long is maintenance to be undertaken for this project: \***

**Type of maintenance required (herbicide application, slashing, watering): \***

**Frequency (approximately): \***

Project progress should be monitored to help track success of the project and/or to keep on top of problems that arise.

**Is maintenance to be carried out? \***

- Yes  No

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**Photo points: \***

Yes

No

**Frequency \***

**Transects: \***

Yes

No

**Frequency \***

**Other:**

### Workplan - Example

**Below is an example workplan:**

This outlines the timeframe for different activities to take place and the parties responsible for each activity.

**Re-vegetation Activity**

**Activity Type**

**Responsible**

**party**

**Estimated time required**

**Timeframe**

**(i.e. when)**

**Frequency**

**Site Preparation**

*Example:*

*Herbicide application*

*contractors*

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*12 hrs*

*Nov 2007*

*once*

### **Planting**

*Example:*

*plant 500 trees*

*Main Roads staff*

*35 hrs*

*Jan - Feb 2008*

*once*

### **Maintenance**

*Example:*

*Herbicide application*

*contractors*

*8 hrs*

*Mar 2008 - Mar 2010*

*5 per year*

### **Monitoring**

*Example:*

*transects & photo points*

*Main Roads staff*

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4 hrs

Feb 2008 - ongoing

annually

### Workplan

Please outline the timeframes for different activities to take place and the parties responsible for each activity.

Re-vegetation Activity	Activity Type	Responsible party	Estimated time required (i.e. when)	Timeframe	Frequency
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### Financial Information

\* indicates a required field

#### Council Funding Information

##### Total Cash Amount Requested (excl GST) \*

\$

Must be a dollar amount.

What is the total cash contribution requested from Council (excluding GST)

##### Total funding for hiring of Council venues/resources

\$

Must be a dollar amount.

What is the total funding requested for hiring of Council venues/resources?

##### Total Amount Requested (excl GST) \*

\$

This number/amount is calculated.

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

#### Additional Support

Often re-vegetation projects receive support by way of non-cash sponsorship, discounts, donations, materials, and volunteer time.

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**Will your re-vegetation project receive additional non cash support? \***

Yes

No

### Additional Support

Organisation	Description	Estimated Value
		\$
		\$
		\$
e.g FNQ Volunteers, Radio 2GB etc	e.g Volunteer time 40 hrs @ \$25 p/h, discount 50%on advertising etc	Must be a whole dollar amount (no cents).

### Total amount of additional support

\$

This number/amount is calculated.

### Financial Statements

Please submit 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

### Upload Files Here \*

Attach a file:

### Project Budget (income vs expenditure)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

### PROJECT INCOME

Funding Description	Funding Source	Confirmed Funding?	Funding amount (\$)	Notes
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			\$	
			\$	
			\$	
			\$	
			Must be a dollar amount.	

### Project Expenditure

Cost Description	Cost amount (Incl. GST)	Notes
	Must be a dollar amount.	
	\$	
	\$	
	\$	
	\$	

### Budget Totals

**Total Funding amount**

\$

This number/amount is calculated.

**Total Cost amount (incl. GST)**

\$

This number/amount is calculated.

**Funding minus Cost**

This number/amount is calculated.

## Certification

\* indicates a required field

### Certification

**By submitting this application I/we, as the applicant, 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 project 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.
- I will acknowledge the support of Council in all relevant promotional and printed material.
- I confirm that the appropriate level of Public Liability Insurance will be arranged for the project described in this application.



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**Name of authorised person \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact Email \***

Must be an email address.

## Cairns Regional Council Privacy Statement

**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. Your personal information will be handled in accordance with the *Information Privacy Act 2009*. Cairns Regional Council and its offices are subject to the *Queensland Right to Information Act 2009*.**

**For further information regarding the Cairns Regional Council Privacy Statement [Click here](#)**

## Draft Submission

**You are about to submit your draft submission.** You will be contacted within 5 business days by the re-vegetation liaison officer regarding your application.

They will discuss your draft submission and recommend any changes if needed. You will be sent a link to reopen your draft submission and make the necessary changes to submit your Final submission.

If you have further queries and would like to speak to an officer prior to submission please contact us at **email: [revegetation.grants@ Cairns.qld.gov.au](mailto:revegetation.grants@ Cairns.qld.gov.au)**

or

by phone on **1300 692 247** during business hours

If you have changed your mind and would like this to be a Final Submission, you must go back to the first page and click on Final submission.