Welcome to the Victorian Landcare Grants - 2024 Application

How the form works

Saving

The form **does not autosave**. You will need to press the save button regularly to avoid losing your progress. **You can save your responses and come back to them later.**

Tables

You can add more rows to a table by clicking [+] on the right-hand side of the table, and remove rows (empty or not) by clicking [-].

Word limits

Some text boxes have word limits. You will not be able to submit your application until your response is below the word limit for that question. Smartygrants will tell you if you've gone over.

SmartyFile

If your organisation has a valid ABN, you are now eligible to create a SmartyFile.

SmartyFile allows organisations to collaborate with team members, pre-fill information into forms and manage, view, search and sort submissions across multiple funders in one spot.

To learn more go to applicanthelp.smartygrants.com.au/smartyfile

Privacy

The Catchment Management Authority (CMA) is committed to protecting personal information provided by you in accordance with the principles of the Victorian privacy laws. The information collected in this form will be used to assess your application, and if you are successful, it will also be used to administer your grant and promote the program. The information you provide will be made available to the CMA, DEECA via the Victorian Landcare Program Team and the Minister for Environment.

To submit this application form, you will need:

For Project Grants:

- to complete the Group Health Survey
- a budget and detailed costing for your project
- a map of your proposed project area, if your project includes on-ground works
- a copy of your \$10 million public liability insurance (unless Landcare Victoria Inc. insured or if using an auspice, you'll need their details)
- your organisation's ABN/incorporation number (if using an auspice, you'll need their details)
- evidence of support from landholders and/or public land managers (where applicable)

For a Support Grant

Form Preview

- to complete the Group Health Survey
- your organisation's ABN/incorporation number (if using an auspice, you'll need their details)

Section 1 - Grant type and Project details

* indicates a required field

Grant type

You can apply for both grant types using this single application form

You will not be required to fill in all sections of this application if you are only seeking a Support Grant.

Choose one or more of the following * □ Project Grant (up to \$20,000) □ Support Grant (up to \$500) At least 1 choice and no more than 2 choices may be selected. You may choose to apply for a project grant in addition to a support grant

Support Grant Summary- Provide a brief description of activities to be funded (e.g Insurance costs, publications, meeting expenses) *

Word count:

Must be no more than 300 words. Insurance costs, publications, meeting expenses

Project outline

Title

Provide a short title for your project (no more than 15 words). The title may be made publicly available. It doesn't form part of the assessment of your project.

Examples

- Waste, Wildlife & Our Waterways
- Gazing through the Grasses
- Reedy River: protection; propagation; revegetation; engagement

Project Title: *			
Must be no more than 15 words.			

Summary

Describe your project:

- what is the issue that you want to address?
- what would you like to do?
- what do you hope to achieve?

This description may be made publicly available, and should make sense to someone who doesn't know much about your project.

If you're having trouble with this question, come back to it after you've answered everything else.

Project Summary: * Word count:

Section 2 - Assessment Questions

* indicates a required field

Must be no more than 250 words.

Land and environment outcome (20%)

Please describe how the project contributes to the protection and restoration of land and environment.

Strong responses include:

- Identify the specific issue/s at your site, including relevant site-specific details.
- Explain the activities you will undertake to address the issue/s
- Explain the difference your activities will make to address the issue/s

Q1: How does your project contribute to protection and restoration of land and environment? *

Word count:

Must be no more than 400 words.

Community engagement and capability building (20%)

Please describe the extent to which the project engages and builds on the capability of:

- the group
- and/or volunteers
- and/or Traditional Owners and Aboriginal Victorians
- and/or land managers
- and/or broader community.

Strong responses include:

- the specific parts of the community that will be involved
- level of involvement
- level of support from landowners and/or land managers
- the capabilities that the community will gain

Q2: How does your project engage and involve the group and/or volunteers? Doe your project include partnerships with public land managers or agencies? *
Word count:
Must be no more than 400 words.
Demonstrated need and community benefit (20%)
Please describe your project's alignment with a natural resource management strategy or plan or other statement identifying the need for this project or activity and the community benefit to be delivered by the project. The extent to which the project contributes to local and regional priorities as set out in the Regional Catchment Strategy.
Examples to guide responses include:
 Explanation of how the project relates to the groups' own strategic plan or action plan and/or links to local, state or federal government strategic plans. Explanation of how project outcomes will benefit the community. Upload of group strategic plan or action plan with relevant section highlighted.
Q3: Can you draw any linkages between the delivery of your project and larger strategic plans or action plans? *
Word count: Must be no more than 400 words.
Plan / strategy upload (optional) Attach a file:
Attachments optional

Project design and group/network capacity (20%)

Describe the resources (skills, experience, expertise) that will be utilised to plan and deliver the project. Include group resources and technical feasibility of the project.

*Priority will be given to eligible projects that are well-planned and achievable.

Provide an explanation of why you have chosen your proposed project actions.

Examples to guide responses include:

- What time of year are you planning your revegetation? Why?
- Why are the proposed revegetation species suitable for your project?
- Does your project need to plan out timelines for engagement and consultation?

Our Describe how you are going to undertake your project including the key

• Does your group have experience delivering these types of work, or do you require other expertise?

stages, activities and the timeframes *	rtake your project ii	icidaling the key
Word count: Must be no more than 400 words.		
Must be no more than 400 words.		
Q5: What skills and resources from with you going to use to deliver this project?		er organisations are
Word count:		
Must be no more than 400 words.		
Diant species list or revenetation plan of	unional (outlouni)	
Plant species list or revegetation plan u Attach a file:	ipioad (optional)	

Section 3 - Land manager support: Public and Private

* indicates a required field

Land manager consent

All projects that involve works (e.g. planting, construction) on a physical site will need support from the land owner or manager.

For the application stage, a letter or email showing in-principle support is enough. If your project is funded, you will need to seek formal approval before starting works. Formal approval takes time and may cost money - ensure you have taken this into account when designing your project.

Common public land managers include:

- · Parks Victoria.
- Local councils
- DEECA

Private land owners include:

• Individuals & sole traders

Businesses

If your proposed project covers land that is owned or managed by more than one organisation or person, you will need to seek support from each land manager.

For example, works near a waterway may need support from both water authority and your local council.

Note: Projects proposing awareness and education actions on public land may also need land manager support and an event plan (e.g. Parks Victoria Event Permits)

Project land status

_					-1
Does v	our/	pro	lect	occur	on ³

- Public land
- Private land
- Both
- Not applicable (non on-ground projects)

You will be required to provide contact details and/or letters of support from land managers in the next section

Public land manager consent

Please attach evidence of support from each land manager you will work with.

Land manager name	Address	REQUIRED- Evidence of project support / approval
e.g. Parks Victoria, DECCA, Council, Water Authority		e.g an email or official letter of support from the land manager

Private landholder support

If your project is going to be over multiple sites, please number each site and match site numbers on the map you will provide (on Page 5).

Name	Site Address	Site ID	OPTIONAL- Evidence of Landholder support
		These site ID's should also be used on your project map (to be provided on the follo page)	

Section 4 - Outputs, Map, Budget

* indicates a required field

Outputs

You will need to estimate the quantity of outputs (activities) to be delivered through the proposed project.

- **Choose** the outputs relevant to your project from the list below
- Quantify them for your project (e.g. km's of fencing, hectares of revegetation)

If your project has outputs that don't appear in the list, describe it in the "Other" section and include a unit of measure.

If your application is successful you will be required to report against these targets at the completion of your project.

	ect your projects outputs * Gencing Revegetation Rabbit control Veed Control Engagement events Publications Assessments
Fer	cing *boundary and barbed wire fencing will not be funded
	ing should comply with the <u>Fencing Standards</u> (Part 2, Section 1, Page 5 or for exclusioning look under the relevant threat - eg rabbits)
	cing * nstall- Conventional (plain wire) nstall- Mesh (standard ringlock and plain wire) nstall- Electric tt which type of fencing you will install
Tot	l length of fencing for your project (km) *
	be a number. be a number
Tot	al area protected within the fenced area (ha) *
Mus	be a number.
Rev	egetation
	ect the type of revegetation you are proposing * Revegetation- Tubestock Revegetation- Direct seeding ther:

Populate an output figur	re for the type of revegatation you are proposing
Revegetation- Tubest	cock *
Total number of tube	stock *
Must be a number. Record the tubestock to be	e planted as a number. if
Total area (ha) of tub	estock vegetation to be established, maintained or modified
Must be a number. Record your total area in H	Hectares (Ha)
•	
Populate an output figur	re for the type of revegatation you are proposing
Topulate all output light	e for the type of revegatation you are proposing
Revegetation- Direct	Seeding
Total area of direct se	eeding (ha) *
Must be a number.	v area in Hactaras (ha)
Record your direct seeding) area in nectares (na)
Rabbit control	
The following rabbit ma trapping, explosive or fu	nagement actions WILL NOT be funded; shooting, poisoning, umigation* methods for pest animal control. This includes or to undertake these activities.
The following rabbit ma trapping, explosive or fu engaging a contracto *Please note, while ripp	umigation* methods for pest animal control. This includes

- Works take place on public land.
- Where ripping is unable to be conducted e.g. where there are threatened flora and vegetation communities listed under the *Flora and Fauna Guarantee Act 1988* Threatened List
- Written approval is provided by the Land Manager.
- Works are carried out by a contractor holding a valid Commercial Operator License (COL) **and** Agricultural Chemical Users Permit (ACUP).
- Preferably includes a combination of both methods, not solely fumigation.

You can describe the control method and associated costs of the proposed rabbit control in the budget section.

Total area of herbivore (rabbit) control (ha) *	

Must be a number.

Must be a number. Record your rabbit control area in Hectares (ha) Weed control Select the type and total area of your projects weed control. You can describe the control method and associated costs of the proposed weed control in the budget section below. Weed control types * □ Non-woody □ Woody □ Woody and Non-woody Total hectares of weed control (ha) * Must be a number. Record your weed control in Hectares (ha) Only include area to be treated for weed control. **Engagement Events** These can include but are not limited to education and engagement activities such as property planning courses, field days, education events or demonstrations. Select which event type(s) you will undertake * ☐ Field day ☐ Meeting □ Presentation □ Conference ☐ Training event ☐ Other: □ Workshop Number of field days * Must be a number. Number of presentations * Must be a number. Number of training events *

Number of workshops *
Must be a number.
Number of meetings *
Must be a number.
Number of conferences *
Must be a number.
Publications
Publication type * □ Audio □ Visual □ Written At least 1 choice must be selected.
Number of publications *
Must be a number.
Assessments
Assessment type(s) * □ Cultural □ Ecological □ Fauna □ Flora □ Invasive species □ Soil
Total number of assessments *
Must be a number.
Other outputs
Please describe any activites you're seeking funding for which do not fall into the categories listed above
Does your project include work with Threatened Species? * ○ Yes ○ No

Map upload

You will need to supply a map for your project.

(LINK NEEDED) Please refer to the **guidelines** for instructions on what is required.

Use the + button on the right hand side to add multiple files.

Project Location- nearest town or locali	ty *
Nearest town or locality	
Upload your map file(s) showing your p	roposed project activities *
Attach a file:	• • •

Budget

This section will account for 20% of your assessment score (Value for money).

Please detail all the items you are seeking funding for, to complete the outputs (activities) you've identified. Be descriptive about what the funds will be used for.

Funding available

You can request up to \$20,000 (ex GST) in total. Use whole dollars only.

You can apply for **up to 15**% of your total funding request for Project Management. Please see guidelines for further information.

Group operating costs **up to \$500** may be included as a separate budget line in your project (e.g., costs such as insurance, incorporation and operational needs)

Please ensure you refer to the guidelines for 'What will be funded?"

Strong example:

If one of your activities is "purchase materials and construct fence", then your budget items might be:

Item Funds requested	Description	Site ID
• Contractors \$4,980	6km riparian fence construction	ABC001
Materials \$11,740	Wire, steel posts and end assemblies	ABC002

Weak example:

• Materials Fencing (no site ID) \$800 (doesn't provide enough information about the costs involved)

Tables

You can add more rows to a table by clicking [+] on the right-hand side of the table, and remove rows by clicking [-].

Item	Description of Item	Site ID(s) if relevent	Funds requested	Quotes (if applicable)
			\$	
		(as per your map)	Must be a whole dollar amount (no cents) and no more than 20000.	

Total project funds requested

\$

This number/amount is calculated.

Section 5- In-kind support for your project

* indicates a required field

You are required to describe the in-kind contributions secured for your project.

What in-kind contributions have you secured for your project? *

- □ Volunteer labour
- ☐ Support from within your organisation
- ☐ Support/involvement from partner organisations (including individuals, other groups and other funding programs)

Volunteer contributions

Please describe how volunteers will contribute to your project. The volunteer time of community group members is costed as an in-kind contribution of \$44.16 per person per hour.

The table will automatically calculate the value, based on the following formula: **Volunteer contribution** = number of **volunteers** X **hours** per day X number of **days** X **\$44.16**

Strong responses will describe the activities you plan to undertake with volunteers. Similar activities may be grouped into one line, or split into several lines. Choose the method that best explains how the volunteers will contribute to your project.

•	Number of volunteers	Number of volunteer days	Number of volunteer hours worked per day	Volunteer contribution
e.g. cleanups, planting days, information sessions	Must be a number.	Must be a number.	a number	This number/ amount is calculated.

Support from within your organisation

Please describe the support that your organisation plans to provide for the project.

*Volunteer and partner contributions should not be listed here - there is a separate table for this information.

Strong responses describe the contributions that you plan to make:

- printing of materials on office printer (100 flyers @50c per flyer = \$50)
- plants from our nursery (100 tube stock @\$1.50 each = \$150)
- coordination of volunteers for events (6hrs @\$40/hr = \$180)
- oversight of project (2 hrs per week x 4 weeks @\$40/hr = \$240)

Weak responses may be vague, or list things that are unrelated to your project.

Description of your organisation's contribution to project	Value of contribution (\$)
	\$
	Must be a dollar amount.

Support from partner organisations

Please describe the support that your groups members, project participants and partner organisations plan to provide for the project. **Funding from other sources should be listed here, along with donations and access to equipment.**

Volunteer labour and contributions from your organisation **should not** be listed here.

Strong responses describe the contributions that your partners plan to make:

- loaned or donated equipment
- access to office equipment
- donated materials

Weak responses may be vague, or list things that are unrelated to your project.

Project partner's name	Description of partner's contribution to project	Value of partner's contribution (\$)	showing partner is willing to provide this support
		\$	
		Must be a dollar amoun	. Email, letter of support
			etc.

Summary of matched funding and in-kind support

Click 'Save Progress' to show any changes you make which will update the calculations.

Total amount requested		alculated. Il support you are requesting in this
Total matched funding	application?\$This number/amount is c	alculated.

	A value of 1 or higher indicates a 1:1 matched funding. Values higher than 1:1 will not necessarily score higher during assessment.
Section 6- Organisation	details
* indicates a required field	
Organisation details	
Please enter the contact details for asked to enter their details on the	or your organisation. If you have an auspice, you will be e next page.
Organisation name * Organisation Name	
 Network of environmental volumental volume	r group (e.g. Friends of, Landcare, naturalist group etc) unteer groups (e.g. 'Friends of' Network, Conservation Network) agement are you in? * Horsham Rural City
Organisation Address * Address	Pyrenees Shire
Suburb State Postcode Must be an Australian postcode.	
Administration contact de	tails
All correspondence will be sent to contracts.	this person, including letters, emails and funding
Administration Contact * First Name Last Name	

Position in Organisa	ation *
Phone number (bus	iness hours) *
Must be an Australian ph	ione number
Include area code for lar	
Email *	
Must be an email addres	S.
mast se an eman addres	J.
	son to contact about
YesNo, I'd like to nome	nate someone else
Project contact d	etails
·	point of contact for all
Project Contact * First Name	Last Name
Position in Organisa	ation *
Phone Number (bus	iness hours) *
Much have a Australian wh	
Must be an Australian ph Include area code for lan	
Email *	
Must be an email addres	c
	5.
ABN	
Dana wasan amanajarah	tion boye on ADN2 *
Does your organisation Yes	tion nave an ABN?
O 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

More information

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Please tick one of the following reasons for not supplying an ABN. *

- I/We do not expect to profit or gain from the grant
- O I/We are not running a business and are not entitled to an ABN
- O The grant is exempt income for me/us
- O The grant is for a private recreational pursuit or hobby
- O The grant is for an activity that is wholly of private or domestic nature

If you don't provide this information, the Australian Tax Office requires that we pay them 49% of your grant.

Incorporation

Which of the following registrations does your organisation have? * ☐ Affiliation with Landcare Victoria Inc as a member group ☐ Incorporated through Consumer Affairs Victoria ☐ Incorporation number or ACNC Charity Register Number ☐ Registered through the Office of the Registrar of Indigenous Corporations ☐ Incorporated through the Crown Land (Reserves) Act 1978 ☐ None of the above - we will need an auspice At least 1 choice must be selected. To check your groups incorporation number; https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association

What is your group's incorporation number? (through Consumer Affairs Victoria) e.g. A1234567B *

Insurance

modrance
 Does your organisation have \$10 million Public Liability Insurance? Yes, as we are insured through Landcare Victoria Inc. (LVI) Yes, we have at least \$10 million Public Liability Insurance Yes, we are a Committee of Managment insured through DEECA No, we don't have \$10 million insurance, we will need an auspice
Information for Committees of Management
Through the Victorian Managed Insurance Agency (VMIA) DEECA provides insurance for voluntary committees of management for Public liability (and Products liability), Professional liability (sometimes known as Professional indemnity) and Group Personal Accident (for volunteers including committee members). You can download a copy of the Certificate of Currency here .
Attach your current certificate of insurance * Attach a file:
Attach a nie.
Also called Certificate of Currency
Support Grant funding requested
Total amount requested for support grant (up to \$500)
Must be a dollar amount and no more than 500.
Payment details
Please provide your banking details. If you are successful, this will assist the payment process.
Bank Account Account Name
BSB Number Account Number
Must be a valid Australian bank account format.
Email for invoice and payment notifications
Must be an email address.

Please note, limits to the bank details fields are set by SmartyGrants. If you need to provide any additional information about your payment details, use the field below

Section 7 - Auspice details * indicates a required field Your responses indicate that you need an auspice, as your organisation is not a legal entity, or does not have \$10 million public liability insurance. To be eligible as an auspice, your auspicing organisation must: be incorporated or a registered Not for Profit or a state government body • hold a minimum of \$10 million public liability insurance Your auspice will sign the funding agreement, and be responsible for the delivery of your project. This includes: receiving the grant and ensuring the funds are spent correctly • ensuring your participants are safe while completing the project ensuring all reports are completed Please upload a letter or email showing that your auspice agrees to take responsibility for the grant. * Attach a file: Auspice Organisation Name * Organisation Name Postal Address * Address Suburb Postcode State Must be an Australian postcode. Public liability insurance

million in Public Liability cover. *

Attach a file:

Public liability insurance typically has an overall cap (often \$10-20 million for community groups). This information can usually be found on your certificate/statement of insurance.

Attach your auspice's current certificate of insurance, which shows at least \$10

Auspice administration contact details

Who is the best po	erson to contact for	admin matters, such as payments?
Name * First Name	Last Name	
Thise Nume	Last Name	
Position in organis	sation *	
Phone Number *		
Must be an Australian Include "03" for landlin		
Email *		
Must be an email addr	ess.	
Ausnice ARN an	nd Incorporation n	umher
raspice relia		
	wing registrations de	oes your auspice have? *
□ ABN□ Incorporation nu	mber	
What is your ausp	ice's ABN? *	
Januario year aasp		
	rill be used to look up the entered the ABN corre	ne following information. Click Lookup above to
Information from the	Australian Business Regis	ter
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax	(GST)	
DGR Endorsed		
ATO Charity Type	More infor	mation
ACNC Registration		
Tax Concessions		

Must be an ABN.

Main business location

What is your auspice's incorporation number? (through Consumer Affairs Victoria) e.g. A1234567B *
Payment details
Please provide your auspicor's payment details. If you are successful, this will speed up the payment process.
Auspice Primary Bank Account Account Name
BSB Number Account Number
Must be a valid Australian bank account format.
Email for invoice and payment notifications *
Must be an email address.
Please note, limits to the bank details fields are set by SmartyGrants. If you need to provide any additional information about your payment details, use the field below
2023-24 Landcare Group Health Survey
* indicates a required field
If your organisation (group, network or other) is supported via the state government's Victorian Landcare Facilitator Program (VLFP), you only need to answer two questions. The standard Group Health Survey questions will be submitted via VLFP annual reporting. Please talk to your Landcare Facilitator or Network to ensure they can collect and report your group's data via VLFP.
If your organisation (group, network or other) is not supported officially through the VLFP, please continue to complete this survey.
Is your Group/ Network officially supported by a DEECA funded Victorian Landcare Facilitator? * O Yes No
What is your DEECA funded Victorian Landcare Facilitator's name? *

For groups completing multiple applications in this funding round, please indicate if you have already completed this survey. *

- O Yes- we confirm our survey was completed in a previous application
- No- we have not yet completed the survey

Start the survey...

This survey is interested in your Landcare activity from 1 July 2023 to 30 June 2024.

The information you provide in this annual survey is vital for understanding the health and challenges of Landcare across Victoria.

Not sure how to answer these questions?

You can take this application including these questions (SAVE PROGRESS) along to a group meeting to discuss before entering the survey data here.

Privacy

DEECA, CMAs and Melbourne Water are committed to protecting personal information provided by you in accordance with the principles of the Victorian privacy laws. The information collected in this form will be used to understand the health of Landcare in Victoria.

Privacy Information about your group, including group website or social media link will be made publicly available. Any personal information about you or a third party in your survey will only be collected by the department for the purpose of administration and collated regional and statewide reporting. This information may be provided to other Victorian government bodies for the purposes of reporting on Landcare and environmental volunteering. If you intend to include personal information about third parties in your survey, please ensure that they are aware of the contents of this privacy statement. Any personal information about you or a third party in your correspondence will be collected, held, managed, used, disclosed or transferred in accordance with the provisions of the Privacy and Data Protection Act 2014 and other applicable laws. DEECA is committed to protecting the privacy of personal information. You can find the DEECA Privacy Policy online at http://www.DELWP.vic.gov.au/privacy Requests for access to information about you held by DEECA should be sent to the Manager Privacy, P.O. Box 500 East Melbourne 3002. Alternatively, contact by phone on 9637 8697.

Tell us about your	group
What best describes	your group/network type *
Number of individua	l adult members in 2023-24 *
Must be a number.	

Number of new mem	bers in 2023-24 *
Must be a number.	
Number of individual past 12 months. *	Is that have been active volunteers in your group over the
Please note that active vo membership	plunteers are those that have participated in activities rather than just paid a
	l hours of environmental volunteering these individuals 1 July 2023 and 30 June 2024 *
Must be a whole number	(no decimal place).
Estimate the number group's activities *	r of individual people (non-members) who participated in your
Must be a number.	
Does your group/net ○ Yes ○ No	work use a documented plan to guide its activity? *
Volunteer Hours	
between 1 July 2023 ar	hours of environmental volunteering these individuals undertook and 30 June 2024 listed above, please estimate the percentage of time activities over the past 12 months.
	spent doing on-ground Natural Resource Management (NRM) planting, weed control, pest animal control, fencing, flora and *
Must be a number.	
	spent doing learning and training (eg guest speakers, d days, demonstrations) *
Must be a number.	
	spent doing administration, planning, decision-making, ngs, people surveys, finance, applying for and reporting on
Must be a number.	

Percentage of hours spent doing promot the group (eg newsletters, signage, web	tion, communications and recruitment for osite maintenance, etc.) *			
Must be a number.				
Funding				
Excluding Victorian Landcare Grants, what funding did your group secure in 2023-24?				
Name of grant program(s)	How much funding did you receive?			
	\$			
	\$			
	\$			
	\$			
	Must be a dollar amount.			
	Must be a donar amount.			
Group priorities Please choose your groups Top 3 priorities for the next two years				
Group priorities *	Aborininal sulturnal boritana annona C			
☐ Native plants & animals	☐ Aboriginal cultural heritage awareness &			
☐ Vegetation protection & enhancement	knowledge Traditional Owner inclusion & involvement			
☐ Plants & animals	☐ Funding for facilitator support			
☐ Waterway protection	☐ Sustainable farm practices			
☐ Threatened species	☐ Volunteer recruitment			
☐ Improving land managers skills &	□ Project funding			
knowledge	3, 4 4 4 5			
☐ Cultural heritage awareness & knowledge	☐ Other:			
At least 1 choice and no more than 3 choices may	he selected			
At least 1 choice and no more than 5 choices may	be selected.			
Traditional Owner Engagement				
In the last twelve months has your group/network engaged with a Traditional Owner group or an Aboriginal organisation? * O Yes No				
Which Traditional Owner groups does yo	our group engage with? *			
☐ Barengi Gadjin Land Council Aboriginal Corporation	☐ Martang Pty Ltd			
☐ Bunurong Land Council Aboriginal Corporation	☐ Taungurung Land and Waters Council Aboriginal Corporation			
☐ Dja Dja Wurrung Clans Aboriginal	☐ Wadawurrung Traditional Owners			
Corporation	Aboriginal Corporation			
☐ Eastern Maar Aboriginal Corporation	☐ Wurundjeri Woi Wurrung Cultural Heritage Aboriginal Corporation			

☐ First People of the Millewa Mallee Aboriginal Corporation	☐ Yorta Yorta Nation Aboriginal Corporation
☐ Gunaikurnai Land and Waters Aboriginal	□ Other:
Corporation	
☐ Gunditj Mirring Traditional Owners	
Aboriginal Corporation	
At least 1 choice must be selected.	

Group Health

Select the best description for your group/network

Trail blazers (thriving)

Our group has its own identity and strives for excellence. We are the holder of expert knowledge concerning our area. We are clear on what we are trying to achieve and our role in achieving it. We determine the direction of work ourselves first and then seek suitable sources of resourcing. We know who can offer assistance and we tap into them when needed. We strive to ensure that everyone in the district understands our role and is a member of our group. If any of our committee leaves, others will step up and our group would continue to prosper. We actively seek contacts and knowledge beyond our borders

Rolling along smoothly (strong)

We have an action plan that we actively work on. Our projects tend to be large in scale. Our committee is very motivated and can explain why the group exists, even if other members cannot. We have a broad and active membership. From time to time we actively seek contacts and knowledge beyond our borders. Our activities usually involve other organisations

Moving forward (OK)

Our group/network has an action plan, or intends to develop one. We feel we are making progress. We actively seek assistance from our support person, but we may still be dependent on a dedicated few. We are 'chugging' along, but we are not stretching ourselves right now - we are working within our current capabilities. We are happy within our own group borders - we rarely attend wider meetings or forums. Our activities do not usually involve other organisations to any great extent.

Struggling along with the same dedicated core (surviving)

Our activities are often prompted by a funding round or a call from the support person. Our office bearer positions were difficult to fill. We have few new members. We haven't got around to action planning yet – (or we have one that we don't use). We don't all see the value of action planning. We tend to focus on single issues only, such as weeds or rabbits. We don't always talk about our group with pride.

Just hanging on (stalling or stalled)

We don't have an action plan (or we don't use it). Our meetings are irregular and only a few core members come, (or our meetings are non- existent). We don't really have agreed goals. There are little or no on- ground works happening, and if so it happens in an ad-hoc manner. We rarely talk about our group with pride. We have

little contact with other group external support.	s and organisations	and either don't have or don't access
Group health rating *		
		rvey is now complete. Please move to complete the declaration.
Feedback and Declaration	on	
* indicates a required field		
A) Feedback		
Your responses to the following quimprove our application forms and		assessed - they will be used to help us uture.
How many people worked on	this application?	k
Must be a whole number (no decimal	place).	
How many hours did your gro	up spend on this	application? *
Must be a whole number		
How easy was the application ○ Extremely easy ○ Very easy	form to use? * O Somewhat easy	○ Not very easy ○ Not at all easy
How helpful were the example © Extremely © Very helpful helpful	 Somewhat 	ns in the application form? * O Slightly helpful O Not at all helpful
Do you have any feedback abo	out the applicatio	n process? (Optional)
B) Declaration		

I understand that successful applicants and auspicing organisations (if an auspice is used) are required to:

- enter into a funding agreement with the Catchment Management Authority
- be responsible for meeting contractual obligations to deliver the project and report on its success by the due date
- have appropriate land manager approval and relevant permits, including planning and cultural heritage

- adhere to all relevant legislation including Workplace Health and Safety requirements
- acknowledge the Victorian Government funding in publications and promotions
- work with the CMA to identify and promote major project milestones and completion

I declare that:

- all the information in this application and attachments is to the best of my knowledge true and correct
- I will notify the Catchment Management Authority of any changes to this information and any circumstances that may affect this application
- I acknowledge that Catchment Management Authority may refer this application to external experts or other Government Departments for assessment, reporting, advice, comment or for discussion regarding alternative or collaborative grant funding opportunities
- I understand that Catchment Management Authority is subject to the *Freedom of Information Act 1982* and that, if a Freedom of Information request is made, the CMA will consult with the applicant before any decision is made to release the application or supporting documentation
- I acknowledge that if this project is successfully funded, I will consent to my group's/ organisation's details being used for media opportunities
- I understand that this is an application only and may not necessarily result in funding approval
- we will notify the CMA within 14 days if our ABN status, GST status, insurance details or payment details change
- we will maintain \$10 million Public Liability Insurance for the duration of the project
- I am an authorised representative of the group or organisation

If no ABN was provided, I declare that:

• Under pay as you go (PAYG) legislation and guidelines administered by the Tax Office, I am not providing an ABN for this grant for the reason indicated in Section 6.

Acceptance of declary accept	ration *		
Name *			
Name *			
First Name	Last Name		
Desition in every isotion *			
Position in organisation *			