

**Friends of Parks ‘On-Park’ Volunteer Support Grants**

**2020-2021**

**Application Form**

**Applications close 5pm (ACDT) Friday 27 November 2020**

***(Please refer to this year’s ‘grant guidelines’ for details)***

|  |  |
| --- | --- |
| Project Title |  |

**1. Community Group Details**

|  |  |
| --- | --- |
| Community Group Name |  |

|  |  |
| --- | --- |
| ABN |  |

|  |  |
| --- | --- |
| Is the Group Incorporated? | Yes / No |

|  |  |  |
| --- | --- | --- |
|  If Yes | Incorporation Number | Incorporation Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the Group registered for GST? | Yes / No |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Group’s Contact Person |  | First Name | Last Name |

|  |  |
| --- | --- |
| Position in Group |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mobile |  | Email |  |  |

**2. Sponsoring Organisation (for non-Friends of Parks groups only)**

|  |  |
| --- | --- |
| Sponsoring Organisation Name |  |

|  |  |
| --- | --- |
| ABN |  |

|  |  |
| --- | --- |
| Is the organisation registered for GST? | Yes / No |
| Incorporation details | Incorporation Number: | Incorporation Date: |

**Sponsoring Organisation Contact**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Person |  |  | First Name | Last Name |

|  |  |
| --- | --- |
| Mobile |  |

|  |  |
| --- | --- |
| Email |  |

**2. Proposal Details**

**Note**; - The assessment panel will use this section to assess the relative merits of the application’s proposal. If a question is applicable to the project/activity they need to be answered clearly and pointedly - it is important to provide evidence whenever possible that supports your application.

If a ‘not applicable’ response is an accurate answer to the question(s) given the proposed activity, then circle (not applicable) and provide a brief explanation as to why, and the overall assessment mark will be moderated accordingly.

1. Is this application for: **capacity building** or  **on-park activity?** (Please circle)

|  |  |
| --- | --- |
| 2. **If Capacity Building** describe (in dot points) the intending item(s) of purchase, and describe how the asset(s) will contribute to the current and/or future capacity of the group |  |

|  |  |
| --- | --- |
| 3. Name of NPWS Park/ Reserve(s) in which your project will be carried out |  |

|  |  |
| --- | --- |
| 4. **List** (in dot points) regional and/or dew District management plan(s), or works plan, or regional strategy that the project will be addressing in your project area |  |
|  |  |
| 5. **A brief overview** of your proposal, including outcomes (no more than 200 words). |  |

|  |  |
| --- | --- |
| 6. **Describe** (in dot points) how the activity/project will improve the condition, or enhancement of key habitats and/or sites in national park reservesor state …(not applicable) |  |
|  |  |
| **7. Describe** (in dot points) how it will contribute to Aboriginal or European heritage and culture in the parkor state …(not applicable) |  |

|  |  |
| --- | --- |
| 8. **Describe** (in dot points) how the activity/project will contribute to the protection of threatened or declining species of fauna or floraor state…(not applicable) |  |

**3. Project Endorsement (for NPWSSA regional staff only to complete)**

How would you rate the importance of this proposed activity (please circle);-

Very High High Medium Low

|  |  |
| --- | --- |
| Please Explain:-  |  |

|  |  |
| --- | --- |
| Name of NPWS Senior Ranger / District Ranger who is endorsing application |  |

Signature:

Date:

**4. Budget & Finances**

Has your group applied for funding from an additional source for this proposal? (please circle) **YES**  **NO**

|  |  |
| --- | --- |
| Please provide details of other funding source  |  |

Has the group any outstanding grant acquittals? (please circle) **YES** ( If yes please explain briefly below ) **NO**

|  |
| --- |
| **Grant Funds Requested (up to $3,000 for Capacity Building, or up to $5,000 for on-ground works - excl GST)** |
| **Amount (ex GST)** | $ | **GST (if applicable)** | $ | **Total**  | $ |

***Please note that due to changes to State Treasury requirements, it is necessary to identify, as part of an itemised budget breakdown, a volunteer contribution ($$) being made that is at least half of the requested amount;-***

| ***Year 1 2020 -2021*** |
| --- |
| **Task****no.** | **Description & technique**(Specific activity costs, items to be purchased, contractor costs etc.) | **Quantity****(area, no., length)** | **Timing****(approx. start & finish dates)** | **Cost of task****(Ex GST)** | **In-kind contribution where applicable** Including volunteer numbers and their in-kind contribution costed @ **$45.10** per hour |
|  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  | **Total $$** |  |  |

**5. Application Checklist and Declarations**

|  |  |
| --- | --- |
| Have you additional supporting document(s) to attach? | Yes / No |

|  |  |
| --- | --- |
| Please provide list of additional supporting document(s) attached |  |

**Checklist** **Yes N/A**

I have attached the necessary approvals and supporting documents (e.g. seed collecting [ ]  [ ]

permit, quotes or plans)

**Declaration** **Yes No**

I confirm that the applicant is an eligible group as per the Grant Guidelines: [ ]  [ ]

 **Yes No**

I confirm that the group has the capacity to manage this application’s outcomes in a timely manner [ ]  [ ]

 **Yes No**

I certify that I am representing the organisation for this application and the group is
supportive of this project: [ ]  [ ]

**6. Signature**

|  |  |  |
| --- | --- | --- |
| Name of (group’s) ‘authorised officer’ | First Name | Last Name |

|  |  |
| --- | --- |
| Position of ‘authorised officer’ representing group |  |

|  |  |
| --- | --- |
| Signature |  |

|  |  |
| --- | --- |
| Date | / / |

**Applications close 5pm (ACDT) 27 November 2020**

Please send **electronic** applications by the following method only

|  |  |
| --- | --- |
| Email: | DEWVolunteers@sa.gov.au |
|  |  |