

Northern and Yorke Landscape Board Bite-sized Grants Application 2026-2027

Form Preview

Applicant details

* indicates a required field

Consultation

Have you consulted with a Northern and Yorke Landscape Board representative regarding this project?

☐ Yes

☐ No

Consultation does not influence the assessment outcome and is requested for administrative purposes only.

If Yes, please list who you consulted with:

Contact information

Please provide the applicant's details.

Applicant *

Organisation Name

Contact person *

First Name

Last Name

This is the person we will correspond with about this application.

Phone number *

Must be an Australian phone number.

Please include (08) in front of the number for landlines.

Email address *

This is the address we will use to correspond with you about this application.

Postal address *

Address

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Entity details

Are you a legal entity? *

☐ Yes ☐ No

Applicants must be a legal entity (e.g. an incorporated association, individual, partnership, corporation/company) or be sponsored by a legal entity.

Do you have a sponsor? *

☐ Yes ☐ No

If you are not a legal entity, you must have a sponsor to enter into the grant agreement, who will be responsible for managing the funding on your behalf.

Applicants who are not legal entities need to have a sponsor to be able to apply. A local government authority or progress association are examples of sponsor organisations.

For further information about this requirement please contact Elisha Brunton on 0458 144 562 or email elisha.brunton@sa.gov.au.

Do you have an ABN? *

☐ Yes ☐ No

Having an ABN means that your group will not be subject to 46.5% withholding tax on the funds provided. If your group does not have an ABN, and your grant application is successful, you will need to complete and return a 'Statement of Supplier' form with your grant agreement. Without the 'Statement of Supplier' form, 46.5% of the payment is required to be deducted and passed on to the Australian Tax Office (ATO) under the 'No ABN withholding' arrangements.

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	

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Main Business Location

Public Liability Insurance

If you / your organisation does not have public liability insurance, an incorporated organisation meeting these requirements must sponsor your application and manage the grant on your behalf.

Policy holder: *

Is this you or the sponsoring body?

Provider name: *

Policy number: *

Policy expiry date: *

Sponsor information

* indicates a required field

Sponsor *

☐ Individual ☐ Organisation

Organisation Name

First Name

Last Name

Sponsor contact person *

First Name

Last Name

Phone number *

Must be an Australian phone number.
Please include (08) in front of the number for landlines.

Email address *

Must be an email address.

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Postal address *

Address

Sponsor 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.

Sponsor confirmation

Please upload a letter from your sponsor confirming their willingness to accept legal and financial responsibility for the project if successful. *

Attach a file:

A minimum of 1 file must be attached.

Project details

* indicates a required field

Project title

Project title: *

Provide a short clear title for the project.

Project duration

Anticipated start date *

Anticipated end date *

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Must be a date and between 1/7/2026 and 30/6/2027.

Must be a date and between 1/7/2026 and 30/6/2027.

Project Location

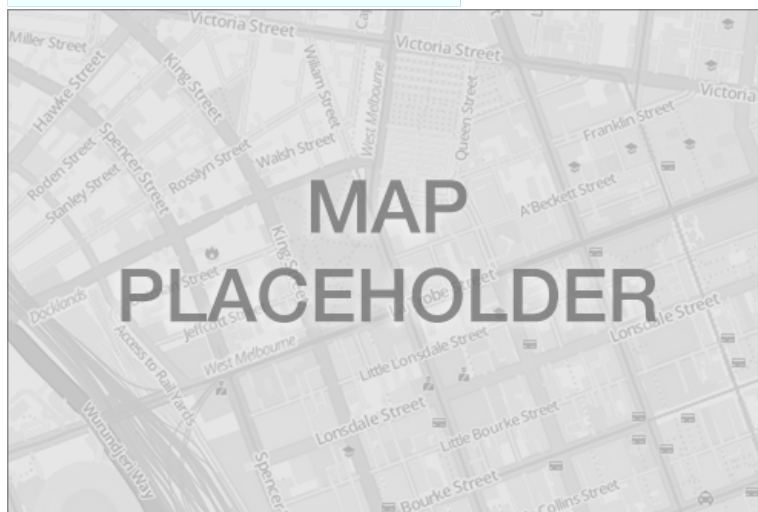
Based on Northern and Yorke Council Areas

- | | | |
|--|--|---|
| ☐ Adelaide Plains Council | ☐ District Council of Orroroo | ☐ Regional Council of Goyder |
| ☐ Barunga West Council | ☐ Light Regional Council | ☐ The Barossa Council |
| ☐ Clare & Gilbert Valleys Council | ☐ Northern Areas Council | ☐ Town of Gawler |
| ☐ Copper Coast Council | ☐ Peterborough District Council | ☐ Wakefield Regional Council |
| ☐ District Council of Mt Remarkable | ☐ Port Pirie Regional Council | ☐ Yorke Peninsula Council |

If you are unsure which the Council area the project relates to Click [here](#) to view a map of the region.

Address of where project is to be completed *

Address



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

Project description

Project description *

Word count:

Must be no more than 400 words.

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Write a description of the project. This should provide the assessment panel with a good understanding of the project including the issues it focusses on, how it proposes to address them, its benefits to the region / community and any particular locations, communities, industries, etc. that are being targeted.

Project alignment to priority/focus areas

Identify the key target areas from Northern and Yorke Landscape Board Plan that your project aligns with.

You can choose more than one priority/focus area.

Key target areas *

- | | |
|---|--|
| ☐ Communities | ☐ Sustainable Agriculture |
| ☐ Biodiversity | ☐ Pest Plant and Animal Control |
| ☐ Water Management | |

Objectives and measuring success

List each of the project's objectives (what the project is aiming to achieve), and how you will measure its success.

The objectives should be written as succinctly as possible so the links to the priority/focus areas are clear.

For multiple objectives, please add additional rows for each objective.

Objective	How will success be measured?

Project Work Plan

Outline each of the activities to be undertaken as part of the grant and include the start and finish dates. Add a new line for each activity.

You will be required to report on these activities in your interim and final reports.

Activities	Start Date	End Date
Add as much information about the activity as possible	Must be a date.	Must be a date.

Project budget

* indicates a required field

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Please outline your project budget in the expenditure and other funding tables below.

All amounts should be GST exclusive.

Please **do not add commas** to figures – e.g. type \$200 not \$2,000 – this will ensure your figures for each table total correctly.

Bite-sized Grants Expenditure

Expenditure item	Bite-sized Grants \$	Notes
	Must be a dollar amount and no more than 2000.	Please provide details of expenditure.

Other funding and contributions

Please provide details of the **Other \$** included in the expenditure table above. This includes funding from other sources and in-kind support such as volunteer hours (calculated at \$45 per hr).

Other income source	Other income amount \$	Status	Notes
	Must be a dollar amount and no more than 2000.		Please provide details of other income.

Total Expenditure

Expenditure total Bite-sized Grants (total amount being sought) *

\$

This number/amount is calculated.
What is the total financial support you are requesting in this application?

Other funding and contributions total *

\$

This number/amount is calculated.

Total Project Expenditure *

\$

This number/amount is calculated.

Additional budget information

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If required, please use this section to detail any additional budget information not captured above.

Supporting documents

* indicates a required field

Please attach any documents that support your application. Ensure that you label files clearly as native plant species list/weed list, quote1, quote2, supporting letter1, supporting letter2 etc *

Attach a file:

Any project maps/species lists/plans/drawings can be uploaded here. Consider a photo if applicable.

Declaration and consent

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

- I certify that the application form has been checked for errors and that the organisation, and if applicable the sponsor, is supportive of the project.
- I confirm that the project sponsor has agreed to accept responsibility for the legal and financial accountability of the project and to receive funding, should the application be successful.
- I consent to the release of information in this application form for commercial, publicity and public information purposes.
- I agree to provide the Northern and Yorke Landscape Board with a certified statement of income and expenditure relevant to the grant on completion of the project as appropriate.

I agree *

☐ Yes

☐ No

Name of authorised person *

First Name

Last Name

Position

Position held in organisation (if applicable).

Date *

Must be a date.

