

# Northern and Yorke Landscape Board Grassroots Grant Application 2024-25

## Form Preview

### Applicant details

\* indicates a required field

#### Mandatory Consultation

##### **Have you consulted with a Northern and Yorke Landscape Board representative on your project?**

It is crucial to engage in discussions about your project with the District Team Leader overseeing the area where your project is being implemented.

Refer to contacts in the [Guidelines](#)

- Yes
- No

**If yes, please list who you consulted with.**

#### Grant application checklist

##### **Have you reviewed the application checklist to ensure all required documentation and information are prepared before initiating your application?**

Refer to [Checklist](#)

- Yes
- No

#### First Nations partnerships

##### **Who are the First Nations people for the site on which this project will be conducted?**

The First Nations communities map is located in the applicants guidelines

##### **Will your project involve engaging with a First Nations community?**

- Yes
- No

**If Yes, have you consulted with the Aboriginal Partnerships Coordinator regarding your project? If so, please provide a description of the consultation process and outcomes.**

Refer to contacts in the Guidelines

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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.

### Contact information

Please provide the applicant's details.

#### Applicant \*

Individual  Organisation

Organisation Name

First Name

Last 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

### First Nations Applicant

#### Are you a First Nations person, organisation or business?

Yes  
 No

#### Do you have a sponsor? \*

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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 Liz Ninnes on 0458 144 562 or email [liz.ninnes@sa.gov.au](mailto:liz.ninnes@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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

### Public Liability Insurance

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

### Policy holder \*

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Is this you or the sponsoring body?

**Provider name \***

**Policy number \***

**Policy expiry date \***

**Does your insurance cover claims to at least \$1 million in public liability insurance? \***

- Yes  
 No  
 Unsure

## 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.

**Postal address \***

Address

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### 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	<a href="#">More information</a>
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:

### Project details

\* indicates a required field

#### Project title

**Project title: \***

Provide a short clear title for the project.

#### How many years will your project be?

- 1 year
- 2 years
- 3 years

#### Project duration

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Anticipated start date \*

Must be a date and between 1/7/2024 and 30/6/2027.

Anticipated end date \*

Must be a date and between 1/7/2024 and 30/6/2027.

## Project Location

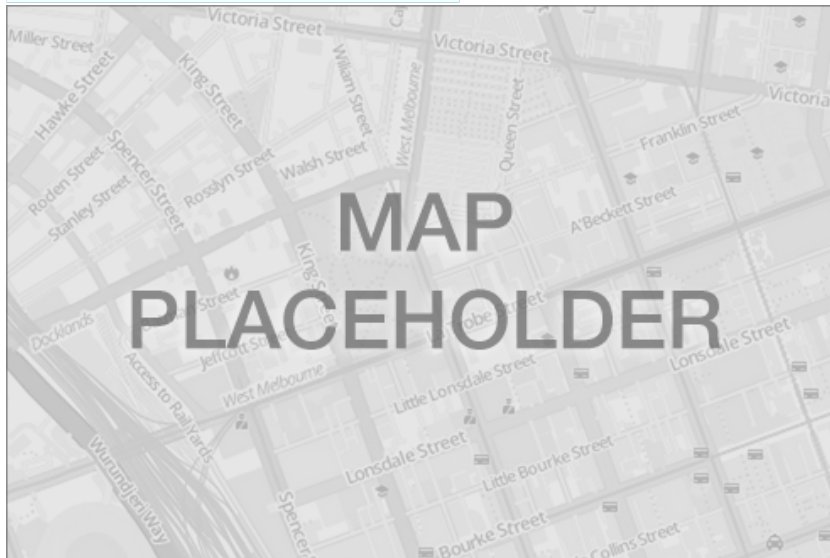
### Based on Northern and Yorke Council Areas

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adelaide Plains Council              | <input type="checkbox"/> District Council of Orroroo      | <input type="checkbox"/> Regional Council of Goyder<br>Carrieton |
| <input type="checkbox"/> Barunga West Council                 | <input type="checkbox"/> Light Regional Council           | <input type="checkbox"/> The Barossa Council                     |
| <input type="checkbox"/> Clare & Gilbert Valleys<br>Council   | <input type="checkbox"/> Northern Areas Council           | <input type="checkbox"/> Town of Gawler                          |
| <input type="checkbox"/> Copper Coast Council                 | <input type="checkbox"/> Peterborough District<br>Council | <input type="checkbox"/> Wakefield Regional Council              |
| <input type="checkbox"/> District Council of Mt<br>Remarkable | <input type="checkbox"/> Port Pirie Regional Council      | <input type="checkbox"/> 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:

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Must be no more than 400 words.

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.

### Does your project activities include revegetation?

- Yes
- No

### If yes, please provide a revegetation native species list

Attach a file:

### Does your project activities include weed control?

- Yes
- No

### If yes, please describe the weed methodology including type of chemical, rate, time of year and and if the person carrying out the activity has the appropriate ChemCert qualifications

To access the Weed Control hand book, click this link [https://www.pir.sa.gov.au/\\_data/assets/pdf\\_file/0020/232382/WEB\\_8867\\_PIRSA\\_Weed\\_Control\\_Handbook\\_2018.pdf](https://www.pir.sa.gov.au/_data/assets/pdf_file/0020/232382/WEB_8867_PIRSA_Weed_Control_Handbook_2018.pdf)

## Approvals

### Who is the landholder in the project area?

### Has permission been granted by the landholder for the project activities to occur?

- Yes
- No

### Have all relevant approvals or permits been sought or obtained (e.g. Council, native vegetation clearance, Native Title)?

- Yes
- No

If you answered yes or no to the question above please provide details:

Attach a file:

Attach any documentation relating to any approvals that you may have obtained.

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Project alignment to priority and focus areas

**Identify the key priorities and focus areas from the Northern and Yorke Landscape Board Plan, that your project aligns with.**

You can choose more than one priority area.

Refer to:

[NYLB Plan](#)

[NYLB Business Plan](#)

**Key target areas \***

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

**Please explain clearly how your project aligns to the Boards key priority/s and focus areas.**

### Communities

**Identify which focus area that your project aligns with**

- Make decisions based on best available science, cultural knowledge and local experience.
- Actively engage community at the centre of landscape management.
- Foster partnerships that increase communication and collaboration in landscape management.

### Biodiversity

**Identify which focus area that your project aligns with**

- Support the protection and restoration of coastal habitats.
- Coordinate programs to improve climate change resilience and adaptive capacity.
- Improve ecosystems through restoration of habitat.

### Water Management

**Identify which focus area that your project aligns with**

- Sustainably manage the region's prescribed water resources.
- Protect and rehabilitate watercourses and wetlands.
- Promote the sustainable use of water for environmental, cultural, social and industry outcomes.

### Sustainable Agriculture



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### Identify which focus area that your project aligns with

- Building land managers' capacity in adaptive agriculture and best practice land management
- Support innovation and adoption of practices for resilience and adaptation
- Protect and improve the condition of soil, groundcover and vegetation.

### Pest Plant and Animal Control

#### Identify which focus area that your project aligns with

- Deliver programs that control priority weeds and feral animals to reduce their effects on agriculture and biodiversity
- Develop land manager networks and facilitate collaboration for pest control and 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
	Must be a date.	Must be a date.

### Risk Management

Risks are part of managing any successful project. Please outline any potential risks for your project and how you will manage the risks if they occur.

*An example: A risk may be rain preventing onground works at desired time. Strategy is to start work early in the grant timeframe to allow enough time to reschedule the works if needed.*

Risk	Management Strategy

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### Project budget

\* indicates a required field

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 \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

### Grassroots Grants Expenditure

Expenditure item	Grassroots Grants \$	Notes
	Must be a dollar amount.	Please provide details of expenditure.

Expenditure total Grassroots 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.

**Please attach quotes for capital expenditure items over \$500**

Attach a file:

### 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.		Please provide details of other income.

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### Additional budget information

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

### Supporting documents

**Please attach any documents that support your application. Ensure that you label files clearly as quote1, quote2, supporting letter1, supporting letter2 etc**

Attach a file:

### 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

**Name of authorised person \***

First Name

Last Name

**Position**

Position held in organisation (if applicable).

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**Date \***

Must be a date.