

Planning for Healthy Country

Form Preview

Applicant details

* indicates a required field

Contact information

Please provide the applicant's details.

Applicant *

Organisation Name

This is the corporation applying for the grant

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

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

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 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

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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	
Main business location	

Project details

* indicates a required field

What area in the SA Arid Lands region will the planning cover? *

Can be a property name, group of properties or part of a native title area but must be in the SA Arid Lands region

Has your organisation completed any previous healthy country planning? *

- No, this will be a new process for us
- Yes, but it was not finished and this grant will help us complete it
- Yes, but it is due for review

If you selected yes, please provide more information *

Word count:

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Include the name and date of the plan, information on how this funding relates to the previous plan (eg it needs updating), details of previous planning and community engagement etc.

Who is the service provider you intend to engage for the delivery of the plan? *

How will your First Nations community benefit from the delivery of a plan for healthy country? *

Word count:

What are the outcomes you would like to achieve for the benefit of community? eg. it could be employment (maybe development of a ranger program) improvement in the environment, capacity building

Outline how Culture will be included in this plan

Word count:

This may include use of language, traditional methods for environment control, cultural importance of landscapes, plant and animal species, water and/or water use, protection of cultural sites etc

Outline the environmental benefits the plan may include to support healthy country

Word count:

This might include focussing on monitoring and supporting certain plant and animal species, managing and restoring landscape etc

Supporting documents

Please upload any supporting documents such as existing plans for healthy country etc

Attach a file:

Project duration

Anticipated start date *

Anticipated end date *

Must be a date and no later than 1/6/2026.

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Start date can be in either 2024/25 financial year or early in 2025/26

Project Work Plan

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

Activities would include things like community meetings, draft plans being delivered, final plan completed etc.

Eg. Activity to be undertaken - Hold first community workshop (add date); Engage a contractor for the development of the plan (add date); or Have a draft plan completed (add date).

Please note: the start date and end dates can be the same day if it is for a set event. It could also be a date range where you might expect to hold a meeting, engage a contractor and/or have a draft or completed plan eg between 1 May 2025 and 30 May 2025.

Activities to be undertaken	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 risks for your project and how you will manage the risks if they occur.

*An example: **Risk** - key community members are unable to attend planning workshop. **Management Strategy** - plan workshops early to allow time for them to be rescheduled if needed.*

Risk	Management Strategy

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.

Grant Expenditure

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

In-kind funding and contributions

Please provide details of in-kind funding and cash contributions. This includes funding from other sources and in-kind support such as staff or volunteer hours (calculated at \$46.62 as per the Volunteering SA website). If the project is dependent on additional funds not yet available, please add information in the additional budget information box below.

Please note: There is no requirement for matching in-kind support with the funding amount being requested. **However** applications that show a level of in-kind contribution and demonstrate the level of commitment to the project will be viewed more favourably as providing value for money.

In-kind funding and contribution source	Amount \$	Status	Notes
	Must be a dollar amount.		Please provide details of other income.

Total amount being sought *

\$

This number/amount is calculated.

Other funding and contributions total *

\$

This number/amount is calculated.

Please attach a quote from the service provider/s to develop the plan *

Attach a file:

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. Please label files clearly

Attach a file:

Types of supporting documents include letters of support and copies of existing healthy country plans, environmental management plans.

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 SA Arid Lands 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.