

GreenSafe Grant application - Autumn 2026

Form Preview

Preliminary project details

* indicates a required field

Contact details

Please press 'save' often as you are working on this form.

Applicant *

Individual Organisation

Organisation Name

First Name

Last Name

Contact person (fill in if different from above)

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

For PO Box addresses, click in 'Enter a location' box and select 'Can't find your address?'

Entity details

Are you a legal entity? *

Yes No

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

Entity Type

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Other:

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 and be responsible for managing the funding on your behalf.

You are unable to progress with this application until you arrange for a sponsor.

For further information about this requirement please contact Shane Johansen on 0408 427 372.

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	
Main business location	

Sponsor Information

* indicates a required field

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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

For PO Box addresses, click in 'Enter a location' box and select 'Can't find your 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.

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Goods & Services Tax (GST)	
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Tax Concessions	
Main business location	

Must be an ABN.

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Sponsor confirmation

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

Attach a file:

Details

* indicates a required field

Location

Which council area(s) does your group mainly operate in? *

- | | |
|--|---|
| <input type="checkbox"/> City of Victor Harbor | <input type="checkbox"/> Adelaide Hills Council |
| <input type="checkbox"/> City of Onkaparinga | <input type="checkbox"/> District Council of Yankalilla |
| <input type="checkbox"/> Mount Barker District Council | <input type="checkbox"/> Alexandrina Council |

At least 1 choice must be selected.

Description (please read prompter text below as this is an important part of how your request will be assessed)

Please tell us:

- **What you plan to purchase** – Include specific items or equipment.
- **How you intend to use them** – Describe how they will support your project goals.

If you're applying for **equipment or tools**, please also explain:

- How they will enable **safe and effective work**.
- What **safety gear** you already have or will need to ensure safe use of the equipment.

There is a budget and costing table later in this form where you can provide detailed financial information.

If you're unsure whether your project fits the criteria, feel free to contact us before continuing your application.

Describe here, and be as concise as possible while still covering off the information requirements *

Word count:

Must be no more than 180 words.

Landscape Plan Priorities

* indicates a required field

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Please indicate which of the landscape plan's priorities the funding would contribute towards (refer to guidelines). For more information refer to the regional landscape plan [here](#).

Identify the priority area/s that the purchases align with:

*

- LAND 1 - Reduce the impact and spread of weeds
- LAND 2 - Reduce the impact of pest animals and impact-causing native animals
- LAND 3 - Support the uptake of regenerative agriculture and land management
- LAND 4 - Future-proof our agriculture
- WATER 1 - Deliver water resource planning to meet ecological, economic, cultural and social needs
- WATER 2 - Improve on-ground management of our water resources
- WATER 3 - Build understanding of our water resources
- NATURE 1 - Protect and restore our native vegetation and freshwater ecosystems
- NATURE 2 - Conserve and rehabilitate our coastal, estuarine and marine ecosystems
- NATURE 3 - Recover our threatened species and ecological communities
- CLIMATE 1 - Transition to net zero carbon emissions
- CLIMATE 2 - Build the climate resilience of our ecosystems
- CLIMATE 3 - Build the climate resilience of our communities and agriculture
- COMMUNITY 1 - Foster a regional culture of landscape stewardship
- COMMUNITY 2 - Walk alongside First Nations in looking after Yerta/Ruwe (Country)
- COMMUNITY 3 - Strengthen shared understanding of landscape management challenges
- COMMUNITY 4 - Increase community capacity to manage our landscapes

At least 1 choice must be selected.

Project Budget

Are you/your sponsor registered for GST?

[ABN Look Up](#) is a good resource to find this out.

-

- Yes
- No

Funding request

Please list your items here, including names, brands and quantities. You can upload supporting documents with pricing details, like links to online prices (e.g., Bunnings, ArborGreen, Mitre 10) after this table.

Note that this table won't allow over \$500 worth to be entered. If in reality your 'shopping list' exceeds this amount but your organisation will cover the extra, please adjust one of the expenditure item rows so the total balances to \$500 and indicate that it's a partial amount in the details (with the other \$ being covered by your organisation).

****Make sure to include prices with GST included****

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Expenditure item	Details	Requested from GreenSafe Grant \$
	Please provide details of expenditure item, including brand and model name etc	

Total Amount Requested

\$

This number/amount is calculated.

Upload supporting information here

Use this section to provide any required supporting documentation. This may include quotes; links in a MS Word doc to business websites showing prices etc

Attach here

Attach a file:

Last page - sign offs and consent

* indicates a required field

Things we'd like you to be aware of:

If successful, I understand an agreement form will be sent to me via SmartyGrants that I'll need to read through, agree to and submit online

Yes

No

I understand I'll need to submit an acquittal (which is a simple online form in SmartyGrants) within 30 days of completing the purchases enabled by this grant

Yes

No

I understand any activities and associated risks enabled by this grant (if successful) need to adequately be covered by insurance and are the responsibility of my organisation (or sponsor organisation if applicable) to manage.

Yes

No

Declaration and consent

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).

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- 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 (if applicable), 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 *

Yes

Name of authorised person *

First Name

Last Name

Position

Position held in organisation (if applicable).

Date *

Must be a date.

Is there anything you think we need to consider changing about GreenSafe Grants?