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**National Parks and Wildlife Service Friends of Parks ‘Partnership Grants’ Program**

**2021-2022**

**Application Form**

**Applications close midnight (ACDT) Sunday 31 October 2021**

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

|  |  |
| --- | --- |
| Project Title  (10 word maximum) |  |

**1. (Primary Applicant) Friends of Parks Member Group Details**

|  |  |
| --- | --- |
| Name of group |  |

|  |  |
| --- | --- |
| 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 |  |  |

Postal Address

**2. Partner Group/Organisation Details**

|  |  |
| --- | --- |
| Name of group/organisation |  |

|  |  |
| --- | --- |
| 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 |  |  |

Postal Address

**Sponsoring Organisation Contact**

|  |  |
| --- | --- |
| Name of group/organisation |  |

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

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

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

**2. Grant Proposal Details**

**Note**; - The Department of Treasury and Finance requires a full **itemised budget breakdown**, which also identifies other contributions (including funding from other sources, labour costs etc.) being made to the project/activity proposal.

|  |  |
| --- | --- |
| A. Name of national parks region, park or location in which your group’s project / activity will be carried out. (If on private land please provide specific identifying details e.g. address, name of property etc.) | National Parks and Wildlife Service (NPWS) Region:  Name of park or project location: |

B. What best describes the outcomes of your grant proposal? (please tick)

|  |  |
| --- | --- |
| * Biodiversity conservation * European Heritage Restoration/Protection * Aboriginal Heritage and Culture Protection * Pest Plant Control * Pest Animal Control |  |

|  |  |
| --- | --- |
|  | Please describe your project proposal focussing on the:   1. Environmental, heritage or cultural outcomes and benefits you expect the project will achieve.   B. How your group’s capacity (knowledge, skills or equipment etc.) will be developed through the project funding (no more than one page). |

C.

**3. Itemised Budget & Finances**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grant Funds Requested** | | | | | |
| **Grant Amount**  **Total** |  | **GST Component** |  | **Total inc. GST** |  |

| ***2021 -2022*** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Task**  **no.** | **Description & technique**  (Specific activity costs, items to be purchased, contractor costs etc.) | **Quantity**  **(area, no., length)** | | **Cost of task**  **(Incl. GST)** | | | **In-kind contribution** which includes volunteer numbers and their in-kind contribution costed @ **$45.10** per hour  e.g. 10 volunteer working 2 hours at designated site = $902.00 | **Partner In-kind contribution**  e.g. materials, equipment, labour, $$, etc. |
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|  |  | **Total $** | |  | | |  |  |

| ***2022 -2023*** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Task**  **no.** | **Description & technique**  (Specific activity costs, items to be purchased, contractor costs etc.) | **Quantity**  **(area, no., length)** | | **Cost of task**  **(Incl. GST)** | | | **In-kind contribution** which includes volunteer numbers and their in-kind contribution costed @ **$45.10** per hour  e.g. 10 volunteer working 2 hours at designated site = $902.00 | **Partner In-kind contribution**  e.g. materials, equipment, labour, $$, etc. |
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|  |  | **Total $** | |  | | |  |  |

| ***2023 -2024*** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Task**  **no.** | **Description & technique**  (Specific activity costs, items to be purchased, contractor costs etc.) | **Quantity**  **(area, no., length)** | | **Cost of task**  **(Incl. GST)** | | | **In-kind contribution** which includes volunteer numbers and their in-kind contribution costed @ **$45.10** per hour  e.g. 10 volunteer working 2 hours at designated site = $902.00 | **Partner In-kind contribution**  e.g. materials, equipment, labour, $$, etc. |
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|  |  | **Total $** | |  | | |  |  |

**4. Project Endorsement (for NPWS regional staff only to complete)**

|  |  |
| --- | --- |
| Please list using dot points the relevant regional, NPWS management plan(s), works plan, or regional strategy that the project will be addressing |  |

Endorsed - Yes / No

|  |  |
| --- | --- |
| Please provide details for your decision:- |  |

|  |  |
| --- | --- |
| Name of regional National Parks & Wildlife Manager reviewing the application |  |

Signature:

Date:

**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), or proof of application pending approval.

**Yes No**

I confirm that the group’s ABN is correct:

**Yes No**

Staff signatures of support/endorsement complete

**Declaration** **Yes No**

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

I certify that I am representing the organisation for this application and the group is **Yes No**  
supportive of this project:

**Yes No**

I confirm this application is complete

**6. Signature**

|  |  |  |
| --- | --- | --- |
| Name of (group’s) Authorised Officer | First Name | Last Name |

|  |  |
| --- | --- |
| Position of Authorised Officer representing group |  |

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

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

**Applications close midnight (ACDT) 31 October 2021**

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

|  |  |
| --- | --- |
| Email: | [DEWVolunteers@sa.gov.au](mailto:dewnrnrmprogram@sa.gov.au) |
|  |  |