

**Volunteer Environmental Care Group Grant Program**

**2019**

**Application Package**

**Applications open Thursday, 27 February 2019**

**Applications close 5pm, Monday, 1 April 2019**

Completed applications can be lodged via email at [**hvc@huonvalley.tas.gov.au**](mailto:hvc@huonvalley.tas.gov.au), by post at PO Box 210, Huonville, Tasmania 7109, or in person at the Council’s Customer Service Centre at 40 Main Street in Huonville.

For further information call NRM Coordinator, Lyle Ground, directly on   
**(03) 6264 0365** or email [lground@huonvalley.tas.gov.au](mailto:lground@huonvalley.tas.gov.au).

**Huon Valley Council Volunteer Care Group Grant Program**

# Application Form

**Applicant details**

|  |  |
| --- | --- |
| **Name of group** |  |
| **Contact Person** |  |
| **Position in group** |  |
| **Postal address** |  |
| **Telephone (home/business/mobile)** |  |
| **Email address** |  |

**Please indicate which type of grant you are applying for:**

🞎 Project Grant (up to $4,000) 🞎 Support Grant (up to $500) 🞎 Project & Support Grant

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| --- | --- | --- |
| **Please tick yes or no** | **Yes** | **No** |
| Is your group a member of the Landcare Tasmania? |  |  |
| Is your group an incorporated body? |  |  |
| Is your group insured? |  |  |
| Does your group hold a bank account in the group’s name? |  |  |

**Project Description**

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| **Please provide a brief description of your project** (including the outcome, equipment or training; any activities or events involved; equipment required and any external advice or experts to be consulted)  ***Please provide separate sheet if needed*** |
| **Please outline how the project meets Huon Valley Council NRM Strategic Objective 1: *To protect and enhance natural land, coast and waterway systems and the flora and fauna that relies on them and the cultural and natural values within them.*** |
| **Please address each Assessment Criteria for the appropriate grant type** (all criteria if both types)**:**  **Assessment criteria (Project Grant):**   1. Outlines the benefits and/or improvements to natural values expected as a result of the project (including map of on-ground works) 2. Demonstrates the extent of in-kind support and provide a minimum of 1:1 in-kind contribution (volunteer labour for example) 3. Demonstrates value for money and details of broader community benefit 4. Demonstrates the group’s capacity to maintain outcomes   **Assessment criteria (Support Grant):**   1. Demonstrates how the equipment and/or training will support the group to undertake their environmental work safely and to a high standard 2. Demonstrates the extent of expected increase in skills, ability and/or capacity of the group (how many members will be involved, how skills/knowledge will be transferred to members not involved) |

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| **Project Details** | |
| **Where will the project take place?** |  |
| **Will your project take place on Crown, Council or Private Land?** |  |
| **Do you have permission from the landowner to undertake the project?** |  |
| **When is your project due to start?** |  |
| **When is your project due to be completed?** |  |
| **Please provide evidence that you have consulted with local Aboriginal groups with respect to potential impact on Aboriginal Heritage issues**  *In the first instance contact the South East Tasmanian Aboriginal Corporation (SETAC) who, if further referral is necessary, can refer you to other Aboriginal groups* |  |
| **Have you had any previous experience in managing or participating in volunteer Care Group projects? If so, please list the last three.** |  |
| **Has your project been identified in a local management plan, report or strategy? If so, which one?** |  |

**Budget**

Please note that all grants must be formally acquitted on a Project Finalisation Form (available from the NRM coordinator on request). If contractors or consultants are required, please provide copies of the quotes you have obtained.

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| **Budget Breakdown** | |
| **Council funds sought:** |  |
| **In kind Contribution\*:**  *(volunteer hours x $35/hr)* |  |
| **Funding from other sources:**  *(list amount and sources)* |  |
| **Expenditure:**  *(provide details of what the funds will be spent on e.g. native plants, tools, training)* |  |
| **Estimated Total Value:** |  |

**Financial History of the Group**

Has your group received Council assistance or other grants over the past three years? If yes, please list:

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| --- | --- | --- | --- |
| **Source** | **Year** | **Amount** | **Purpose** |
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**Certification:**

The above organisation has authorised me to submit this application on its behalf. The information contained herein is to the best of my knowledge true and correct.

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| **Name (please print):** |  |
| **Signature:** |  |
| **Date:** |  |