About the grant

* indicates a required field

Crown Reserves Improvement Fund - PEST APPLICATION

The Crown Reserves Improvement Fund (CRIF) supports Crown land managers (CLMs) by providing funding for repairs, maintenance and improvements on Crown reserves.

The land(s) the application relates to must be NSW Crown managed land (including land managed by an appointed Crown land manager).

Crown land managers of any NSW Crown reserve are eligible to apply to the CRIF. **If you are not the authorised Crown land manager you must provide signed written authorisation to apply from the Crown land manager**—if applying for multiple reserves, every land manager must give approval.

If you are applying for Weed Management or General funding, please complete either the Weed Management or General funding application form. This form is for **PEST Management** applications only.

Instructions for Applicants

Annlication Number

Before completing this application form, you should have read the CRIF program guidelines. Crown Reserves Improvement Fund (nsw.gov.au)

Incomplete applications and/or applications received after the closing date will not be considered. Please ensure you allow enough time and submit prior to 5pm on 22 November 2024. Note that the system will automatically stop applications from 4.59 and one second. DO NOT LEAVE SUBMISSION TO THE LAST MINUTE.

Application Number
This field is read only.
Grant Program Name
This field is read only. The program this submission is in.
Disclaimer

The Applicant acknowledges and agrees that:

Form Preview

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-inconfidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: https://www.dpc.nsw.gov.au/privacy);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Eligibility Confirmation

Please declare this application meets the Crown Reserves Improvement Fund eligibility criteria:

- The project **must be on NSW Crown managed land** (including land managed by an appointed Crown Land Manager)
- Please note: Freehold Showgrounds, Commons and Freehold School of Arts are not eligible in the 2024-25 funding round. Crown land directly managed by Local Land Services (LLS) is not eligible, please contact your local LLS office
- The Crown land manager must have no outstanding overdue CRIF final project reports as at the round closing date

The application must be authorised by the official manager of a Crown reserve. The person/organisation entering the online application must be either:

- an authorised person of the reserve's Crown land manager (see Table 1 below), or
- an interested party of the reserve (eg: a CLM member not on the authorised list below, or a member of a user group on the reserve).

Table 1. List of authorised persons eligible to apply for funding **Crown land manager type**

Authorised persons

Statutory Crown land manager board

Chair, Secretary, Treasurer or Appointed Administrator

Council Crown land manager

General Manager or Director

Corporate Crown land manager

CEO, CFO or General Manager

Other eg. Government agency, perpetual lease

Crown Lands Director or Area Manager

- It has been prepared by either the relevant Crown land manager of the reserve or a person/organisation authorised by the Crown land manager to apply for funding
- The minimum grant amount is **\$500 (inc GST)** and maximum amount is **\$200,000 (inc GST)**. Loans are not available as part of this year's funding round please contact your local Crown Lands office to discuss the possibility of a loan.
- Activity must be consistent with s12.29 of the *Crown Land Management Act 2016 -*<u>Crown Land Management Act 2016 No 58</u>
- The application must relate to a project or activity that has not yet commenced
- Appropriate quotes / cost estimates must be provided with the application:
 - At least one written quote must be provided for each activity (sub-project) element costing \$30,000 or under, with at least 3 written quotes being **preferred** for activity elements over \$30,000 up to \$150,000. Amounts over \$150,000 will require an acceptable cost estimate and a commitment to procurement via a competitive public tender.
 - Due to supply chain issues, applications will be eligible if they include only one quote for each activity element however, this will be at the risk of scoring poorly if the quote does not represent good value for money. It is strongly encouraged that applications include up to 3 quotes to demonstrate value for money. It is

Form Preview

strongly encouraged that applications include up to 3 quotes to demonstrate value for money

- Local government (Councils) are preferred to have up to 3 quotes for activity elements over \$30,000 up to \$250,000, above which they must go to public tender as per Section 55 of the *Local Government Act 1993*.
- Estimates will be acceptable when the local government (Council) is the land manager and is undertaking the works themselves. However, they must provide a comprehensive breakdown of activities and costs (hours, materials etc) to enable an informed assessment and will still be assessed for value for money.

Applicants will not be allowed to submit information that enhances their application after the closing date to ensure probity of process is maintained.

I confirm that the applicant and project is eligible according to the criteria outlined in the CRIF Guidelines st

□ Yes

Checklist

- Application meets eligibility criteria (as listed above)
- Signed written authorisation (if CLM is not the applicant). Authorisation form located in CRIF guidelines Crown Reserves Improvement Fund (nsw.gov.au)
- CLM contact and bank account details
- CLM bank statement
- Appropriate quotes / cost estimates
- Supporting documents (photos, maps etc)

Funding Team contact details:

T 1300 886 235 (option 2, option 5) E reservefunding@crownland.nsw.gov.au

Contact Details

* indicates a required field

Applicant instructions

If you are applying on behalf of a Crown land manager (CLM) or a user group, please select 'Organisation' in the 'Applicant Details' below and enter the organisation details. Once 'Organisation' is selected, the primary contact fields will populate. Example:

- 1.Organisation Name: Name of CLM or user group
- 2. Primary Contact Details: Your name, position and contact details

CLM details are captured in the CLM section. Please ensure you enter the details for the authorised CLM in this section (even if they are the same as the 'Applicant' details). This information is used for outcome letters, funding deeds and payments. Grant funding will only be paid to the authorised CLM.

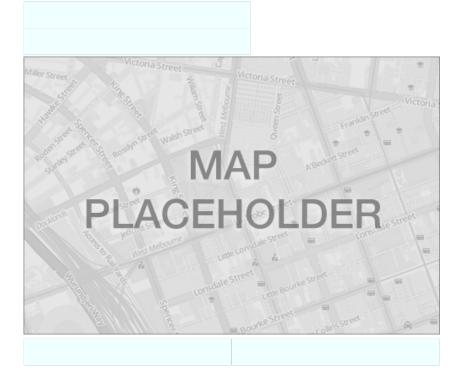
It is highly recommended that you click **Save Progress** every 10 to 15 minutes when you are filling out a form. The form will also automatically save when you move from one page to the next.

Applicant Details

Applicar ○ Individ Organisa		○ Organisation
Title	First Name	Last Name

For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Primary Address Address



Applicant Postal Address

Address	

Applicant Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Applicant Email Address *
Must be an email address.
Applicant Website
Must be a URL.
Does the applicant organisation have an Australian Business Number (ABN)? *
○ Yes ○ No
Applicant Organisation 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 <u>More information</u>
ACNC Registration
Tax Concessions
Main business location
Must be an ABN.
Primary Contact Details
Primary Contact *
Title First Name Last Name
This is the person we will correspond with about this grant
This is the person we will correspond with about this grant.
Primary Contact Position *
e.g., Manager, Board Member or Fundraising Coordinator.
Primary Contact Phone Number *
Must be an Australian phone number.

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Country code not required, area code for landlines is required.

Must be an Australian phone number. Country code not required, area code for landlines is required. Primary Contact Email *

This is the address we will use to correspond with you about this grant.

Do you give permission for your applicant email and phone number details to be made available to your state member of parliament should your application be successful? *

○ Yes ○ No

Reserve Details

* indicates a required field

Reserve Details

Please list all reserves and the area you intend to treat (in hectares) in the table below:

If you do not know your reserve number, ask your authorised Crown land manager (CLM) or contact the Funding Team -

T 1300 886 235 (option 2, option 5) E reservefunding@crownland.nsw.gov.au

- If you don't know the number of hectares, you can use the area tool in Six Maps by copying the Six Maps link https://maps.six.nsw.gov.au/ into a new web page and calculate the area using the area tool. If the area outcome is in square metres please convert to hectares eg 5000 sq metres = 0.5 ha. There is a help menu within Six Maps
- If you need further assistance with Six Maps, please email environmental.services@crownland.nsw.gov.au with your contact details

If you add extra lines and leave them blank, you will need to delete to avoid an error when submitting your application.

Crown Reserve Number (or Reserve Name Lot/DP)		Area to be treated in hectares (ha)
	If no Reserve Name, please use locally known name	Must be a number.

Total hectares	
This number/amount is	calculated.

Form Preview

reserve) Attach a file:	treatment areas (if t	the treatment area	is not the entire
Reserve Purpose	and Program Area	Э	
CRIF Program area ○ Caravan Park	(Please select the ap		
Note: If your application reserve	Reserves covers multiple reserves,	please complete this sec	ction based on your primary
045-0			
Office			
This question is read on	ly.		
Area			
This question is read on	ly.		

Crown Land Manager

* indicates a required field

Role of the person completing this form *

- O The Authorised Crown land manager (Chair, Secretary or Treasurer of a land manager Board; General Manager or Director at Council; CEO, CFO or General Manager of a Corporate Managed land manager
- O A user group (someone who uses the reserve but is not the authorised manager)
- O An agent acting on behalf of someone (e.g. a business consultant or other contractor engaged to prepare this application on the applicant's behalf)

Examples:

STATUTORY CROWN LAND MANAGERS need authorisation from the Chair, Secretary, Treasurer or Appointed Administrator;

COUNCIL CROWN LAND MANAGERS need authorisation from the General Manager or a Director;

CORPORATE CROWN LAND MANAGERS need authorisation from the CEO, CFO or General Manager;

OTHER GOVERNMENT AGENCIES need authorisation from a Crown Lands Director or Area Manager

ACNC Registration

For more information - Crown Reserves Improvement Fund (nsw.gov.au)

Tormore information Crow	Tricserves improvement rana (nsw.gov.aa)	
authorisation from the A APPLICATIONS THAT ARE MANAGER (CLM) WILL BE for further information.)		ns
○ Yes	○ No	
Upload your written auth Attach a file:	orisation to apply here *	
Refer to CRIF guidelines at		

Form Preview

Tax Conce	ssions			
Main busin	ess location			
Must be an	ABN.			
Crown La Address	ınd Manager Pri	mary Address *		
			Postcode are required.	
Crown La	nd Manager Pri	mary Phone Nu	mber *	
Must be an	Australian phone n	umber.		
Crown La	nd Manager Pri	mary Email *		
Must be an	email address.			
Crown La	nd Manager Otl	ner Email		
Must be an	email address.			
Is the Cro	own land manag	ier a Council		
○ Yes	Jwn lana manag	jer a council	○ No	
Please o	confirm Counc	il's General M	lanager details	
This inforn	nation will be use	d for the outcome	eletter and CRIF fundin	g deed.
Name *	Circl Nove -	Look Nove -		
Title	First Name	Last Name		
Email *				
Must he an	email address.			
mase be an	Citiali addi C55.			
C 1	I M	D = - D = 1 = ! -		

Crown Land Manager Bank Details

The grant will be paid to the Crown land manager

Crown Land Manager Primary Bank Account - This must be the authorised Crown land manager account *

Account Name

BSB Number Account Number
Must be a valid Australian bank account format.
Please provide a recent bank statement of the account you would use to receive the grant funding if you are successful. * Attach a file:
You do not have to show transaction details, however, the statement must:
 Be for an account in the name of the Crown land manager Clearly show the BSB, account number and name of the account holder Be a statement on financial institution letterhead Not be an online transaction list
Project Details
* indicates a required field
Each application can only be for a single type of project (e.g. Pest or Weeds or General), but it may include a number of different "activity elements" within that type of project.
If you want to apply for more than one type of project for the same reserve, you will need to complete separate applications.
If you are applying for Weeds Management or General Funding please complete either the Weeds or General application form. This form is for PEST APPLICATION ONLY.
In the ' Title' field below describe the project in one sentence (use words like control, treat, bait, poison, trap).
Title *
Word count: Must be no more than 25 words. Provide a name for your initiative. Your title should be short but descriptive.
Brief description *
Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *	
Anticipated end date *	
Primary location of your initiativ Address	e
Victoria Street	
Miller Street	Street Victoria:
Note that the state of the stat	A Beckett Street
PLACEHO WEIMEDOUTE	LDER Lors College Street
Lonsdale Street Lonsdale Street Roune	de Bourke Street
Any, but at least one field is required. Primary location does not need to be a s delivered online, please specify the area	pecific address, and can be postcode, suburb, state, etc If of focus for delivery.
Does this project follow on from ○ Yes	a previous year's project? * O No
If yes, provide further details *	

Deliverability and affordability

• Value for money – estimated costs through competitive, multiple quotes or a demonstrated procurement process • Demonstrated capacity and capability to deliver the project • Any co-contributions from other sources (cash or in-kind) • Ability to access other funding sources for the project

Form Preview

* In kind contributions should be quantified and included in the project budget. These include labour or materials or other goods or services contributed to the project by the CLM or community. Unless these contributions are clearly articulated, they cannot be considered in the assessment process. Assessors will be provided with guidance documentation to ensure accurate and consistent assessment scores across the state.

Risks and Dependencies in Project Delivery

Risk or dependency description

Risks could include safety if shooting, non target

Please detail any risks or uncertainties in the **delivery of the project**, and how each of these will be managed.

Please include only one risk or dependency per row. Add more rows if you want to list additional risks or dependencies.

This response contributes to the assessment of project "Deliverability and Affordability".

managed

How the risk or dependency will be

You should provide an explanation of how you will

weather or contractor availability etc What planning approvals, assessments or other consents are required? * Clearing of native vegetation (refer https://reservemanager.crownland.nsw.gov.au/ for details) Relevant approvals have already been obtained Pesticide use notification plan requirements No approvals required Other Web resources available https://reservemanager.crownland.nsw.gov.au/ Please provide details *

Governance Criteria

* indicates a required field

Final Project Report

What is the status of the authorised Crown land manager's final project reports for previous CRIF funded projects? *

- All up to date
- One or more in arrears
- No previous CRIF funded projects

Note: If you are making this application on behalf of a Crown land manager please ensure you check the status of any overdue final project reports with the Crown land manager. You may be INELIGIBLE

for funding if you do not resolve this issue prior to close of application date. Please contact the funding team reservefunding@crownland.nsw.gov.au or 1300 886 235 (option 2, option 5) for assistance.

OVERDUE FINAL PROJECT REPORT

Please note if you have an overdue final project report which has not been submitted to the Department by 22 November 2024, your application will be INELIGIBLE.
Download the latest <u>report template.</u>
If the final project report has not been submitted please provide more

Pest Management

information *

* indicates a required field

Will the requested funds be spent exclusively on Crown land? *				
○ Yes	○ No			
If 'No' your application may be deemed I	INELIGIBLE if your project is not exclusively on Crown land.			

If 'No' your application may be deemed INELIGIBLE if your project is no exclusively on Crown land.
Please specify the targeted pest species *
What is the severity of the pest problem and the potential to spread and or degrade agricultural land, natural ecosystems, community land etc? *
Please provide GIS data such as dot points or shapefiles of the incursion/s if available. Files can be uploaded in the supporting documentation section.
Please provide a description of your project. What methods will you use to contro the pest species? st

☐ GOAL 1 – EXCLUDE Prevent the establishment of new invasive species
☐ GOAL 1 - EXCLUDE Frevent the establishment of new invasive species ☐ GOAL 2 - ERADICATE OR CONTAIN Eliminate, or prevent the spread of new and emerging
invasive species
☐ GOAL 3 - EFFECTIVELY MANAGE Reduce the impacts of widespread invasive species
☐ GOAL 4 - BUILD CAPACITY AND CAPABILITY Ensure NSW has the ability and commitment
to manage invasive species
More than one goal can be selected if applicable. Refer to NSW Invasive Species Plan 2023-2028
https://www.dpi.nsw.gov.au/data/assets/pdf_file/0004/1443388/18235-NSW-Invasive-Species-
<u>Plan-2023-2028-v2-FINAL.pdf</u>
What technical advice or information have you obtained in the development of
this project? *
How do you intend to implement follow up work to provide long term control of
pest animals? *
How will the project monitor effectiveness and achievements of the proposed pest control? *
Provide GIS data of monitoring / photo points if available. Files can be uploaded in the supporting

Budget

* indicates a required field

documentation section.

Quotes or Cost Estimates

Quotes or an acceptable cost estimate need to be included for each activity element, with the number of quotes needed dependent on the amount of CRIF funds requested for that element.

Requirements for quotes and cost estimates for non-Council CLMs (Inc GST)

- \$0 \$30,000 requires at least one (1) written quote
- \$30,001 \$150,000 requires at least three (3) written quotes (preferred)
- \$150,001 + requires acceptable cost estimate and a commitment (that is, a strategy) for procurement via a competitive public tender

It is preferable for Crown land managers to obtain the target benchmark of 3 quotes (Inc GST) for each activity element between \$30,001 - \$150,000, this gives assessors sufficient comparative information to make an informed value assessment. If this proves too difficult then we will accept 2 quotes down to a minimum of 1. Please note however that, all quotes will be marked down or potentially be marked

ineligible if they do not represent reasonable value for money in the use of public CRIF funds. The less quotes provided, the harder it is to assess the "Value for Money" of your activity element and potentially the lower the score attributed to your project.

- * Cost estimates in support of detailed plans are acceptable for larger projects in excess of \$150k for:
 - 1) Council CLMs
 - **2) Non-Council CLMs** if the estimates are provided by **professional estimating firms**.

Note that these will be assessed for value for money relative to the proposed project plan along with other CRIF assessment criteria.

Activity Element

List each element of the activity with a financial impact in priority order of importance (highest first).

Please note, these items must be eligible under the grant as according to the CRIF guidelines.

Quotes must be itemised with each activity element entered. Quotes that are not itemised may be marked down during assessment.

Activity Element	CRIF Funding (inc GST)	Crown land manager funds (inc GST)	Other sources of funds (inc GST)	(inc GST)	Please attach quotes for the activity
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/ amount is calculated.	

(Comments regarding quotes (if required)					

Activity Element Totals (all totals include GST)

CRIF Funding	CLM Funds	Other Sources	Total Project Cost
\$	\$	\$	\$
This number/amount is calculated.			

Reconfirm total project cost and amount requested below (including GST)

Minimum grant amount is \$500

Form Preview

Total Project Cost *	\$			
	What is the total budgeted cost (dollars) of your project?			
Total Amount Requested	\$			
*	What is the total financial support you are requesting under t	his		

Difference in Total Project Cost Requested

\$

This number/amount is calculated.

This is a control check, to ensure your Total Project Cost in the Activity Element/s is the same as the Total Project Cost you have entered above.

Please review the 'Total Project Cost' in the Activity Element/s as there is a difference between the 'Total Project Cost' and the amount you have entered.

Difference in CRIF Funding Requested

\$

This number/amount is calculated.

This is a control check, to ensure your CRIF Funding total in the Activity Element/s is the same as the Total Amount Requested you have entered above.

Please review the 'Total Amount Requested' as there is a difference between the CRIF Funding total in the Activity Element/s and the 'Total Amount Requested' you have entered.

Other Inputs

Please detail any other, non-financial inputs that you will require in order to deliver the project, including the confirmation status of the input.

Input description	Input status
Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

Total Applicant Co-contribution

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This number/amount is calculated.

What is the total monetary amount the applicant will be contributing to the project?

Co-contribution %

This number/amount is calculated.

Percentage applicant contribution to Total Amount Requested.

Applicant In-kind Contribution

Please detail any in-kind contributions the applicant will be making to the project.

Supporting Documentation

Upload Supporting Documentation

Please upload any supporting documentation that you are including with this application.

(Eg budget estimates, project plans, quotations, proposed plan drawings, key project personnel details & qualifications etc.)

Supporting Documentation

|--|

You do not need to upload separately, you can upload more than one file at a time.

Supporting Documentation

Att	a	ch	а	fil	e:

You do not need to upload separately, you can upload more than one file at a time.

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application;

Form Preview

and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- The work will be carried out by a suitably qualified and authorised person in accordance with legislative requirements;
- I agree for my project to be automatically considered in other NSW funding programs should the opportunity arise;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct:
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Authorisation

l agree *	□ Yes				
Name of authorised person *	Title	First Name	Last Name		
•	Must be a s	senior staff member, volunteer	board member or	appropriately	
Position *					
	Position held in applicant organisation (e.g. CEO, Treasurer)				
Phone number *					
	Must be an Australian phone number. We may contact you to verify that this application is authorised by the applicant organisation				
Email *					
	Must be an	email address.			

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

•		application proces		- 1/ 1/65 1/
Very easy	○ Easy	○ Neutral	 Difficult 	 Very difficult
How many mir	nutes in total d	id it take you to d	complete this app	olication?
Estimate in minut	es i.e. 1 hour 60			
•		suggestions abou process/form that	-	