# About the grant

\* indicates a required field

## Crown Reserves Improvement Fund - WEED 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 Pest Management or General funding please complete either the Pest Management or General funding, application form. This form is for **WEED Management** applications only.

### Instructions for Applicants

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:

- 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

# WEED application form - CRIF 2024-25

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 \*

□ 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**

| <b>Applica</b> ○ Indivi  |  | )rganisation               |                   |                     |             |
|--|--|----------------------------|-------------------|---------------------|-------------|
|  | ation Name   | <b></b>                    |                   |                     |             |
| T:LI -   | Cinch Name a   | Last Name                  |                   |                     |             |
| Title  | First Name   | Last Name                  |                   |                     |             |
| For orgai  | nisations: please use  | the organisations fu       | I name. Make sure | you provide the sai | me name tha |
|  |  | tion such as that with     |                   |                     |             |
|  |  |                            |                   |                     |             |
| <b>Applica</b> Address   | nt Primary Addi  | ess                        |                   |                     |             |
| Addiess  |  |                            |                   |                     |             |
|  |  |                            |                   |                     |             |
| No.  | Victoria Street  | 3 7                        |                   |                     |             |
| Miller Street  | 1 ty 1 1   | Victoria Street            |                   |                     |             |
| Hankes   | State .  | Method Method              | Victoria Street   |                     |             |
| " Street   | or the work walsh street   | Oues A                     | \$ B              |                     |             |
| Rode   | A Ross   | MAP ***                    |                   |                     |             |
|  |  |                            |                   |                     |             |
| pochlands  | PLAC   | EHOLD                      | ER street         |                     |             |
|  | A Jeffcon Melbourne  | to Lonsdale Street         | Lonsoal           |                     |             |
| 30 4   | The state of the s | ctreet creek               |                   |                     |             |
| The state of the s |  | onsdale 30 Linde Bourke 30 |                   |                     |             |
|  |  | ■ Bourke Street            | ins Street        |                     |             |
|  |  |                            |                   |                     |             |
|  |  |                            |                   |                     |             |
| <b>Applica</b><br>Address  | nt Postal Addre  | SS                         |                   |                     |             |
|  |  |                            |                   |                     |             |
|  |  |                            |                   |                     |             |
|  |  |                            |                   |                     |             |
| Applica  | nt Primary Phor  | ne 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.   |   |
|  |   |
| Opes the applicant organic of Yes   ○ Yes                | sation have an Australian Business Number (ABN)? *  O No                      |
|  |   |
| Applicant Organisation AB                                | N *   |
| 5  |   |
| The ABN provided will be use check that you have entered | d to look up the following information. Click Lookup above 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                                   |   |
| Must be an ABN.  |   |
| Primary Contact Detail                                   | c   |
| Tilliary Contact Detail                                  | 3   |
| Primary Contact *  |   |
| Title First Name L                                       | ast Name  |
| This is the person we will corresp                       | oond 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.<br>Country code not required, area code   | or landlines is required.                      |   |
|---|--|---|
| Primary Contact Other Phone N   | umber  |   |
| Must be an Australian phone number. Country code not required, area code  | or landlines is required.                      |   |
| Primary Contact Email *   |  |   |
| -   |  |   |
| This is the address we will use to corre  | spond with you about this grant.               |   |
|   |  |   |
| Do you give permission for you  | r applicant email and phone number details to  |   |
| made available to your state m  | ember of parliament should your application be |   |
|   |  |   |
| made available to your state m successful? *  | ember of parliament should your application be |   |
| made available to your state m successful? *  | ember of parliament should your application be |   |
| made available to your state m successful? *  O Yes   | ember of parliament should your application be |   |
| made available to your state m successful? *  O Yes  Reserve Details  | ember of parliament should your application be |   |
| made available to your state m successful? *      Yes  Reserve Details  * indicates a required field  Reserve Details | ember of parliament should your application be | 2 |

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 <a href="mailto:environmental.services@crownland.nsw.gov.au">environmental.services@crownland.nsw.gov.au</a> 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 Lot/DP) | Area to be treated in hectares (ha)                  |                   |
|----------------------------------|--|-------------------|
|                                  |  |                   |
|                                  | If no Reserve Name, please use<br>locally known name | Must be a number. |

### **Total hectares**

| This number/amount is    | calculated.   |                       |                |
|--------------------------|---|-----------------------|----------------|
| ·                        | l treatment areas (if t   | the treatment area is | not the entire |
| Reserve Purpose          | e and Program Area  | а                     |                |
| O Caravan Park           | (Please select the ap<br>O Local Parks and<br>Reserves<br>covers multiple reserves, | ○ Showground          |                |
| 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;

| <b>OTHER GOVERNMENT AGEN</b> | <b>ES</b> need | d authorisation | from a | Crown | Lands | Director | or Area |
|------------------------------|----------------|-----------------|--------|-------|-------|----------|---------|
| Manager                      |                |                 |        |       |       |          |         |

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

| If you are not the author    | ised Crown land manager, do you have written             |
|------------------------------|--|
|                              | uthorised Crown land manager/s to apply? (Note:          |
| <b>APPLICATIONS THAT ARE</b> | NOT AUTHORISED BY THE OFFICIAL CROWN LAND                |
| MANAGER (CLM) WILL BE        | EDEEMED INELIGIBLE - see the CRIF guidelines for further |
| information). *              | -  |
| 0 V                          | O No   |

○ Yes ○ No

# Upload your written authorisation to apply here \*

Attach a file:

Refer to CRIF guidelines at <a href="https://reservemanager.crownland.nsw.gov.au/funding/crif">https://reservemanager.crownland.nsw.gov.au/funding/crif</a>, Annex A, for an "Authorisation to apply" template.

# If you do not have written authorisation from the CLM your application will be deemed ineligible

Please seek written authorisation from the authorised Crown land manager to proceed with this application.

# Crown Land Manager Details

Every CLM should have an ABN, if you do not have and ABN please contact the Funding team - 1300 886 235 (option 2, option 5).

| <b>Crown Land Manager *</b> Organisation Name |  |
|---|--|
|   |  |

#### Crown Land Manager 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 & S                  | Services Tax (GST)     |                  |                                 |
|----------------------------|------------------------|------------------|---------------------------------|
| DGR Endo                   | rsed                   |                  |                                 |
| ATO Chari                  | ty Type                | More inform      | <u>ation</u>                    |
| ACNC Reg                   | istration              |                  |                                 |
| Tax Conce                  | essions                |                  |                                 |
| Main busi                  | ness location          |                  |                                 |
| Must be ar                 | ABN.                   |                  |                                 |
| <b>Crown La</b><br>Address | and Manager Prima      | ary Address *    |                                 |
| Address Li                 | ne 1, Suburb/Town, Sta | te/Province, and | Postcode are required.          |
| Crown La                   | and Manager Prima      | ary Phone Nu     | mber *                          |
| Must be ar                 | n Australian phone num | ber.             |                                 |
| Crown La                   | and Manager Prima      | ary Email *      |                                 |
|                            |                        |                  |                                 |
| Must be an                 | n email address.       |                  |                                 |
| Crown La                   | and Manager Othei      | r Email          |                                 |
|                            |                        |                  |                                 |
| Must be an                 | n email address.       |                  |                                 |
|                            |                        |                  |                                 |
| S the Cr<br>○ Yes          | own land manager       | a Council *      | ○ No                            |
| Please                     | confirm Council's      | s General M      | lanager details                 |
| This infor                 | mation will be used fo | or the outcome   | e letter and CRIF funding deed. |
| Name *<br>Title            | First Name La          | st Name          |                                 |
|                            |                        |                  |                                 |
| Email *                    |                        |                  |                                 |
|                            |                        |                  |                                 |
| Must be ar                 | n email address.       |                  |                                 |

Crown Land Manager Bank Details

The grant will be paid to the Crown land manager

| land manager accou  |  | ount - This must be t      | he authorised Crown                         |
|---|--|----------------------------|---|
| Account Name  |  |                            |   |
| BSB Number Acco   | ount Number  |                            |   |
| Must be a valid Australia   | n bank account format.                                 |                            |   |
|   | cent bank statement<br>you are successful.             |                            | would use to receive                        |
| You do not have to she  | ow transaction details,                                | however the statemer       | at must                                     |
|   | t in the name of the Cro                               |                            | it must.                                    |
| • Clearly show the  | BSB, account number a<br>n financial institution le    | nd name of the accour      | nt holder                                   |
| Project Details   |  |                            |   |
| * indicates a required  | field  |                            |   |
|   | only be for a single type<br>er of different "activity |                            | r Weeds or General), bu<br>type of project. |
| If you want to apply for complete separate apply                  |  | of project for the same    | reserve, you will need to                   |
|   | for Pest Managemen<br>eneral application fo            |                            |   |
| In the ' <b>Title</b> ' field belo                                | ow describe the project                                | in one sentence.           |   |
| Title *   |  |                            |   |
|   |  |                            |   |
| Word count:<br>Must be no more than 25<br>Provide a name for your | 5 words.<br>initiative. Your title should              | d be short but descriptive |   |
| Brief description *   |  |                            |   |
| Ī   |  |                            |   |
| Word count:<br>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 initiative<br>Address   |
|  |
| Miller Street  Victoria |
| PLACEHOLDER  |
| Loredale Street  Little Bourke Street  Rounds Street   |
| Any, but at least one field is required. Primary location does not need to be a specific address, and can be postcode, suburb, state, etc If delivered online, please specify the area of focus for delivery.  |
| Does this project follow on from a previous year's project? *  ○ Yes  ○ 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

\* 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

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  |
|--|--|
| Risks could include spray drift, or soil stability -<br>dependencies could include weather or contractor<br>availability etc | You should provide an explanation of how you will prevent or treat the risk or dependency. |
|  |  |

| 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   |
| It is not necessary to obtain any required approvals, assessments or consents prior to applying for CRIF funding, but applicants should know what will be required. Web resources available <a href="https://reservemanager.crownland.nsw.gov.au/">https://reservemanager.crownland.nsw.gov.au/</a> |
| 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? \*

| <ul> <li>All up to date</li> <li>One or more in arrears</li> <li>No previous CRIF funded projects</li> <li>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 fund team <a href="mailto:reservefunding@crownland.nsw.gov.au">reservefunding@crownland.nsw.gov.au</a> or 1300 886 235 (option 2, option 5) for assistance.</li> </ul> | Ξ |
|---|---|
| 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 information *  |   |
|   |   |
|   |   |
| Weed Management   |   |
| * indicates a required field  |   |
| Will the requested funds be spent exclusively on Crown land? *  O Yes  O No  If 'No' your application may be deemed INELIGIBLE if your project is not exclusively on Crown land.  |   |
| If 'No' your application may be deemed INELIGIBLE if your project is rexclusively on Crown land.  | 0 |
| Please specify the targeted weed species *  |   |
|   |   |
|   |   |
| What is the severity of the weed problem and the potential to spread and or degrade agricultural land, natural vegetation, community land etc.? *   |   |
| What is the severity of the weed problem and the potential to spread and or   |   |

| invasive species ☐ GOAL 3 - EFFECTIVELY MANAGE Reduce   | iment of new invasive species nate, or prevent the spread of new and emerging the impacts of widespread invasive species TY Ensure NSW has the ability and commitment Refer to NSW Invasive Species Plan 2023-2028 |
|---|--|
| Is the project compatible with your loca management plan? *   |  |
| ○ Yes   | ○ No   |
| Please refer to the Strategic Weed Managem  |  |
| website at <a href="https://www.lls.nsw.gov.au">www.lls.nsw.gov.au</a> How will the project monitor effectivence                                      | you can search your address from the NSW LLS ess and achievements of the proposed  |
| weed control? Eg establish monitoring / for all monitoring/photo points. Monitoring/photo points. Monitoring / Crown Lands format to be recorded in C | photo points (please provide coordinates ring data/photos are to be provided to  |
| weeds? *  |  |

# **Budget**

\* indicates a required field

### **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**

Please include all expenditure items that you are seeking to fund under the grant.

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<br>Element |                          | manager                  | Other<br>sources of<br>funds (inc<br>GST) | (inc GST)                                | Please attach<br>quotes for<br>the activity |
|---------------------|--------------------------|--------------------------|---|--|---|
|                     | \$                       | \$                       | \$  | \$                                       |   |
|                     | \$                       | \$                       | \$  | \$                                       |   |
|                     | \$                       | \$                       | \$  | \$                                       |   |
|                     | Must be a dollar amount. | Must be a dollar amount. |   | This number/<br>amount is<br>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 | This number/amount is | This number/amount is | This number/amount is |
| calculated.           | calculated.           | calculated.           | calculated.           |

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

Minimum grant amount is \$500

Maximum grant amount is \$200,000

| Total Project Cost *        | \$<br>What is the total budgeted        | cost (dollars) of your project?      |
|-----------------------------|---|--------------------------------------|
| Total Amount Requested<br>* | \$ What is the total financial signant? | upport you are requesting under this |

### **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.

# WEED application form - CRIF 2024-25

Form Preview

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**

\$

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**

Attach a file:

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

#### **Supporting Documentation**

Attach a file:

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## **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; 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 | Title | First Name | Last Name |
| person *           |       |            |           |

|   | Must be a senior staff member, board member or appropriately authorised volunteer  |  |  |  |
|---|--|--|--|--|
| 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 <b>SUBMIT</b> button please take a few moments to provide some feedback. |  |  |  |  |
| How did you find the online a  O Very easy O Easy   | pplication process?  O Neutral  O Difficult  O Very difficult  |  |  |  |
| How many minutes in total did it take you to complete this application?  Estimate in minutes i.e. 1 hour 60   |  |  |  |  |
| Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.                           |  |  |  |  |
|   |  |  |  |  |