

Coastcare Victoria Community Grants 2021 – S2 Strengthening Our Volunteer Groups

Applications close: Wednesday 23 June 2021, 5pm

To avoid losing data, we encourage you to save your application as you go.

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INTRODUCTION

User Registration

It is a requirement that you are a Grants Online registered user in order to 'Save as Draft' or 'Submit' an application form. Upon clicking 'Next Page', if you are already a Grants Online registered user you will be prompted to enter your username and password. If you are not a Grants Online registered user, you will be asked to create a username and password.

Privacy Collection Notice

The personal information on this form is collected by the Department of Environment, Land, Water and Planning (DELWP) for the purposes of administering your grant application and informing Members of Parliament of successful applications. The personal information in this form will be disclosed to relevant DELWP staff and may also be disclosed to Members of Parliament and their staff. Where you do not provide the information required by this form we may be unable to process your application. Personal information may also be disclosed to external experts, such as members of assessment panels, or other Government Departments for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative grant funding opportunities.

For more information, please refer to DELWP's [Privacy Policy](#).

Website Navigational Information

The Grants Online portal uses cookies that are session-based and persistent-based. Session cookies exist only during one session and disappear from your computer when you close the browser or turn off your computer. Persistent-based cookies remain on your computer after you have closed your browser or turned off your computer. No cookies contain your personal information.

Application Navigational Information

- We recommend using a Chrome or Firefox browser.
- To avoid losing data, we encourage you to save your application as you go. You can do this by clicking the 'save as draft' button at the bottom of every page.
- Throughout this application a field marked with this asterisk symbol (*) indicates that it is mandatory and must be completed.
- If you wish to go back and forward between pages you should use the 'Previous Page' and 'Next Page' buttons – do not use the back and forward buttons on your browser.

PRELIMINARY INFORMATION

Please read the Coastcare Victoria Community Grants 2021 Guidelines and contact us to discuss your project before proceeding.

Contact details for your local Coastcare Facilitator can be found on the Coastcare Victoria website. Applications must be submitted via the online application process by the close date. If you would like to preview the application form before proceeding, please scroll to the bottom of this page and select 'View as PDF'.

Coastcare Victoria may follow up and confirm any information contained in this application and may request additional information or supplementary material in order to properly assess this application. Failure to provide the required information or supporting documentation may mean that we are unable to assess your application and may result in rejection of your application.

Have you discussed this project with a Coastcare Victoria representative? *

Yes No

If No is selected - **Please contact your Coastcare Victoria representative.**

Name of the Coastcare Victoria representative you discussed this project with: *

- Ally Clarke (Bellarine and Surf Coast)
- Bethany Hunting (East Gippsland)
- Ellie Morrow (Far South West)
- Jacqueline Pocklington (Statewide Coordinator)
- Johanna Tachas (Port Phillip and Westernport)
- Phillip Wierzbowski (Port Phillip and Westernport)
- Tracey Miller-Armstrong (South Gippsland)

What type of grant are you applying for? *

- Small grant - up to \$5,000
- Large grant – from \$5,000 up to \$30,000

ELIGIBILITY

Do you meet the eligibility criteria? This includes community groups that are either incorporated, a registered not-for-profit, a coastal Committee of Management or have an eligible sponsor (auspice)?

Yes No

Does your project involve on-ground works? *

Yes No

Do you have land manager support? (formal consent can be obtained if your project is funded, however you must have written support to apply) *

Yes No

Have you spoken to the local Traditional Owner group/organisation during the planning of this grant? (We strongly encourage you to seek a letter of support from your local Traditional Owner group and upload as a Supporting Document as it will help strengthen your application, however please note that not all Traditional Owner groups will have the capacity to provide one) *

Yes No

If no, please refer contact your Coastcare Victoria representative.

Does your group have a current strategic management plan? (this may be called you Volunteer management plan, or is something similar. It is a document that outlines your groups goals, mission statement, priorities, aims, vision statement, stakeholders, rules, skills etc) *

Yes No

ELIGIBILITY CONTINUED

Does your project have links to any of the following? Please provide details on how your project relates to any that are applicable:

Link	How does your project link to this? (100 words per link)
Groups strategic management plan	
Land management plan ie foreshore or reserve management plan	
Aboriginal Whole of Country or Sea plan	
Coastcare Strategy Pillar 1 - Marine and Coastal Stewardship (see pg. 5 of Guidelines document)	
Coastcare Strategy Pillar 2 - Thriving Community Groups and Networks (see pg. 5 of Guidelines document)	
Coastcare Strategy Pillar 3 - Victorians Valuing the Coast (see pg. 5 of Guidelines document)	

<p>DELWP/Agency plans and strategies</p> <p>May include, but is not limited to:</p> <ul style="list-style-type: none">• Biodiversity 2037• Pupangarli Marnmarnepu 2020-2025• Victorians Volunteering for Nature- Environmental Volunteering Plan 2018• Marine and Coastal Policy 2020• Parks Victoria - Shaping Our Future• Volunteering in Parks Strategic Plan	

APPLICANT ORGANISATION

Full Name of Community Group undertaking the project. *

Your Organisation's Australian Business Number (ABN) (do not include spaces):

Eligibility Type (select one): *

- Our group is incorporated
- Our group is registered not-for-profit with ACNC
- Our group has an auspice (sponsor)

Incorporation Number:

Street Address: *

Town / Suburb: *

Postcode: *

State: *

Postal address same as address above? *

Yes No

Postal Address: *

Town / Suburb: *

Postcode: *

State: *

PRIMARY CONTACT

The person you want us to communicate with about this application.

Title: *

First Name: *

Last Name: *

Position: *

Primary Contact Number: (do not include spaces) *
(Landline or Mobile accepted)

Mobile number (do not include spaces):
(if different to Primary)

Email: *

AUTHORISED REPRESENTATIVE

Person authorised to sign the contract, e.g. Executive committee member, CEO or equivalent, or delegate

Title:

First Name: *

Last Name: *

Position: *

Primary Contact Number: (do not include spaces) *
(Landline or Mobile accepted)

Mobile number (do not include spaces):
(if different to Primary)

Email: *

AUSPICE

If your organisation does not meet the eligibility criteria, you must arrange for an eligible organisation to manage the grant funds. This organisation will be the 'auspice' organisation for the application and you will need to provide their details below. *

Do you need an auspice? *
Yes No

AUSPICE ORGANISATION

Name of Auspice Organisation: *

Type of Organisation: (select one) *

- Catchment Management Authority
- Industry bodies
- State Government statutory bodies/authorities
- Water Authorities
- Local Government
- Aboriginal groups and organisations
- Registered not-for-profit
- Community group or organisation
- Education institution

Auspice Organisation's Australian Business Number (ABN) (if they have one): (do not include spaces)*

Auspice Organisation's Incorporation Number (organisation number):

Street Address

Street Address: *

Town / Suburb: *

Postcode: *

State: *

Postal Address

Postal address same as address above? *

Yes No

Postal Address: *

Town / Suburb: *

Postcode: *
State: *

Auspice Authorised Person

Title: *

First Name: *

Last Name: *

Position:

Primary Contact Number: (do not include spaces) *
(Landline or Mobile accepted)

Mobile number (do not include spaces):
(if different to Primary)

Email: *

PROJECT OUTLINE

What is your project title? (10 words or less) *

Project overview (300 words or less) *

What Local Government Area (LGA) is the project located in? *

Project Category
(Select at least 1) *

- Citizen Science activities and monitoring (e.g. beach profile monitoring, biodiversity monitoring, monitoring of pest and weed species, collection and auditing of litter)
- Coastal or marine habitat preservation or rehabilitation
- Coastal or marine pollution solutions
- Community engagement or education (e.g. education/training event, awareness raising, production of educational materials, building capacity, strengthening partnerships with other groups or organisations)
- Control of weeds and pest animals
- Erosion mitigation
- Protection of Cultural Heritage
- Revegetation (e.g. additional plantings in remnant vegetation, new plantings as corridors, plantings to replace weed species)
- Strengthening of Traditional Owner Self Determination (e.g. working with Aboriginal groups to improve understanding of Aboriginal cultural values and interests, and support connections to coastal Country/Sea Country)
- Threatened species recovery (e.g. specific actions to support recovery of listed threatened species)
- Other (provide below) (20 words)

Anticipated Project Start Date *

Anticipated Project End Date *

Note: your project should start on or after 1 August 2021 and complete by 30 July 2023.

PROJECT LOCATION AND LAND MANAGER SUPPORT

Will your project involve multiple sites? *

Yes No

For each separate project site, you will be required to attach in the **SUPPORTING DOCUMENTS** section:

- Land Manager's written support
- Shapefile map of your project location
- Photograph of your project location

SITE 1 - PROJECT LOCATION AND LAND MANAGER SUPPORT

Project Type *

- On-ground works
- Events
- Both
- Other

For on-ground works, please provide a map of the site in the Supporting Documents section. We encourage you to supply photos of the site where it will assist your application. For community engagement activities, please provide location details for each activity planned.

Where is your project site? *

What is the approximate area of the site (in hectares)? Input N/A if not applicable*

What is the approximate area being revegetated (in hectares)? Input N/A if not applicable *

What is the approximate area being managed for weed control (in hectares)? Input N/A if not applicable *

What is the approximate coastal area being protected by exclusion fencing (in hectares & metres)? Input N/A if not applicable *

Land manager's details

For a project to be considered for funding we require in-principle support from the Land Manager. Should the project be funded, formal approval and any permit requirements (such as Coastal Management Consent) must be obtained before the project commences. Please discuss this with your local Coastcare facilitator before submitting your application.

SITE 1 - LAND MANAGER SUPPORT 1

Name of land manager 1

E.g. Foreshore Committee of Management, Parks Victoria, DELWP *

Title: *

First Name: *

Last Name: *

Position: *

Primary Contact Number:
(Landline or Mobile accepted): (do not include spaces)*
Email: *

Postal Address: *

Town / Suburb: *

Postcode: *

State: *Victoria*

Is there another land manager to add? *
Yes No

SITE 1 - LAND MANAGER SUPPORT 2

Name of land manager 2
E.g. Foreshore Committee of Management,
Parks Victoria, DELWP *

Title: *

First Name: *

Last Name: *

Position: *

Primary Contact Number:
(Landline or Mobile accepted): (do not include spaces)*

Email: *

Postal Address: *

Town / Suburb: *

Postcode: *

State: *Victoria*

If you have more than two land managers for this site, please list them on a spreadsheet and attach them to the supporting documents section.

ASSESSMENT CRITERIA

As part of your application for assessment criterias 1-5, you will be required to download the **Stream 2 - Activities, Risk and Budget excel table** and answer questions relating to:

- Volunteer resilience outcome
- Risk management
- Project budget

You must save the completed Stream 2 - Activities, Risk and Budget excel table and attach it to the supporting documents section

- *Please confirm you have downloaded the Activities, Risk and Budget excel table.

ASSESSMENT CRITERIA 1

LEGACY OF PROJECT - 10%

What legacy will this project have, and how will it be maintained after the funding ends? (100 words) *

ASSESSMENT CRITERIA 2

VOLUNTEER RESILIENCE OUTCOME - 40%

Describe how your project helps to strengthen marine and coastal volunteering. (350 words) *

Please use the spreadsheet downloaded in the "Assessment Criteria" section to answer the question on Tab 1 (Volunteer resilience outcome)

- *Please confirm you have answered the question on Tab 1 'Volunteer Resilience Outcome'.**

ASSESSMENT CRITERIA 3

INNOVATION - 30%

Describe how your project demonstrates a willingness & ability to innovate or try something new. Identify your pathway to progress from innovative ideas to valuable outcomes (tip: phase your response if that helps convey your idea, eg; Need > Idea > Develop > Evaluate > Act). (350 words) *

ASSESSMENT CRITERIA 4

RISK MANAGEMENT - 10%

Please use the spreadsheet downloaded in the "Assessment Criteria" section to answer the question on Tab 2 (Risk Management)

- *Please confirm you have answered the question on Tab 2 'Risk Management'**

ASSESSMENT CRITERIA 5

BUDGET - 10%

Please use the spreadsheet downloaded in the "Assessment Criteria" section to answer the question on Tabs 3-5 (Budget)

***Please confirm you have answered the question on Tabs 3-5 ' Budget'**

Complete the relevant type of grant you are applying for below:

Small grant - up to \$5,000

*Amount Requested from this Program.

Please ensure it matches the amount you have filled on Tab 3 (Budget-Summary)

Large grant – from \$5,000 up to \$30,000

*Amount Requested from this Program.

Please ensure it matches the amount you have filled on Tab 3 (Budget-Summary)

SUPPORTING DOCUMENTS

SITES

Provide details for each separate project site if your project has multiple sites.

Make sure that your attachments are of an acceptable file type and **do not exceed a maximum size of 5MB each** .

If you are unable to attach these documents, they may be emailed to coastcare.victoria@delwp.vic.gov.au. Ensure that you clearly name each supporting document and included the application number in the subject line of your email. Supporting documents must be received on or before the closing date.

Please only email documents you are **unable to attach**.

Project Site	Land managers written support	Map of your work site - shape file from Mapshare, see pg. 25 of guidelines or instructions on how to create & upload	Attach a photo of your project location
Project site 1	Upload documents with Application (max size 5 MB)	Upload documents with Application (max size 5 MB)	Upload documents with Application (max size 5 MB)
Project site 2	Upload documents with Application (max size 5 MB)	Upload documents with Application (max size 5 MB)	Upload documents with Application (max size 5 MB)
Project site 3	Upload documents with Application (max size 5 MB)	Upload documents with Application (max size 5 MB)	Upload documents with Application (max size 5 MB)

SUPPORTING DOCUMENTS

Supporting documents must be in an acceptable file type, such as Word, Excel, PDF, or JPEG.

Make sure that your attachments are of an acceptable file type and **do not exceed a maximum size of 5MB each**.

If you are unable to attach these documents, they may be emailed to coastcare.victoria@delwp.vic.gov.au. Ensure that you clearly name each supporting document and include the application number in the subject line of your email. Supporting documents must be received on or before the closing date.

Please only email documents you are **unable to attach**.

Letter of support from partner organisation (collate all letters & attach as 1 file)	Upload documents with Application (max size 5 MB)
Supporting plans & documents	Upload documents with Application (max size 5 MB)
Activities, Risk and Budget excel template*	Upload documents with Application (max size 5 MB)
Additional site details if more than 3 sites (Land Manager support, map and photo)	Upload documents with Application (max size 5 MB)
Other attachment	Upload documents with Application (max size 5 MB)
Other attachments	Upload documents with Application (max size 5 MB)

FEEDBACK

Your responses to the following questions will not be assessed - they will be used to help us improve our application forms and processes in the future.

How many hours did you spend filling in the grant application online?*

How many hours did you spend planning your grant application?*

How did you find the online application process?*

Very easy / Somewhat easy / Not very easy / Not easy at all

Please elaborate (100 words):*

Did you find the information provided in the guidelines useful? *

Very useful / Somewhat useful / Not very useful / Not useful at all

Please elaborate (100 words):*

Do you have any other feedback about the application form or process? (100 words)*

DECLARATION

I certify that I am authorised to submit a grant application on behalf of the applicant organisation. I state that the information in this application and attachments is to the best of my knowledge true and correct. I will notify DELWP of any changes to this information and any circumstances that may affect this application. I acknowledge the Privacy Collection Notice in the Introduction section of this application. I understand that DELWP is subject to the Freedom of Information Act 1982 and that if a Freedom of Information request is made, DELWP will consult with the applicant before any decision is made to release the application or supporting documentation. I understand that this is an application only and may not necessarily result in funding approval. I understand that if this application is successful, that funding will be subject to terms and conditions set out in agreement with the Department.

I have read and understood the Program Guidelines.

Please check this box to confirm that you accept the declaration *
You must accept the declaration prior to submitting your application

Name: *

Position: *

Date: *

After you click on the 'Save and Submit' button a confirmation message will be displayed on your screen. If you do not receive this message please contact grantsinfo@delwp.voc.gov.au.