**MS WORD TEMPLATE**

**APPLICATION FORM**

**Stream 3 - Supporting Traditional Owner Self-Determination**

**This is a template only.**

**Applications must be submitted through the Grants Online Portal via this link:**

<https://deeca.my.site.com/publicform?id=a0hRF000000FfPR>

**Coastcare Victoria Community Grants 2024 - Stream 3 Supporting Traditional Owner Self-Determination**

**Application**

**Applications close: Friday 16 February 2024 5:00pm (AEDT)**  
  
**We recommend that you draft your application in the word document template found on the Coastcare Community Grants webpage prior to completing online.**  
  
**Please note**: The data you enter on each page (section) will save after you have completed all mandatory fields and clicked on the ‘Next Page’ button at the bottom of the page. Should you need to exit the application before you have completed a page, please click ‘Save as draft’ button instead which will save the data entered at the point you left it.

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 Energy, Environment and Climate Action (DEECA) 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 DEECA 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 DEECA's [Privacy Policy](http://delwp.vic.gov.au/privacy).

**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.  
• The data you enter on each page (section) will save after you have completed all mandatory fields and clicked on the ‘Next Page’ button at the bottom of the page.

• Should you need to exit the application before you have completed a page, please click ‘Save as draft’ button instead which will save the data entered at the point you left it.  
• 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**[**2024 Coastcare Victoria Community Grants Guidelines**](https://www.marineandcoasts.vic.gov.au/__data/assets/word_doc/0035/689633/2023-24-CVCG-Guidelines-2.docx)**and contact a Coastcare Victoria Facilitator to discuss your project before proceeding.**  
  
Contact details for your local Coastcare Victoria Facilitator can be found [here.](https://www.marineandcoasts.vic.gov.au/coastal-programs/coastcare-victoria/coastcare-victoria-community-grants) 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.

Based on feedback from previous applicants you should allow around 3 full working days across the application open period to plan your grant application and around 1-1.5 working days to complete your application ready for submission. Please also allow 1-2 hours to input the information into the online application form.

\*Have you discussed this project with a Coastcare Victoria Facilitator?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**If you have answered no above, please refer to the program guidelines and contact a Coastcare Victoria Facilitator.**

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

\*In which Coastcare Region/s is your project located?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Far South West | Bellarine and Surf Coast | Port Phillip Bay and Westernport | South Gippsland | East Gippsland |

ELIGIBILITY

\*My community group or organisation fits under this category:



\*I confirm my group meets the Applicant Eligibility - Financial Governance criteria listed in the program guidelines.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If your organisation does not meet the Applicant Eligibility - Financial Governance criteria, you must arrange for an eligible organisation to manage the grant funds. This organisation will be the 'auspice' organisation for the application.

\*I have secured an auspice to sponsor our group for this application.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**If you have answered no above, please refer to the program guidelines and contact a Coastcare Victoria** **Facilitator.**

\*Applicant Eligibility – Financial Governance Type:



\*I confirm my project meets the Project Eligibility criteria listed in the program guidelines.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**If you have answered no above, please refer to the program guidelines and contact a Coastcare Victoria Facilitator.**

\*Are you receiving funding from other sources for the same activities and on the same site/s listed in this application for which you are applying for grant funding under this application?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**If you have answered yes above, please refer to the program guidelines and contact a Coastcare Victoria Facilitator.**

APPLICANT ORGANISATION

\*Full Name of Community Group undertaking the project.



Your Organisation's Australian Business Number (ABN):

Check the ABN at [ABN Lookup](http://www.abr.business.gov.au/)

Do not include spaces

Example: 90719052204



Incorporation Number:

Check the Inc no.at [Incorporated associations search](http://www.consumer.vic.gov.au/clubs-and-not-for-profits/incorporated-associations/search-for-an-incorporated-association)



\*Street Address:

Do not abbreviate.

e.g. Enter Street not St



\*Town / Suburb:

Enter the Town / Suburb in uppercase.

e.g. MELBOURNE



\*State:



\*Postcode:



\*Postal address same as address above?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Postal Address:

Do not abbreviate.

e.g. Enter Street not St

If entering a PO Box, enter in uppercase

e.g. PO BOX



\*Town / Suburb:

Enter the Town / Suburb in uppercase.

e.g. MELBOURNE



\*State:



\*Postcode:



PRIMARY CONTACT

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

Title:



\*First Name:



\*Last Name:



\*Position within applicant group/organisation:



\*Primary Contact Number:  
(Mobile preferred)

Do not include spaces:

example:

03XXXXXXXX or

04XXXXXXXX



\*Email:



AUTHORISED REPRESENTATIVE

**Person authorised to sign the funding agreement, e.g. CEO/Chair/President or equivalent, or delegate**

**If you have an auspice (sponsor) the authorised representative will be your group's president or chair.**

Title:



\*First Name:



\*Last Name:



\*Position within applicant group/organisation:



\*Primary Contact Number:  
(Mobile preferred)

Do not include spaces:

example:

03XXXXXXXX or

04XXXXXXXX



\*Email:



AUSPICE ORGANISATION

\*Name of Auspice Organisation:



\*Type of Organisation:



\*Auspice Eligibility Type:



Auspice Organisation's Australian Business Number (ABN) (if they have one):

Do not include spaces

Example: 90719052204



Check the ABN at [ABN Lookup](http://www.abr.business.gov.au/)

Auspice Organisation's Incorporation Number (organisation number):



Check the Inc no.at [Incorporated associations search](http://www.consumer.vic.gov.au/clubs-and-not-for-profits/incorporated-associations/search-for-an-incorporated-association)

**Postal Address**

\*Postal Address:

Do not abbreviate.

e.g. Enter Street not St

If entering a PO Box, enter in uppercase

e.g. PO BOX



\*Town / Suburb:

Enter the Town / Suburb in uppercase.

e.g. MELBOURNE



\*State:



\*Postcode:



**Auspice Authorised Person**  
  
**Person authorised to sign the funding agreement, e.g. CEO/Chair/President or equivalent, or delegate**

Title:



\*First Name:



\*Last Name:



\*Position:



\*Primary Contact Number:  
(Mobile preferred)

Do not include spaces:

example:

03XXXXXXXX or

04XXXXXXXX



\*Email:



PROJECT OUTLINE

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



\*Project overview (100 words or less)

|  |
| --- |
|  |

\* Please identify which Registered Aboriginal Party (RAP) boundary your project falls within:

|  |
| --- |
| Bunurong Land Council Aboriginal Corporation |
| Eastern Maar Aboriginal Corporation |
| Gunaikurnai Land and Waters Aboriginal Corporation |
| Gunditj Mirring Traditional Owners Aboriginal Corporation |
| Wadawurrung Traditional Owners Aboriginal Corporation |
| Wurundjeri Woi Wurrung Cultural Heritage Aboriginal Corporation |
| Other (provide below) |

|  |
| --- |
|  |

If you are unsure, please reach out to the team at [coastcare.victoria@delwp.vic.gov.au](mailto:coastcare.victoria@delwp.vic.gov.au?Subject=GA-FXXXXX-XXXX%20Coastcare%20Community%20Grants%202024%20-%20S2_RAP%20Boundary) or check through [achris.vic.gov.au/#/onlinemap](https://achris.vic.gov.au/#/onlinemap)

\* Have you read your RAP Country Plan(s)?

|  |
| --- |
| Yes |
| No |
| Not applicable - RAP has not produced a Country Plan  **If you have answered no above, please refer to the program guidelines and contact a Coastcare Victoria Facilitator.**  \*Please briefly describe how your project aligns with your RAP Country Plan(s)  NOTE: If your project spans over multiple RAP boundaries, please briefly describe for **each** relevant RAP.   |  | | --- | |  | |

\*What Local Government Areas (LGA/s) is the project located in?

|  |  |  |
| --- | --- | --- |
| Alpine Shire Council  Ararat Rural City Council  Ballarat City Council  Banyule City Council  Bass Coast Shire Council  Baw Baw Shire Council  Bayside City Council  Benalla Rural City Council  Boroondara City Council  Borough of Queenscliffe Council  Brimbank City Council  Buloke Shire Council  Campaspe Shire Council  Cardinia Shire Council  Casey City Council  Central Goldfields Shire Council  Colac Otway Shire Council  Corangamite Shire Council  Darebin City Council  East Gippsland Shire Council  Frankston City Council  Gannawarra Shire Council  Glen Eira City Council  Glenelg Shire Council  Golden Plains Shire Council  Greater Bendigo City Council  Greater Dandenong City Council  Greater Geelong City Council  Greater Shepparton City Council | Hepburn Shire Council  Hindmarsh Shire Council  Hobsons Bay City Council  Horsham Rural City Council Hume City Council  Indigo Shire Council  Kingston City Council  Knox City Council  Latrobe City Council  Loddon Shire Council  Macedon Ranges Shire Council  Manningham City Council  Mansfield Shire Council  Maribyrnong City Council  Maroondah City Council  Melbourne City Council  Melton City Council  Mildura Rural City Council  Mitchell Shire Council  Moira Shire Council  Monash City Council  Moonee Valley City Council  Moorabool Shire Council  Moreland City Council  Mornington Peninsula Shire Council  Mount Alexander Shire Council  Moyne Shire Council  Murrindindi Shire Council | Nillumbik Shire Council  Northern Grampians Shire Council  Port Phillip City Council  Pyrenees Shire Council  South Gippsland Shire Council  Southern Grampians Shire Council  Stonnington City Council  Strathbogie Shire Council  Surf Coast Shire Council  Swan Hill Rural City Council  Towong Shire Council  Wangaratta Rural City Council  Warrnambool City Council  Wellington Shire Council  West Wimmera Shire Council  Whitehorse City Council  Whittlesea City Council  Wodonga City Council  Wyndham City Council  Yarra City Council  Yarra Ranges Shire Council  Yarriambiack Shire Council  French Island (no local government)  Statewide |

\*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 the coast and support connections to Country) |
| Threatened species recovery (e.g. specific actions to support recovery of listed threatened species) |
| Other (provide below) |

|  |
| --- |
|  |

*20 words.*

\*Anticipated Project Start Date

E.g. dd/mm/yyyy



\*Anticipated Project End Date

E.g. dd/mm/yyyy



Note: your project should start on or after 1 July 2024. All projects must be completed by 31 May 2025.

PROJECT LOCATION/S AND LAND MANAGER/S SUPPORT

**Land manager/s**  
If you do not know who the Land Manager over your project site/s is, please contact a Coastcare Victoria Facilitator to ask. 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 Marine and Coastal Act consent or Event Permits) must be obtained before the project commences. Please discuss this with your local Coastcare Facilitator and Land Managers before submitting your application.

\*Will your project involve multiple sites?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

\*List each Land Manager for each site, noting that one site may have multiple land managers.  
E.g. Site 1 - Parks Vic, DEECA; Site 2 - local Shire; Site 3 - local Shire; DEECA

|  |
| --- |
|  |

*100 words.*

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 (all sites can be in one map)  
• Photograph of your project location

\*Project Type

|  |  |  |  |
| --- | --- | --- | --- |
| On-ground works | Events | Both | Other |

\*If other, please describe Project Type.

|  |
| --- |
|  |

\*What is the street address or location of one of your project sites or group area? (e.g. X Foreshore). Note – if your project activities are online please enter the address of your group.



\*Approximate total number of hectares for all project sites. (Enter 0 if not applicable).



\*Approximate total number of hectares being revegetated for all project sites. (Enter 0 if not applicable).



\*Approximate total number of hectares being managed for weed control for all project sites. (Enter 0 if not applicable).



\*Approximate total number of hectares of coastal area being protected by exclusion fencing for all project sites. (Enter 0 if not applicable).



\*Approximate total number of hectares being managed for pest animal control for all project sites. (Enter 0 if not applicable).



ASSESSMENT CRITERIA – STREAM 3: Supporting Traditional Owner Self-Determination

As part of your application for assessment criteria 1-4, you will be required to download the [**application spreadsheet for stream 3 - activities, risk and budget criteria**](https://www.marineandcoasts.vic.gov.au/__data/assets/excel_doc/0028/691552/2024Application-Spreadsheet-Stream-3-Supporting-Traditional-Owner-Self-Determination.xlsx)and answer questions relating to:  
  
• Supporting Self-Determination  
• Environmental Outcome  
• Risk management  
• Value for Money/Budget  
  
**You must save the completed application spreadsheet for stream 3 - activities, risk and budget criteria and attach it to the supporting documents section**

\*Please confirm you have downloaded the application spreadsheet for stream 3 - activities, risk and budget criteria by ticking the check box.



ASSESSMENT CRITERIA 1 - SUPPORTING SELF-DETERMINATION - 50%

\*Explain the extent to which the project helps to strengthen and support Traditional Owner Self-Determination.

|  |
| --- |
|  |

*350 words.*

ASSESSMENT CRITERIA 2 - ENVIRONMENTAL OUTCOME- 30%

**Use Tab 1 (Environmental Outcome) of the application spreadsheet for stream 3 - activities, risk and budget criteria, to explain how the project will help to conserve, rehabilitate, protect or enhance the coastal environment.**

\*Please confirm you have answered the question on Tab 1 by ticking the check box.



ASSESSMENT CRITERIA 3 - RISK MANAGEMENT - 10%

**Use Tab 2 (Risk Management) of the application spreadsheet for stream 3 - activities, risk and budget criteria, to identify potential risks to the project and adequate actions to remove, manage or reduce the risks.**

\*Please confirm you have answered the question on Tab 2 'Risk Management' by ticking the check box.



ASSESSMENT CRITERIA 4 – VALUE FOR MONEY/BUDGET - 10%

**Use Tabs 3-5 (Budget) of the application spreadsheet for stream 3 - activities, risk and budget criteria, to demonstrate how the project represents good value for money by delivering multiple outcomes, high public benefit, reasonable costings and adequate in-kind contribution.**

\*Please confirm you have answered the question on Tabs 3-5 ' Budget' by ticking the check box.



**Maximum amount available is $10,000 per project.**

\*Amount Requested from this Program (e.g. 10000).

Enter whole dollar amount



\*Please confirm this amount matches the amount in Tab 5 (Budget Summary) by ticking the check box.



SUPPORTING DOCUMENTS

**Please refer to the program guidelines and contact a Coastcare Victoria Facilitator for details on supporting documents you must include to meet eligibility criteria and a guide to creating a map using MapShare.**  
  
To meet the eligibility criteria, all projects require:

• Completed application spreadsheet for stream 3 - activities, risk and budget criteria

Depending on your group and project activities you may also require the following supporting documents to be attached to meet eligibility criteria – refer to program guidelines to check:

• Written approval (such as a supporting letter or email) from your auspice (sponsor) containing points listed in program guidelines.

• MapShare zip file - of all project site/s (multiple project sites can be in one map)

• Written support from all the relevant public land manager/s to undertake the activity/ies.

• Certificate of insurance demonstrating provision of sufficient insurance as determined by the appointed land manager to safeguard volunteers and participants involved in the funded activities, including public liability insurance of at least $10million and personal accident insurance. **Where your Land Manager's insurance covers your group (for example Parks Victoria), please upload the Letter of Support in place of the Certificate of Insurance in the Grants Online Portal Application Form. If your group has a similar arrangement, please discuss with a Coastcare Victoria Facilitator.**

• Current condition photo(s) of the area for pre and post work monitoring purposes.

• Letter/s of support from partner organisation/s.

Make sure that your attachments are of an **acceptable** file type (.doc, .docx, .xls, .xlsx, .ppt, .pptx, .pdf, .jpg, .jpeg, .zip). **Each attachment must not exceed a maximum size of 10MB.**

Please name your file with a clear description of content.

**Important information for Apple devices:** If you are using an Apple device you will need to export the completed application spreadsheet to Excel. For help on this search your browser for 'Export to other file formats in Numbers'. Should you need further assistance with exporting to other file formats for Apple devices please contact a Coastcare Victoria Facilitator.

**If you have any additional attachments or any attachments that exceed the maximum size of 10MB they may be emailed AFTER you have submitted the application to** [**grantsinfo@delwp.vic.gov.au**](mailto:grantsinfo@delwp.vic.gov.au?Subject=GA-FXXXXX-XXXX%20Coastcare%20Victoria%20Community%20Grants%202024%20-%20Stream%203)**.Please attach all additional documents to one email, zipping the files if required and include your grants online application reference number e.g. GA-F12345-6789 (located at the top of this page). The email must be received before the closing date/time. Do not include attachments in your email that you have already attached on your application form.**

If you encounter technical issues uploading an attachment please contact grantsinfo@delwp.vic.gov.au before closing date/time. Please ensure you include your grants online application reference number, e.g. GA-F12345-6789 (located at the top of this page).

**Naming convention - name your attached file as follows: 2024Coastcare\_S3\_Name of Document**

**E.g. 2024Coastcare\_S3\_Completed Application Spreadsheet**

|  |  |
| --- | --- |
| **Attachment Description** | **Attachment** |
| Completed application spreadsheet for stream 3 - activities, risk and budget criteria | Choose File N*o file chosen (max size 10MB)* |
| Certificate of Insurance | Choose File N*o file chosen (max size 10MB)* |
|  | Choose File N*o file chosen (max size 10MB)* |
|  | Choose File N*o file chosen (max size 10MB)* |
|  | Choose File N*o file chosen (max size 10MB)* |
|  | Choose File N*o file chosen (max size 10MB)* |
|  | Choose File N*o file chosen (max size 10MB)* |
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|  | Choose File N*o file chosen (max size 10MB)* |
|  | Choose File N*o file chosen (max size 10MB)* |

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 planning your grant application?



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



\*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 DEECA 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 DEECA is subject to the Freedom of Information Act 1982 and that if a Freedom of Information request is made, DEECA 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.

I confirm we have not received funds from any other source/s for any of the activities listed in this application on the same site/s listed in this application and that if we receive funding for the same activities on the same site/s prior to 31 May 2025, we will declare this via email to [Coastcare.Victoria@delwp.vic.gov.au](mailto:Coastcare.Victoria@delwp.vic.gov.au).

\*Please check this box to confirm that you accept the declaration



You must accept this declaration prior to submitting your application

\*Name:



\*Position within applicant group/organisation:



\*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.vic.gov.au.

**This is a template only.**

**Applications must be submitted through the Grants Online Portal via this link:**

<https://deeca.my.site.com/publicform?id=a0hRF000000FfPR>