Project/contact details
* indicates a required field
Project title
*
Principal Applicant contact details
Please provide the organisation details.
Principal Organisation name * Organisation Name
Organisation Postal Address * Address
nadi ess
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Entity details
Are you a legal entity ☐ Yes ☐ No Applicants must be a legal entity (eg an incorporated association, individual, partnership, corporation/company) or be sponsored by a legal entity.
Applicant 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)
DCB Endarced

ATO Charity Type	More inform	ation_	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			
		onsor to enter into the grad	nt agreement and be
Primary contact			
Contact name * Title First Name	Last Name		
There is a second of the secon	Last Warne		
Position *			
Project role *			
Phone Number *			
r none ramber			
Must be an Australian ph	one number.		
Email *			
Must be an email addres	S.		
Mobile Phone Numb	er*		
Must be an Australian ph	none number.		
Alternative conta	ct		
Name First Name	Last Name		
Position			

Form Preview

Project role		
Phone number		
Filone number		
Must be an Australian phone number.		
Mobile phone number		
-		
Must be an Australian phone number.		
Email		
Must be an email address.		
Sponsor information		
Sponsor		
3pon301		
Name of sponsor Organisation Name		
Sponsor ABN		
The ABN provided will be used to look up the check that you have entered the ABN correct		Click Lookup above t
Information from the Australian Business Registe	r	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		

Must be an ABN.

DGR Endorsed ATO Charity Type

ACNC Registration
Tax Concessions

Sponsor Address

Main business location

Address

More information

Sponsor Email	
Must be an email address.	
Sponsor confirmation	
	mentation form your sponsor confirming their and financial responsibility for this.
Other major partner/	collaborator contact details if applicable
Other key partner/ collabo	rator organisation name
ADN	
ABN	
The ABN provided will be used check that you have entered	I to look up the following information. Click Lookup above to 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.	
Postal address	
Address	

Form Preview

Type of project

Primary contact			
Name First Name	Last Name		
Position			
Project role			
Phone number			
Must be an Australian ph	one number.		
Mobile number			
Must be an Australian ph	one number.		
Email			
Must be an email addres	S.		
Please add any othe	er additional signific	ant partner/ collabor	ator details
Project Details			
Project title:			
Provide a short clear title	e for the project.		
Start date			
Must be a date.			
End date			
Must be a date.			
Must be a date.			

Form Preview

 □ Scoping □ Feasibility □ Concept design □ Detailed design □ Review 	□ Research□ Implementation□ Capacity building□ Governance/ policy□ Other:	
Project description		
Word count: What are you going to do - about 250 words		
Project background		
What has been done previously - please refer to a later stage.	ny supporting documentation, we	e may request at a
Project area		
For example: site location, local government area	, Area in hectares	
If applicable, please provide a map show Google Earth or Map file Attach a file:	ving the project location o	r link to a
Is the primary project area within Green O Yes A project which incorporates some sites outside or maybe considered for eligibility. Please discuss wi	O No f the region for comparative or ot	:her purposes
If you indicated that your project is not explain.	fully within Green Adelaid	e, please

Key roles for project delivery

Identify each organisation's project role, and roles of any principal partners of collaborators. Different partner activities should be made clear in the project budget.

Form Preview

Organisation/ Principal partner/ collaborator	Project role
	<u> </u>
	1
Project methodology	
Please provide a brief synopsis of how you wi	Il undertake the proposed works.
Project deliverables	
Briefly list key deliverables and outputs e.g.	
Workshop x 2 Workshop report x 1	
Workshop report x 1 Negatation surveys 30 transacts	
Vegetation surveys 20 transects Collection and analysis of 100 sediments	camples for carbon
Collection and analysis of 100 sedimentsFinal report	samples for Carbon
•	
Costs to achieve these should be made clear	in the project budget.
Project monitoring, evaluation, rep	orting and improvement
Describe briefly how you have incorporated Melli achieve its objectives and help improve for	

Linkage to Blue Carbon Strategy for SA Outcomes

Form Preview

Indicate what key objectives of the <u>Blue Carbon Strategy for SA</u> the project is expected to address. Project reporting will need to outline how the project has contributed to strategy outcomes.

Please select if applicable ☐ Objective 1: Connect blue carbon ecosystem restoration to carbon markets and other finance mechanisms. Key outcome: Blue carbon financing drives blue carbon projects ☐ Objective 2: Deliver research to quantify blue carbon and co-benefits. Key outcome: Improved blue carbon and co-benefit valuation for project development ☐ Objective 3: Identify and implement blue carbon demonstration projects. Key outcome: Blue carbon project feasibility is demonstrated ☐ Objective 4: Integrate blue carbon into coastal policy, planning and management strategies. Key outcome: Blue carbon is a key factor in coastal decision making.
Consultation and planning
Please list relevant permission and permits you will obtain e.g. land holder permissions, agency or council statutory requirements or permits.
Please upload any relevant documents/ permits / landholder permissions Attach a file:
How will you be seeking to liaise with or engage the Kaurna Miyurna (Kaurna people) in the project? You may be required to provide evidence.
Have you spoken to Green Adelaide staff about this project? ☐ Yes ☐ No
Name of staff member

List any other partners collaborating on this project

(For example: council(s), SA Water, EPA, developer, community group, industry association). You may be required to provide evidence of collaboration.

Are they aware you are applying for funding for this proposal?
Green Adelaide priorities
Coastal Management
Please provide a brief synopsis of how the project will contribute to Green Adelaide Board Outcomes
C1 Enable a partnerships approach to adaptive coast and marine management. Outcome: Coordinated conservation and restoration of natural coast and marine environments.
C2 Partner and inspire on-ground investment in the conservation and restoration of coastal and marine environments. Outcome: Improved biodiversity outcomes including habitats and species of key conservation concern.
C3 Conserve and restore environments that can be used to sequester blue carbon Outcome: Enhanced climate resilience and adaptation and increased environmental and social benefits
Other priority areas
The <u>Green Adelaide Regional Landscape Plan</u> includes other priority areas. If the project will have significant contributions to these other priorities, please provide a brief description.
 □ Water resources and wetlands □ Biodiversity sensitive and water sensitive urban design □ Fauna, flora and ecosystem health in the urban environment □ Controlling pest animals and plants □ Green streets and flourishing parklands □ Nature education

Water resources and wetlands
Biodiversity sensitive and water sensitive urban design
Fauna, flora and ecosystem health in the urban environmen
Controlling pest animals and plants
Green streets and flourishing parklands
orcen streets and nourishing parkiands
Nature education

Form Preview

Co-benefits

Please tick the box if applicable. If selected, please provide a brief description.
 □ Does the project provide or identify significant co-benefit opportunities for biodiversity, living shorelines or other ecosystem services? □ Does the project provide or identify significant co-benefit opportunities for fisheries habitat?
☐ Does the project demonstrate co-benefit for conservation of saltmarsh* and shorebird habitat in the region?
• For a definition of Saltmarsh communities refer to the Australian Government Conservation Advice for threatened ecological community Subtropical and Temperate Coastal Saltmarsh. This includes component species such as sedges (Gahnia filum) http://www.environment.gov.au/cgibin/sprat/public/publicshowcommunity.pl?id=118&status=Vulnerable
Community involvement, social & cultural benefits
Project public awareness
Please tick the box if applicable. If selected, please provide a brief description.
 □ Will the project be promoted and public and community engaged? □ Have climate change adaptation aspects been incorporated? □ Will this project incorporate Aboriginal knowledge and support Aboriginal participation (including employment opportunities) and leadership? □ List relevant community groups and their proposed involvement. You may be required to provide evidence of collaboration.

Please provide a brief description

Please provide a brief description	
Please provide a brief description	
Please provide a brief description	
Other benefits	
Provide details	
Trovide details	
Longer term commitment	
Longer term communent	
If a yes answer is given, please provide a brief description.	
Is there a long term or on-going commitment to this project or partners? (E.g. further stages planned? Will and by who, maintained into the future?) O Yes	
○ No	
Please provide a brief description.	

Form Preview

Project Budget

Total project budget (GST exclusive)

Itemise your total project budget. Detail the funding you are seeking from the Green Adelaide Board. Don't include GST in this table. (Add/delete rows as needed).

Clearly identify funding components that go to various partners, as Green Adelaide may undertake separate grant agreements to each partner to reduce administration costs.

Please indicate whether cash or in-kind contributions.

Total project budget

Project item	Principal Applicant/s Cash	Principal Applicant In- kind	Other Funders Cash	Other Funders in- kind	\$ requested from Green Adelaide
	Must be a dollar	Must be a dollar	Must be a dollar	Must be a dollar	Must be a dollar
	amount.	amount.	amount.	amount.	amount.
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Totals

Total Principal Applicant/s Cash	Total Principal Applicant in- kind	Total Other Funders Cash	Other Funders in-kind	Total requested from Green Adelaide
This number/	This number/	This number/	This number/	This number/
amount is	amount is	amount is	amount is	amount is
calculated.	calculated.	calculated.	calculated.	calculated.
\$	\$	\$	\$	\$

Total project budget summary (excluding GST)

Total project cost (cash)	Total in-kind contributions		Total amount requested from Green Adelaide Board
This number/amount is calculated.			
\$	\$	\$	\$

Applicant's and	partners cash	contribution	compared t	to Green	Adelaide
□ <50%		~ 50%		□ >50%	

Is the applicant's and/ or funder's cash commitment contribution confirmed?

Form Preview

	Yes
П	Nο

Declaration and Consent

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

- I certify that the application form has been checked for errors and that the organisation, and if applicable the sponsor, is supportive of the project.
- I consent to the release of information in this application form for commercial, publicity and public information purposes.
- I agree to comply with Green Adelaide's grant acquittal policy, which requires a certified statement of income and expenditure relevant to the grant to be provided by the grantee annually or on completion of the project as appropriate.
- I agree to ensure that adequate insurance is in place for the project and any assets purchased should this application be successful.

l agree *	○ Yes		
Name of authorised person *	First Name	Last Name	
Position			
	Position held in organisation (if applicable).		
	Position field in org	ganisation (ii applicable).	
Date *			
Date *			
	Must be a date.		