

Grassroots Grants Round 5 - Application Form

Form Preview

Applicant Details

* indicates a required field

Contact details

Please provide the applicant's details.

Applicant *

☐ Individual ☐ Organisation

Organisation Name

First Name

Last Name

Contact person *

First Name

Last Name

This is the person we will correspond with about this application.

Phone number

Must be an Australian phone number.

Please include (08) in front of the number for landlines.

Mobile Number *

Email address *

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

Postal address *

Address

For PO Box addresses, click in 'Enter a location' box and select 'Can't find your address?'

Organisation Contact Details

Organisation Primary Address *

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Organisation Primary Phone Number *

Must be an Australian phone number.

Please include (08) in front of the number for landlines

Organisation Primary Email

Must be an email address.

Entity details

Are you a legal entity? (see FAQs for more information) *

☐ Yes ☐ No

Applicants must be a legal entity (eg an incorporated association, individual, partnership, corporation/company) or be sponsored by a legal entity. See Guidelines for more information

Do you have a sponsor? *

☐ Yes ☐ No

If you are not a legal entity you must have a sponsor to enter into the grant agreement and be responsible for managing the funding on your behalf.

You are unable to progress with this application until you arrange for a sponsor.

For further information about this requirement please contact Green Adelaide on 7424 5760

Do you have an ABN? *

☐ Yes ☐ No

Having an ABN means that your group will not be subject to 46.5% withholding tax on the funds provided. If your group does not have an ABN, and your grant application is successful, you will need to complete and return a 'Statement of Supplier' form with your grant agreement. Without the 'Statement of Supplier' form, 46.5% of the payment is required to be deducted and passed on to the Australian Tax Office (ATO) under the 'No ABN withholding' arrangements.

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

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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

Vendor Creation Amendment Form

Please fill in the below linked form (the payment details and EFT bank details sections) . This form will be required by Green Adelaide if you are successful.

[Vendor Creation Amendment Form](#)

If you have a sponsor, this form needs to be filled in with their details.

Please see FAQs for more information

Please upload filled in 'Vendor Creation Form' *

Attach a file:

Is this project undertaking activities that are not-for-profit? *

- ☐ Yes
☐ No

Activities undertaken as part of the project are not for personal or commercial gain

You are unable to progress with this application unless your activities are not-for-profit.

For further information about this requirement please contact Green Adelaide on 7424 5760

Sponsor Information

* indicates a required field

Sponsor *

- ☐ Individual ☐ Organisation

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Organisation Name

First Name

Last Name

Sponsor contact person *

First Name

Last Name

Phone number *

Must be an Australian phone number.

Please include (08) in front of the number for landlines.

Email address *

Must be an email address.

Postal address *

Address

For PO Box addresses, click in 'Enter a location' box and select 'Can't find your address?'

Sponsor ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Sponsor confirmation

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Please upload signed documentation from your sponsor confirming their willingness to accept legal and financial responsibility for the project if successful

Feel free to use this template [Sponsoring body agreement letter - Template](#)

*

Attach a file:

If you do not have this documentation please contact Green Adelaide to discuss the status of this confirmation

Project Details

* indicates a required field

Have you contacted a Green Adelaide or Department for Environment and Water staff member? *

☐ Yes

☐ No

We encourage you to discuss your project with a staff member to ensure the best chance of success. Look at the Guidelines on our website for contact details of relevant staff.

Name of staff member *

Project title

Project title: *

Must be no more than 12 words.

Provide a short clear title for the project.

Proposed Project Date

If successful, projects must commence on signing of grant agreement, it is anticipated that successful grantees will receive their grant agreement in August/September 2024

Anticipated end date *

Must be a date and no earlier than 1/9/2024.

For projects < \$10,000 end date will be up to 12 months after start of project. For projects > \$10,000 end date will be up to 24 months after start of project. Projects > \$50,000 can deliver up to 36 months, however this will depend on proposed project timelines

Overall Project description - please note: project activities and outputs follow later in this application

Briefly describe what your project aims to do and why it is important? *

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Word count:

Must be no more than 150 words.

Write a brief description of the project. This should provide those assessing the application with a good understanding of the project including the issues it focusses on, how it proposes to address them, its benefits to the region / community and any particular locations, communities, industries, etc. that are being targeted.

Project location

Local Government area/s *

- | | |
|---|--|
| <input type="checkbox"/> Adelaide City Council | <input type="checkbox"/> City of Playford |
| <input type="checkbox"/> City of Burnside | <input type="checkbox"/> City of Port Adelaide Enfield |
| <input type="checkbox"/> Campbelltown City Council | <input type="checkbox"/> City of Prospect |
| <input type="checkbox"/> City of Charles Sturt | <input type="checkbox"/> City of Salisbury |
| <input type="checkbox"/> City of Holdfast Bay | <input type="checkbox"/> City of Tea Tree Gully |
| <input type="checkbox"/> City of Marion | <input type="checkbox"/> City of Unley |
| <input type="checkbox"/> City of Mitcham | <input type="checkbox"/> Town of Walkerville |
| <input type="checkbox"/> City of Norwood Payneham and St Peters | <input type="checkbox"/> City of West Torrens |
| <input type="checkbox"/> City of Onkaparinga | |

Please provide a street address for the project or name of location

Can be a street address, coordinates etc.

Landscape Plan Priorities, activities and outputs

* indicates a required field

Please identify the Primary Priority area that the project aligns with

*

- ☐ Coastal management - conserving Adelaide's coastline to provide habitat for native plants and animals
- ☐ Water resources and wetlands - better management of water resources and/or restoration of creeks/wetlands
- ☐ Green streets and flourishing parklands - increasing green spaces to create cooler urban areas
- ☐ Fauna, flora and ecosystem health in the urban environment - creating and protecting habitats for plants and animals to thrive in

Activities

Please tell us what activities you will be undertaking within your project.

PLEASE SELECT ALL THAT APPLY, you can undertake multiple activities. See FAQs for more information

If you are undertaking an activity that is not listed, please include details elsewhere in the application

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Activities

No more than 1 choice may be selected.

Outputs

For each of the activities you have chosen above, please select ALL of the outputs for that activity: for example:

Revegetation - select 2 outputs

Greening - select 2 outputs

You are required to have targets against all outputs within an activity

You can add more lines by clicking 'Add more' at the bottom of the page.

Outputs	Target	Description	Timing
For each of the activities you have chosen above please select ALL the outputs that display No more than 1 choice may be selected.	Identify a target for the output you have chosen - an estimated total for your project. e.g. 100 attendees, 200 plants Must be a number.	Please provide more information, e.g. species to be controlled/planted, types of events to be held, who is undertaking the work, how will the work be undertaken etc.	Please provide an indication of a timeframe, e.g. Autumn 2025, December 2025 etc.

Partnerships

WHO WILL YOU BE WORKING WITH

Tell us about who you will be working with to deliver this project

This might include:

- local council
- a volunteer group
- a community group
- a school
- the community, e.g. tree planting day

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Add rows as you need

Note: please don't include any paid contractors

Name of partner	How are they contributing to the project
i.e. City of Mitcham, Friends of Belair NP, etc.	e.g. access to site, volunteer hours, advice, provision of materials

Please attach letters of support from your proposed project partners here:

Attach a file:

Approvals, Permits and Considerations

* indicates a required field

Is the project on public or private land? *

- ☐ Public
☐ Private

Do you have permission/support from the landowner/land manager to undertake this project? *

- ☐ Yes
☐ No
☐ Own property

This includes permission/support from your Principal/Management team if you are a school/ kindergarten/childcare centre

Permission/Support

Please upload signed documentation from the landowner/land manager confirming their permission/support of the project being undertaken, if project is successful *

Attach a file:

If you do not have this documentation please attach evidence that it is being sought, eg. email to Local Council requesting signed documentation.

Please explain why you do not have permission/support from the landowner/land manager to undertake this project? *

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Have all other relevant approvals or permits been sought or obtained (eg from Council, water affecting activities, ethics permits)? These must be obtained prior to works commencing. *

☐ Yes ☐ No ☐ Not Applicable

Please provide details explaining what stage you are up to with seeking your approvals/ permits:

*

Please upload any approvals or permits

Attach a file:

Attach any documentation relating to any approvals that you may have obtained.

Have you considered Aboriginal Heritage and Native Title obligations? *

☐ Yes ☐ No ☐ Not applicable

See <https://nativetitle.org.au/> for more information

Please provide details.

*

Attach evidence relating to Kaurua or other Aboriginal involvement

Attach a file:

Attach evidence relating to Kaurua or other Aboriginal engagement

Applicant Capability and Capacity

* indicates a required field

Capability and capacity

It is essential that the applicant (and sponsor if applicable) has the appropriate governance structures, resources and financial capacity to successfully deliver the project and meet the contractual obligations.

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Please briefly outline your capability and capacity in relation to delivering this project. *

Please consider ability to meet the required reporting requirements and insurance when answering

Legacy

Explain how you will maintain this project into the future, after completion of the grant. Make sure to include any information around further plans or stages for this project. *

e.g. watering of new plants once a week, weeding of revegetated verges, regular monitoring through photo-points, installation of interpretive signage.

Risk Management

The risk assessment should consider risks that may impact your ability to deliver the project. This may include the following:

- **Administration - project lead leaves organisation**
- **Controlling pest plants - issues in hiring contractor**
- **Greening/revegetation - injury to volunteers during planting**

List the major risks associated with the project and identify the strategies you will put in place to manage them.

*Feel free to attach **relevant** risk assessments if you have them*

More lines can be added by clicking on the plus button to the right

Risk	Management of risk
E.G. Someone gets injured in the field	E.G. All team leaders are trained in First Aid. Will undertake a risk assessment/hazard check

Please upload a Risk Management Plan if your project is over \$50,000.00

Attach a file:

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Project Budget

* indicates a required field

Does this project build on previously funded grant projects? *

☐ Yes

☐ No

Please give details of previous grants

Grantor	Title	Amount (\$)
		Must be a dollar amount.
		\$
		\$

Have you requested funding for this project from another source? *

☐ Yes

☐ No

Please explain *

Expenditure

Please outline the project budget in the expenditure and other funding tables below.

All amounts should be GST EXCLUSIVE

Use this table to **also** record other cash contributions, (i.e. NOT in the Grant Funding Sought column).

Please include all expenditure costs, for example: Labour/contractors, materials, consultancy, advertising costs, venue hire and catering.

Budget item	Grant Funding Sought (\$)	Cash Contributions \$	Cash Contribution Source	Notes
e.g. plants, weed control	MUST BE GST EXCLUSIVE Must be a dollar amount.	MUST BE GST EXCLUSIVE Must be a dollar amount.	Name of source	Please provide details of expenditure.

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Total Grant Funding Sought *

\$

This number/amount is calculated.
What is the total financial support you are requesting in this application?

Total Cash Contributions *

\$

This number/amount is calculated.

Project total

\$

This number/amount is calculated.
Including Grassroot Grants funding, cash funding and Volunteer contribution

Please attach evidence of your budget calculations (e.g. quotes, hourly rates, material prices etc.). Also use this upload feature for any financial support letters etc. *

Attach a file:

Volunteers

Number of volunteers *

Must be a number.

Total number of volunteer hours (proposed over duration of project) *

Must be a number.

Total value of volunteer hours

This number/amount is calculated.
Based on ABS rate of \$46.62 per hour

Supporting Documentation

* indicates a required field

Please refer to page 4 of the Guidelines for further information on what supporting documentation is required

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Please upload any relevant/mandatory information, this may include:

- Photos
- Map of site
- Plant list - species
- Site drawing/design
- Management plan

*

Attach a file:

Project Brief - for projects >\$50,000

Please see FAQs for more information around what is required

If project is over \$50,000 please upload your Project Brief document. This can include, plans, images, concept designs, specification etc.

Attach a file:

Additional information

If required, use this section to detail any additional information about your project you would like to share.

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 confirm that the project sponsor has agreed to accept responsibility for the legal and financial accountability of the project and to receive funding should the application be successful.
- I consent to the release of information in this application form for commercial, publicity and public information purposes.

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- I agree to comply with Green Adelaide's grant reporting requirements, 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.

I agree *

☐ Yes

Name of authorised person *

First Name

Last Name

Position

Position held in organisation (if applicable).

Date *

Must be a date.

Feedback

Have you used SmartyGrants previously? *

☐ Yes

☐ No

How would you rate your experience using the Smarty Grants online application form? *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

1 being poor, and 5 being excellent

Please explain why you provided that score

How did you hear about this grant round? *