

Letter of Endorsement

To: DELWP's Victorian Landcare Program Team

Re: Application for 2021-24 Victorian Landcare Facilitator Program

Purpose: Applicants for 2021-24 Victorian Landcare Facilitator Program (VLFP) funding who seek to employ/engage a Landcare facilitator must attach to their application a Letter of Endorsement (using this template) from each group/network included in their application.

The Letter of Endorsement verifies that each group/network included in the application for 2021-24 VLFP funding is aware of and endorses their inclusion in the application and will provide input into the development and delivery of the Program Delivery Plan for the Landcare facilitator if the applicant is successful in securing 2021-24 VLFP funding.

Note: If you are printing the Letter of Endorsement to complete by hand, you must select the CMA region/s and Local government area/s. Return the completed Letter of Endorsement to the Applicant Organisation by scanning/emailing it to them, or provide it to them either in-person or by post.

Application Reference no: _____ (from the Grants Online Portal)

Name of Applicant Organisation: _____

Name of Group/network to be supported by the Applicant Organisation's Landcare facilitator:

CMA region/s where the Applicant Organisation's Landcare facilitator will support your group/network:

Local government area/s where the Applicant Organisation's Landcare facilitator will support your group/network:

Landcare network/s area where the Applicant Organisation's Landcare facilitator will support your group/network: _____

We _____, _____, and
Name of Primary Contact Role within Supported group/network

_____, _____, have
Name of Second Authorised Representative Role within Supported group/network

been authorised by _____ committee
Name of Supported group/network

to make the following declaration on their behalf.

Declaration:

This Declaration should be completed by primary contact and second authorised representative from the group/network who are community members of its executive committee with the appropriate authority to sign on behalf of the group/network.

The declaration must not be completed by your VLFP-funded Landcare facilitator, if the group/network currently receives Landcare facilitator support.

We 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 2021-24 VLFP funding recipient organisation before any decision is made to release this Letter of Endorsement or supporting documentation.

We, _____
Name of Supported group/network

are aware of, and endorse _____'s
Name of Applicant Organisation

application for funding for a Landcare facilitator position through the 2021-24 Victorian Landcare Facilitator Program.

We understand that if the application is successful, our group/network will receive support from the _____'s Landcare facilitator, but that we will not be
Name of Applicant Organisation

their employer. We understand that the Landcare facilitator will be employed by _____ on our behalf.
Name of Applicant Organisation

We acknowledge that we will be required by _____
Name of Applicant Organisation

to provide input into the development and delivery of the Program Delivery Plan for the Landcare facilitator, and may be involved in the management of their Landcare facilitator.

We confirm that our group/network is a Landcare or environmental volunteer group/network with a focus undertaking on-ground natural resource management works.

Primary Contact Details

We nominate the below individual as a primary contact for our group/network should

_____ 's application be successful:
Name of Applicant Organisation

Primary Contact Name: _____

Primary Contact Position: _____

Primary Contact Email: _____

Primary Contact Phone: _____

Date: _____

Second Authorised Representative Details

We nominate the below individual as a second authorised representative for our group/network should _____ 's
Name of Applicant Organisation
application be successful:

Second Authorised Representative Name: _____

Second Authorised Representative Position: _____

Second Authorised Representative Email: _____

Second Authorised Representative Phone: _____

Date: _____