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To Submit a new application click [here](#)
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Applications close Thursday 18 March 2021 at 5:00 pm. For program queries please email: landcare@delwp.vic.gov.au

Grants Online Form

Form:

2021-24 Victorian Landcare Facilitator Program

Form Type:

Grant Application

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](#).

Web Site 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.

ELIGIBILITY - ORGANISATION

Please read the VLFP 2021-24 [Guidelines](#) before applying.

Organisation Information

Is your organisation a local government or state government entity?

☐ Yes
☐ No

Is your organisation one of the following:

- incorporated
- incorporated as a member group of Landcare Victoria Inc.
- registered as a not-for-profit organisation

☐ Yes
☐ No

Does your organisation have an ABN?

☐ Yes
☐ No

Is your organisation insured for personal accident insurance, professional indemnity & \$20 million public liability cover?

☐ Yes
☐ No

Is the focus of your organisation on-ground natural resource management?

☐ Yes
☐ No

If you answered 'No', you may not be eligible to apply for this grant. Please refer to the [2021-24 Victorian Landcare Facilitator Program Guidelines](#) for full details.

ELIGIBILITY - EMPLOYMENT REQUIREMENTS (for organisations that are not a local government or state government entity)

Employment Requirements

To meet the eligibility criteria, applicant organisations must provide 'Yes' answers to all the employment requirements questions below. Note - successful additional employment requirements as part of the DELWP contracting process.

1. Does your organisation have line management experience and/or the capability required to employ a Landcare facilitator? See www.business.vic.gov.au/hiring-and-managing-staff/staff-management

☐ Yes
☐ No

2. Have you read (and understood) the Fair Work Information Statement which employers must provide to new employees? See www.fairwork.gov.au/employee-entitlements/national-employment-standards/fair-work-information-statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you read (and understood) the National Employment Standards' 10 minimum employment entitlements that have to be provided to all employees? See www.fairwork.gov.au/employee-entitlements/national-employment-standards	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you read (and understood) the Australian Taxation Office's document Difference between employees and contractors? See www.ato.gov.au/business/employee-or-contractor/difference-between-employees-and-contractors	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you understand the different employment entitlements for full-time, part-time, casual or fixed term employees? See www.fairwork.gov.au/employee-entitlements/types-of-employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you used the Australian Taxation Office Employee/contractor decision tool to check if your Landcare facilitator will be an employee or contractor for tax and superannuation purposes? See www.ato.gov.au/Calculators-and-tools/Employee-or-contractor/?page=1#Difference_between_employee_and_contractor	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your organisation have a Workplace Health and Safety Policy or agrees to implement such a policy before employing a Landcare facilitator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your organisation have an existing Grievance Policy or agrees to implement such a policy before employing a Landcare facilitator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your organisation have a Code of Conduct or agrees to adopt a Code of Conduct before employing a Landcare facilitator? Note - if your organisation is a member group of Landcare Victoria Inc., they have a Code of Conduct which can be endorsed by member groups.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered 'No', you may not be eligible to apply for this grant. Please refer to the [2021-24 Victorian Landcare Facilitator Program Guidelines](#) for full details.

ORGANISATION DETAILS

Name of Applicant Organisation:	
Organisation's Australian Business Number (ABN): Check at ABN Lookup	
Organisation's Incorporation Number:	
	If you are incorporated through an umbrella group such as Landcare Victoria Incorporated (LVI), please include the incorporation number for that group. For example (LVI's incorporation number is A0011936S). Check the organisation number at Incorporated associations register
What type of organisation are you?	Aboriginal group, Coastcare group, Committee of Management, Conservation Management Network, Friends of group, Landcare group, Landcare network, Not-for-profit organisation, State government entity, Other
If 'Other' please specify	

Postal Address:

Town / Suburb:

State:

- ☐ Victoria
- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Territory
- ☐ Queensland
- ☐ South Australia
- ☐ Tasmania
- ☐ West Australia

Postcode:

Local Government Areas (LGA)

What are the main LGA's where the applicant organisation and groups/networks the Landcare facilitator will support located?

Catchment Management Authority (CMA)

What is the main CMA region where the applicant organisation and groups/networks that the Landcare facilitator will support located?

CMA

KEY CONTACT

Key contact

The key VLFP contact for DELWP. For groups/networks this should be a community member of an executive committee (e.g. Chairperson, Secretary, Treasurer), but must not be a VLFP-funded Landcare facilitator or another paid staff member.

Title:

- ☐ Dr
- ☐ Miss
- ☐ Mr
- ☐ Mrs
- ☐ Ms
- ☐ Mx

First Name:

Last Name:

Position:

Primary Contact Number:

(Landline or Mobile accepted)

Mobile number:

(if different to Primary)

Email:

PRIMARY AUTHORISED REPRESENTATIVE

Person authorised to sign the contract

The primary authorised representative will sign the funding agreement if the application is successful - This can be the same person as the key contact. For groups/networks this should be a community member of an executive committee (e.g. Chairperson, Secretary, Treasurer), but must not be a VLFP-funded Landcare facilitator or another paid staff member.

Title: ☐ Dr
☐ Miss
☐ Mr
☐ Mrs
☐ Ms
☐ Mx

First Name:

Last Name:

Position:

Primary Contact Number:
(Landline or Mobile accepted)

Mobile number:
(if different to Primary)

Email:

SECOND AUTHORISED REPRESENTATIVE

Person authorised to sign the contract

The second authorised representative will also sign the funding agreement if the application is successful. For groups/networks this should be a community member of an executive committee (e.g. Chairperson, Secretary, Treasurer), but must not be a VLFP-funded Landcare facilitator or another paid staff member.

Title: ☐ Dr
☐ Miss
☐ Mr
☐ Mrs
☐ Ms
☐ Mx

First Name:

Last Name:

Position:

Primary Contact Number:
(Landline or Mobile accepted)

Mobile number:
(if different to Primary)

Email:

APPLICATION TITLE

What is the title of your application?

In 10 words or less, choose a title that best describes your proposal.

Application Title:

ASSESSMENT CRITERIA 1 - Demonstrated Need and Sustained Community Benefit: (40%)

Please describe:

- the need for a Landcare facilitator and the extent to which the proposed activities of the Landcare facilitator will help deliver on the VLFP's goals.
- the community and public benefit to be delivered.
- how the expected outcomes from having the Landcare facilitator will help deliver local/regional/state land and environment priorities and plans (see [Guidelines Appendix 3](#)).
- the extent to which the proposal will leave a legacy beyond the funding period, including sustained outcomes and community action.

ASSESSMENT CRITERIA 2 - Spatial coverage: (20%)

Please list the groups/networks to be supported by the Landcare facilitator and attach a letter of endorsement from each group/network. The letter of endorsement template is available at www.environment.vic.gov.au/grants/vlfp

Only groups/networks whose focus is on-ground natural resource management works should be included. Do not include Catchment Management Authorities, government agencies (e.g. Parks Victoria, DELWP), local government, businesses, non-government organisations, other community groups (e.g. Rotary, Lions, CFA, SES), sporting clubs, schools. For purposes of the VLFP, these organisation types will be regarded as collaborators in the delivery of the Landcare facilitator's work program.

If the number of groups/networks to be supported exceeds the 12 rows available on the form, please email: landcare@delwp.vic.gov.au for further instructions.

How many groups/networks will your Landcare facilitator support in total?

	Group/network Name	Group/network type	Number of group/network members	Letter of endorsement
1.		<input type="checkbox"/> Aboriginal group <input type="checkbox"/> Landcare network <input type="checkbox"/> Landcare group <input type="checkbox"/> Conservation Management Network <input type="checkbox"/> Coastcare group <input type="checkbox"/> Friends of group <input type="checkbox"/> Committee of Management <input type="checkbox"/> Other		Upload
2.		<input type="checkbox"/> Aboriginal group <input type="checkbox"/> Landcare network <input type="checkbox"/> Landcare group <input type="checkbox"/> Conservation Management Network <input type="checkbox"/> Coastcare group <input type="checkbox"/> Friends of group <input type="checkbox"/> Committee of Management <input type="checkbox"/> Other		Upload
3.		<input type="checkbox"/> Aboriginal group <input type="checkbox"/> Landcare network <input type="checkbox"/> Landcare group <input type="checkbox"/> Conservation Management Network <input type="checkbox"/> Coastcare group <input type="checkbox"/> Friends of group <input type="checkbox"/> Committee of Management <input type="checkbox"/> Other		Upload
4.		<input type="checkbox"/> Aboriginal group <input type="checkbox"/> Landcare network <input type="checkbox"/> Landcare group <input type="checkbox"/> Conservation Management Network <input type="checkbox"/> Coastcare group <input type="checkbox"/> Friends of group <input type="checkbox"/> Committee of Management <input type="checkbox"/> Other		Upload
5.		<input type="checkbox"/> Aboriginal group <input type="checkbox"/> Landcare network <input type="checkbox"/> Landcare group <input type="checkbox"/> Conservation Management Network <input type="checkbox"/> Coastcare group <input type="checkbox"/> Friends of group <input type="checkbox"/> Committee of Management <input type="checkbox"/> Other		Upload

12 Rows are available in the online form

ASSESSMENT CRITERIA 3 - Community engagement, capacity building and resilience (20%)

Please describe what the Landcare facilitator will do to:

- build and sustain local community capacity and resilience
- empower groups/networks to achieve their objectives
- engage local groups and networks and the broader community, which may include Traditional Owners and Aboriginal groups, culturally and linguistically diverse communities, and young people

ASSESSMENT CRITERIA 4 - Capacity to deliver and locally led (10%)

Please describe:

- your capacity to manage a Landcare facilitator
- your capacity to deliver VLFP funding requirements including preparation and implementation of a Program Delivery Plan and timely reporting
- how local leadership will be achieved, including input by all supported groups/networks into the development and delivery of the Landcare facilitator work program.

ASSESSMENT CRITERIA 5 - Value for Money (10%)

This Assessment Criteria is in four parts and the responses provided in all four parts will be used to assess your proposal against the value for money assessment criteria.

PART 1 - Proposed Hours

You can request up to \$57,985 per year (GST free) to fund one part-time (0.5 FTE full-time equivalent) Landcare facilitator position for up to three years.

The Landcare facilitator must be employed for a minimum of 19 hours per week (0.5 FTE), adjusted on a pro-rata basis for organisations receiving less than the maximum amount of VLFP funding.

How many hours per week will the Landcare facilitator work?

For what period of time are you seeking funding for a Landcare facilitator?

Start date (from 1 July 2021):

End date (up to 30 June 2024):

PART 2 - VLFP Funding Sought

	Total Salary Costs \$ (including superannuation and all paid leave)	Total On-costs \$ (e.g. payroll services, transport, office space, professional development etc provide breakdown in PART 3 table below)	Total VLFP funding sought \$ max \$57,985 per year
Year 1			
Year 2			
Year 3			

Operating costs description	Forecast allocation of VLFP funding \$	Forecast other funding sources \$	Name of organisation providing other funding
Salary (including superannuation & all paid leave)			
Transport & travel			
Office space			
Office equipment			

Office expenses & consumables			
Professional development (at least \$1,000 per year is required or pro rata when seeking less than maximum VLFP funding)			
Provision of Workplace Health & Safety			
Administration of VLFP funding (provision of payroll services)			
Totals			

PART 4 - In-kind Contributions

Please identify the in-kind contribution you and/or other organisation/s will provide to support the delivery of the Landcare facilitator role for Year 1. This could include management of the Landcare facilitator, administration of the VLFP funding, other administrative support, training or human resources support.

Description of contribution	In-kind (in-kind volunteer time is valued at \$40/h) \$	Organisation providing in-kind support
Totals		

BUDGET CHECK

Please use whole amounts, DO NOT include cents

VLFP FUNDING SOUGHT

Total VLFP funding sought Year 1

Total VLFP funding sought Year 2

Total VLFP funding sought Year 3

TOTAL AMOUNT OF VLFP FUNDING SOUGHT

Please verify the TOTAL AMOUNT OF VLFP FUNDING SOUGHT is correct

Value must reconcile to \$0.00 to proceed.

Leveraged Investment

Total Funding from other sources

Total In-kind contributions

SUM (Funding from other sources and In-kind contributions)

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 an agreement with DELWP.

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.