



# Healthy Soils, Healthy Rivers Small Grants

Application Form

Who are you

**Applicant Name:**

**Community Group Name:**

**Number of Members:**

**Mailing Address:**

**Telephone:**

**Email:**

**Are you register for GST**

Yes

No

**If no, what documentation can you provide to demonstrate that your group is 'real'**

**How did you hear about this opportunity (tick all that apply)?**

Wheatbelt NRM eNews

Wheatbelt NRM Website

Community Newsletters

Direct Emails

Social Media

Word of Mouth

Other (please specify): \_\_\_\_\_

**What does your group do?**

**What have been some of your group's proudest achievements?**

## Project Details

### Project Deliverables

*What will your project do and what will it achieve (eg stabilise river bank by revegetating 1 k of riparian area)*

### Project Outcomes

*How will your project lead to improved water quality and reduce the impact of nutrients on the waterway*

### Project Activities

*Please describe the activities you will undertake.*

| Activity                                    | Date to be Completed |
|---|----------------------|
| <i>Eg purchase seedlings</i>                | <i>1/06/2019</i>     |
| <i>Eg BBQ for volunteers after planting</i> | <i>25/06/2019</i>    |
|   |                      |
|   |                      |
|   |                      |

## Project Location

What is the name of the waterway/s that your project wants to improve?

## Project Map

Please provide either a GPS location for your project site or create a map using the [Healthy Soils, Healthy Rivers map maker](#). Instructions on how to use the map are provided on the map site.

If you experience difficulty with the map maker, please contact *Jacquie Lucas*.

### Community Participation

How many members of your group will deliver project activities?

Will your project engage volunteers outside your group?

Yes

No

If yes, how many? \_\_\_\_\_

How will your project increase the level of community participation in tackling waterways restoration?

## Budget

**What is the total amount of funds that you are applying for excluding GST?**

| Description of Item(s)                 | Number of Items/ Hours | Cost per Item(s) | In-kind contribution | Total grant fund (GST ex) |
|--|------------------------|------------------|----------------------|---------------------------|
| <i>Eg purchase seedlings</i>           | 2000                   | 50c              |                      | \$1000                    |
| <i>Eg planting seedlings</i>           | 24hrs                  | \$30/hr          | \$720                |                           |
|  |                        |                  |                      |                           |
|  |                        |                  |                      |                           |
|  |                        |                  |                      |                           |
|  |                        |                  |                      |                           |
|  |                        |                  |                      |                           |
|  |                        |                  |                      |                           |
|  |                        |                  |                      |                           |
|  |                        |                  |                      |                           |
|  |                        |                  |                      |                           |
| <b>Total</b>                           |                        |                  | \$                   | \$                        |
| <b>Total Value of Project (ex GST)</b> |                        |                  | \$                   | \$                        |

**Please provide your details for payment should your application be successful:**

**Bank**

**BSB**

**Account Number**

**Account Name**

Have you received funding from Wheatbelt NRM in the past?

Yes

No

If yes please list previous projects:

### Signed by the applicant

*The information provided in this application form is true and correct to the best of my knowledge. I have the authority to make this submission as the owner/ representative of the owner of the land on which this project is proposed to be undertaken*

Checked box indicates signature of applicant

Date:

**Please submit this form with associated photos and map to Wheatbelt NRM by 5.00pm 18 March 2019**

**Email: [jlucas@wheatbeltnrm.org.au](mailto:jlucas@wheatbeltnrm.org.au)**

**Phone: (08) 9670 3113**

**Fax (08) 96703140**

**Post: PO BOX 311, Northam WA 6401**