# **Cradle Coast Authority**

# **Community Capacity Small Grants**

# **Round 1- January 2022**

**Application Form**

To be eligible to complete the form, you must be:

* An authorised office bearer or representative of a Landcare, Coastcare, Aboriginal, Friends of or community group actively involved in natural resource management activities.
* Have obtained the approval and signature of the Land Manager if the application involves any component of on-ground works.

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| --- | --- |
| **Name of Community Group:** | |
| Name of applicant: | |
| Position: | |
| Postal address: | |
| Email: | Phone: |
| Signature: | Date: |

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| --- | --- |
| **Name of Sponsoring Body:** only applicable for unincorporated community groups | |
| Contact person: | |
| Postal address: | |
| Email: | Phone: |
| Signature: | Date: |

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| Please describe what you are seeking grant funding for and how the funding would support the restoration or protection of our valuable natural assets and how the project will be delivered? Who, what, where, how, why? |
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| Will the project engage community, if so how and to what extent? |
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| Approvals, permits and permission: Have all the necessary planning, regulatory, permits and permissions been obtained (e.g. Land manager approval, cultural heritage assessments as appropriate)? Please describe these requirements. |
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| **Land Manager Approval** – if required | |
| Land Management Agency: | |
| Name of authorised representative: | |
| I support the community group application which involves works or activities at the following address owned or managed by us. | |
| Address: | |
| Signature: | Date: |

**The budget form on the following page must also be**

**completed as part of the application process**

Please complete the application form and budget and return to:

Hannah Sadler NRM Engagement Officer [hsadler@cradlecoast.com](mailto:hsadler@cradlecoast.com)

Ph. 64338400 / 0427554793 by midnight **Tuesday 8th February 2022.**

## Budget

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Task / budget item | Start  Approx. Month | Finish  Approx. Month | Budget | | |
| CCNRM funding request | Community Group  in-kind contribution | **Total Funds** |
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| Sub-totals | | | **$** | **$** |  |
| Total project value | | | | | **S** |

*NB: 1:1 funding ratio or higher will be looked upon favourably. To calculate your in-kind contribution volunteer labour is costed at $35p/h.*