

Community Environment Grant Application 2024/2025 Combined Round

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the **Community Environment Grant guidelines** located on [Council's grant webpage](#).

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you are completing an application in a group/team, multiple people can work on an application using the same log in details as long as only one person is working at a time. Ensure you save as you go.

If you have any questions in regards to the grant program, eligibility or your application, please contact Sustainability Engagement Officer, Melinda Brown, at mbrown@lakemac.nsw.gov.au

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the grant guidelines
- is a not-for-profit organisation (Note: State and Commonwealth agencies are not eligible for funding)
- is incorporated. If your organisation is not incorporated, you must arrange for another legal entity (for example, an incorporated community organisation) to sponsor your application. This means the sponsor will accept and administer the funding and final acquittal on behalf of your organisation.
- grant project is located in Lake Macquarie City Council area
- has written permission from the landowner (if applicable)
- does not owe any reports or money to Lake Macquarie City Council as a result of previous grant funding
- has current Public Liability Insurance to the value of \$20 million (or will obtain this insurance upon notification that your grant project has been selected for funding).

Please select below: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

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Privacy Notice

Personal information supplied will be handled in accordance with [Councils Privacy Management Plan](#).

Applicant Details

Applicant organisation name *

Organisation Name

Please use your organisations full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant organisation address *

Address

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

Applicant organisation postal address *

Please include postcode

Primary contact person *

Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Phone number *

Must be an Australian phone number.

Primary contact person's email address *

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

Organisation Details

* indicates a required field

Does your organisation have an ABN? *

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- ☐ Yes
- ☐ No

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.

Is your organisation incorporated? *

- ☐ Yes
- ☐ No

What is your incorporation number? *

Incorporated Association or Australian Corporation Number

Has your organisation received a Community Environment grant (previously called Environmental Sustainability grant) in the past? *

- ☐ Yes
- ☐ No

Has your organisation completed and submitted all relevant documentation for this previous grant to Council? *

- ☐ Yes
- ☐ No

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Sponsor Information

* indicates a required field

If your organisation is not incorporated, it is a requirement that you arrange for an incorporated organisation to sponsor your organisation's grant application. This means the sponsor organisation is responsible for accepting and administering funding on your behalf. They will also be responsible for acquittal of funding in the final report.

If you have questions about this, please contact Council's Sustainability Engagement Officer, Melinda Brown, at mbrown@lakemac.nsw.gov.au

Is your organisation sponsored by another organisation for the purposes of this grant? *

☐ Yes ☐ No

Unincorporated organisations applying for a grant must be sponsored by an incorporated organisation. If you do not have a sponsor you should not apply for this grant.

Sponsor Organisation Details

Name of sponsor organisation *

Organisation Name

Primary contact person at sponsoring organisation *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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We may contact this person to verify that this auspicing arrangement is valid and current.

Position of contact person in the sponsor organisation *

e.g. Manager, CEO

Contact person's primary phone number *

Contact person's email address *

Must be an email address

Sponsor's postal address *

Does the Sponsor organisation have an Australian Business Number (ABN)? *

☐ Yes ☐ No

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ABN of Sponsor organisation *

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

Incorporation number of sponsoring organisation

Project Details

* indicates a required field

Project title: *

Provide a name for your project. Your title should be short but descriptive

Please provide a short summary of your project *

Word count:

Must be no more than 200 words.

What do you intend to do? What are the key outcomes and benefits you expect the project to deliver?

Background to your project

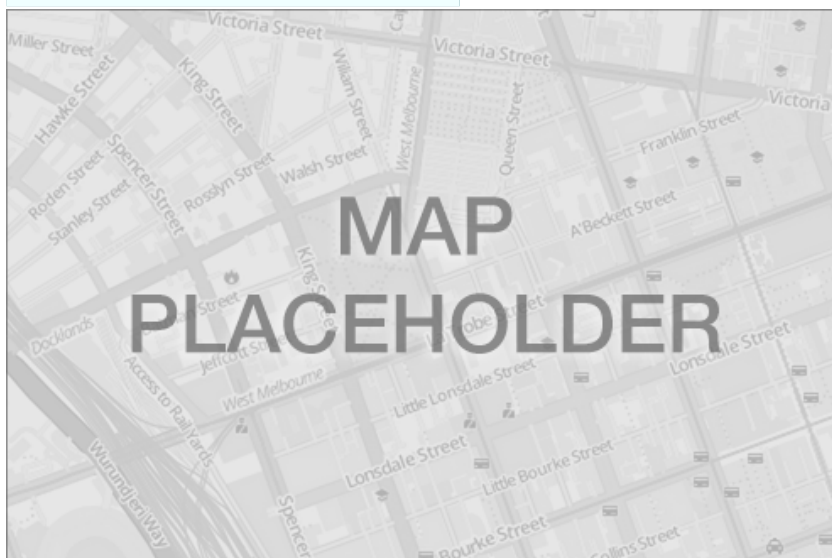
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Why is your project needed?

Project location *

Address



Suburb/Town, State/Province, Postcode, and Country are required.
The project must be located in Lake Macquarie City Council area

Does your applicant organisation own the land on which the project works will take place? *

☐ Yes ☐ No

Please upload written approval from the property owner to undertake the project works *

Attach a file:

For example, a signed letter from School Principal on school letterhead

Project goals

Please list the main goal(s) of your project (For example, a clear statement on what do you hope to achieve and what you intend to do to achieve it)

Think about environmental, social, economic and cultural goals.

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For example, Improve the ecosystem in our local area by planting a native garden to support native wildlife, birds and insects, OR Improve the energy efficiency of our building by replacing existing fluorescent lighting with LEDs OR Increase awareness and knowledge of practical energy saving actions in our student group and wider community by including energy conservation as a topic in our lesson plan and providing project updates and tips on our facebook page, OR Improve skills and strengthen networks in our local community by volunteers participating in working bee.

Evaluation of project goals

How will you measure the success of your project? For each goal you identified in the question above, please identify how you will measure its achievement at the end of the 12 month project .

For example, the number of native plants planted and established, the amount of energy saved per year (and resulting amount of green house gas emissions saved), delivery of three lessons to students on energy production and conservation plus four posts on the organisations facebook page over the duration of the project updating the wider community on project progress, desired outcomes and energy saving tips at home, minimum of 10 people attend working bee to prepare the space and build the garden beds

Is this project identified in your organisation's strategic plan? *

- ☐ Yes
☐ No

For example, your organisations Environmental Plan, Action Plan, Operational Plan.

Please provide the name of the plan *

Area(s) of focus for this project

This project relates to the following environmental sustainability strategic themes (as identified Council's [Environmental Sustainability Strategy and Action Plan 2020-2027](#)). Tick all that apply.

*

- ☐ Protecting and enhancing our natural landscapes – projects that improve local ecosystems and habitat
☐ Supporting resilient communities – projects that improve understanding and preparing for risks from natural hazards and/or climate change

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- ☐ Creating a sustainable city and communities – projects that maximise efficient use of energy and reduce reliance on non-renewable energy sources, increase efficient use of water and/or support increase use of active transport
- ☐ Responsible consumption and production – projects that increase correct recycling practices, decrease consumption of non-renewable resources, decrease waste sent to landfill, and/or reduce ecological footprint

United Nations Sustainable Development Goals

This project supports the following United Nations Sustainable Development Goals (SDGs). Tick all that apply.

More information about UN SDGs can be found here <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>

*

- ☐ No Poverty
- ☐ Zero Hunger
- ☐ Good Health and Well-being
- ☐ Quality Education
- ☐ Gender Equality
- ☐ Clean Water and Sanitation
- ☐ Affordable Clean Energy
- ☐ Decent Work and Economic Growth
- ☐ Industry Innovation and Infrastructure
- ☐ Reduced Inequalities
- ☐ Sustainable Cities and Communities
- ☐ Responsible Consumption and Production
- ☐ Climate Action
- ☐ Life Below Water
- ☐ Life On Land
- ☐ Peace, Justice and Strong Institutions

Education, engagement and promotion

Do you intend to add value to your project by including form(s) of education, engagement or promotion?

- ☐ Yes
- ☐ No

Type of education/ education/promotion	Content	Approximate number of people involved or reached
E.g. workshop, presentation, working bee, opening celebration event, one-on-one engagement, brochure, newsletter content, social media post, website content, installation of sign, video	Brief description of content	

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If you are successful in receiving grant funding, you are required to include the following statement acknowledging support in all education, training and promotion materials:

'This project is supported by Lake Macquarie City Council through its Community Environment Grants Program.'

I will include this statement of support in all grant project materials *

- ☐ Yes
☐ No

Please list any groups or organisations you will work in partnership with on this project

Project partner

Role in project

A letter of support from these groups will strengthen your application		

Life cycle impacts

Please explain how you plan to minimise the environmental impacts of your project?

*

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For example, choosing recycled or upcycled materials instead of new materials, participants to byo reuseable drink bottle, plate and cutlery to working bee bbq, plastic pots from plants to be returned to nursery, fluorescent globes to be recycled at Community Recycling Centre

Please list any consultation you have had with relevant Council Officer(s) in developing this project.

Council Officer's name

Date of communication

Content of discussion

Work plan

Project start date *

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Project end date *

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Must be a date and between 1/7/2025 and 30/6/2026.
Funds for this round will be available in late June 2025. The project start date must be from 1 July 2025.

Must be a date and between 1/7/2025 and 30/6/2026.
Project must end within 12 months of receiving funding (by end of June 2026). If unknown, provide your best guess

What are the major tasks involved in delivering your project?

Task	Start Date (if known)	Finish Date (if known)	Notes
e.g. planning; major activities; evaluation	Must be a date and between 1/7/2025 and 30/6/2026.	Must be a date and between 1/7/2025 and 30/6/2026.	Add explanatory notes if required

Supporting documents

Please upload any other documents to support your application

Attach a file:

E.g. photos of the project site, site plan, species planting list. NOTE: Please upload budget related documents in the budget section.

Budget

* indicates a required field

Please make sure the project budget is realistic.
All budget items should be GST inclusive.
Please provide a quote for item(s) over \$500.
In-kind volunteer labour hours should be costed at \$40 per hour. Please show the calculation so the Committee can see your working (task x number of people x number of hours x \$40 p/hr)
Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.
Please note you need to Save the budget page before the totals below are automatically calculated.

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Grant funds requested from Council *

\$

What is the total amount of funding from Council you are requesting in this application?

Your organisations total matching investment *

\$

Must be a dollar amount.
What is the total amount your organisation is investing in the project? This includes in-kind contributions, cash and donated goods. Your organisation must demonstrate, at a minimum, matching dollar-for-dollar investment in the project (ie. If you are asking for \$1500 from Council then your organisation must contribute at least \$1500 of investment to the project)

Total value of the project *

\$

This number/amount is calculated.

Breakdown of how Council grant funds will be spent

Please provide detail on how you plan to spend grant funds received from Council.

The sum of the amount column in this section will be automatically totalled below. The 'Total of grant fund expenditure' needs to equal the total 'Grant funds requested' amount in question above.

Note: grant guidelines prohibits projects where half or more of Council grant funds is used to pay for labour (except to engage expert presenters).

Item(s) purchased with Council grant funds \$

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total of Council grant fund expenditure

\$

This number/amount is calculated.
The total of grant fund expenditure needs to equal the total Grant funds requested amount in question above.

Breakdown of your organisations matching investment

Please provide detail on your organisation's investment in the project.

In-kind voluntary labour should be costed at \$40 per/hour. Please show workings in the description column (Task X number of people X number of hours X \$40). For example, Working bee to build garden beds x 4 volunteers x 6 hours x \$40.

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Type of investment	Description	\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total investment amount from your organisation

\$

This number/amount is calculated.
This amount needs to equal the Your organisations total matching investment amount in question at top of this page

Please attach quotes for all items over \$500

Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by a member of the Executive of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the grant guidelines and letter of approval.

I agree * ☐ Yes ☐ No

Name of person in the Executive *

Title	First Name	Last Name

Position *

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Position held in Executive of applicant organisation (e.g. President, Vice-President, Secretary, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Certification by Sponsor Organisation

This section must be completed by a member of the Executive of the Sponsor organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the grant guidelines and letter of approval.

I agree *

☐ Yes

☐ No

Name of person in Sponsor organisation Executive *

Title

First Name

Last Name

Contact phone number *

Position held in Executive of applicant organisation (e.g. President, Vice-President, Secretary, Treasurer)

Contact Email *

Date *

Must be a date.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

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Note: All feedback given is to assist us improve and will not affect your application.

Please indicate how you found the online application process:

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.