



Application for Conservation Partners Grant

This is to apply for a grant under the BCT's Conservation Partners Grants.

The Guide for Applicants - Conservation Partners Grants will give you more information on applying for a grant. See the BCT website at www.bct.nsw.gov.au for more information.

For some activities you will need a BCT site visit before you can apply for a grant.

Please fill in the information as accurately as possible. Please contact the BCT if you require assistance with any of the questions or have further queries about the Conservation Partners Grants.

You can save this application at any time to your computer, then reopen to complete and email it to the BCT: info@bct.nsw.gov.au

Alternatively, you can print and mail it to Biodiversity Conservation Trust, PO Box A290, Sydney South, NSW 1232.

1. APPLICANT DETAILS

| | | | |
|-------------------------------------|---------------|--|--|
| First name | | | |
| Surname | | | |
| Company name (if applicable) | ABN | Are you registered for GST? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Postal address | | | |
| Town/Suburb | State | Postcode | |
| Telephone | Mobile | | |
| Email | | | |
| Preferred method of contact? | | | |

2. PROPERTY DETAILS

| | | | |
|---|------------|-----------------|--|
| Who owns the property? | | | |
| Property Name and Address | | | |
| Lot and Deposited Plan of the agreement area | | | |
| Town | NSW | Postcode | |
| What type of agreement do you have on your property or what program do you participate in? | | | |
| Property area (ha) | | | |
| Size of conservation area (ha) | | | |
| Size of area involved in application (ha) | | | |

3. WHAT ACTIVITIES ARE TO BE FUNDED

| | | |
|--|--|------------------------------------|
| Which of these activities are you seeking funding for? <i>(tick then complete details in Attachment 1)</i> | <input type="checkbox"/> Weed control <input type="checkbox"/> Fencing to control stock access <input type="checkbox"/> Introduced pest animal control <input type="checkbox"/> Supplementary planting (hand planting or direct seeding) <input type="checkbox"/> Habitat restoration (eg nest boxes) <input type="checkbox"/> Other maintenance needed to maintain conservation values | |
| What is your overall goal? Why do you want to implement these activities? | | |
| Is a site visit needed? <i>(see Guide for Applicants)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If a site visit has occurred, please provide details | Name of person and organisation who visited | |
| | Date of visit | |

4. FUNDING SOUGHT

Complete the table below about what funding is sought – across all activities:

| Funds requested (\$) | Year 1 | Year 2 | Year 3 | Total |
|---|--------|--------|--------|---------|
| | \$ | \$ | \$ | \$ 0.00 |
| Are you contributing to the works in addition to funding? <i>(eg time, own materials)</i> | | | | |
| Estimate of your contribution (\$) | \$ | | | |
| What previous or other current funding have you received for environmental management activities on your property? | | | | |
| Has this previous funding been acquitted? If not, why not? | | | | |

5. SKETCH MAP OF WORKS ACTIVITIES

Please provide a sketch map with:

- Property boundary
(and show which direction is north)
- Conservation area
(area under agreement)
- Area of proposed works,
specifying what type of work
- Areas of weed infestation

Wherever possible, mapping details should be overlaid on an airphoto of suitable scale or a topographic map. Google Maps may provide a suitable base layer for maps, or alternatively, maps from the actual agreement which protects the (relevant part of the) property may be used.

If you submit your application electronically, please send a scan of your Sketch Map as an attachment to Info@bct.nsw.gov.au.

6. SIGNATURE(S) OF PROPERTY

☐ I certify that the information given in this application is true and correct. If more than one owner, please use additional spaces.

☐ I certify that funding is not being sought for works already completed or already funded

| | | | |
|------------------|--|------------------|--|
| Signature | | Signature | |
| Name | | Name | |
| Date | | Date | |

| | | | |
|------------------|--|------------------|--|
| Signature | | Signature | |
| Name | | Name | |
| Date | | Date | |

7. LODGING YOUR APPLICATION FORM

Once completed, send the Application Form with any attachments to the BCT. Applications can be made at any time of the year.

ELECTRONICALLY

via Email to: Info@bct.nsw.gov.au

OR BY POST:

NSW Biodiversity Conservation Trust
Conservation Partners Grants
PO Box A290
Sydney South, NSW 1232

ATTACHMENT1-DETAILS OF ACTIVITIES

A WEED CONTROL

If your application is for weed control, please complete the table below listing the species of weed targeted, the estimated area of infestation and proposed method of control, and indicate the level and estimated area of infestation on your sketch map.

| Species of High Threat Weed <i>(see list of priority weeds by LGA or LLS region at www.dpi.nsw.gov.au/biosecurity/weeds)</i> | Estimated area of infestation <i>(either state approximate area control activity will apply to OR estimate of % of total Conservation Area)</i> | Estimated Level of cover <i>Sparse (S) Moderate (M) Dense (D) please tick</i> | Proposed method of control <i>i.e. herbicide boom spray, spot spray with vehicle mounted tank, spot spray with back pack, cut and paint, hand removal, other (specify)</i> | Materials needed <i>(M)</i> | Labour (hours) <i>(L)</i> | Cost Calculation | | |
|---|--|--|---|-----------------------------|---------------------------|------------------|--------|----------------|
| | | | | | | (M) \$ | (L) \$ | Total (M+L) \$ |
| | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D | | | | | | 0 |
| | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D | | | | | | 0 |
| | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D | | | | | | 0 |
| | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D | | | | | | 0 |
| | | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D | | | | | | 0 |
| TOTAL | | | | | | 0 | 0 | 0 |

A WEED CONTROL

LABOUR

| | | | |
|---|--|--|--|
| Are you using your own labour to do works? | <input type="checkbox"/> Yes - all hours of works | <input type="checkbox"/> Yes - some hours Number of hours: _____ | <input type="checkbox"/> No hours |
| If yes, please outline how you are capable and with necessary experience to undertake the activities | | | |

NEED FOR FUNDING:

| | | |
|--|-------------------------------------|------------------------------------|
| Is this activity supported in the management plan of your agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outline why this activity is necessary, and how it will improve the conservation values | | |

Notes: Weed control activities are to be undertaken either by suitably qualified environmental weed control contractor/s or by landholders who have indicated that they are capable (and with necessary experience) to complete the tasks listed in the Works Program.

All weed control works are to be undertaken in

accordance with industry best-practice environmental weed control/bush regeneration techniques, and as recommended for the target weed by the NSW Department of Primary Industries (DPI).

Herbicides must be registered in NSW for the control of target weed species, or off label permit/s issued.

Where weed control activities are occurring in proximity to water bodies, herbicides must be registered or permitted for aquatic situations.

You need to supply a copy of your current chemcert if you propose to do your own herbicide spraying.

B FENCING

If you are applying for funding to assist with the construction of new fencing to control stock access, please indicate the approximate location of the proposed fence on your sketch map.

| Length of fence proposed | Details of fencing (see notes below) | Materials needed (M) | Labour (hours) (L) | Cost Calculation | | |
|--------------------------|---|----------------------|-----------------------|------------------|--------|-------------------------|
| | | | | (M) \$ | (L) \$ | Total Costs (M+L) \$ |
| | | | | | | 0 |
| | | | | | | 0 |
| | | | | | | 0 |
| | | | | | | 0 |
| | | | | | | 0 |
| TOTAL | | | | 0 | 0 | 0 |

B FENCING

LABOUR

| | | | |
|---|--|--|--|
| Are you using your own labour to do works? | <input type="checkbox"/> Yes - all hours of works | <input type="checkbox"/> Yes - some hours Number of hours: _____ | <input type="checkbox"/> No hours |
| If yes, please outline how you are capable and with necessary experience to undertake the activities | | | |

NEED FOR FUNDING:

| | | |
|--|-------------------------------------|------------------------------------|
| Is this activity supported in the management plan of your agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outline why this activity is necessary, and how it will improve the conservation values | | |

Notes: Fence can be electric or plain wire, and must contain a minimum of 6 wires (sufficient to control stock). Barbed wire cannot be used on the top or bottom strands (to avoid injury to native wildlife such as echidnas, owls and gliders).

Maximum steel post spacing is 5 metres. Ring-lock/hinge-joint type fences must have at least 1 plain wire along the top above the pre-fabricated section. Minimum of 1 gate per fenced site.

The fence must be considered permanent, and all materials used are new or 'as new'.

C INTRODUCED PEST ANIMAL CONTROL

If applying for funding to contribute to pest animal control, please indicate species and method below:

| | | | | Cost Calculation | | |
|-----------------|--|-----------------------------|---------------------------------|------------------|--------|-----------------------------------|
| Animal targeted | Method/s <i>(e.g. shooting, poison baiting, traps, etc)</i> | Materials needed <i>(M)</i> | Labour (hours) <i>(L)</i> | (M) \$ | (L) \$ | Total Costs <i>(M+L) \$</i> |
| | | | | | | 0 |
| | | | | | | 0 |
| | | | | | | 0 |
| | | | | | | 0 |
| | | | | | | 0 |
| | | | | | | 0 |
| TOTAL | | | | 0 | 0 | 0 |

C INTRODUCED PEST ANIMAL CONTROL

LABOUR

| | | | |
|--|--|--|--|
| Are you using your own labour to do works? | <input type="checkbox"/> Yes - all hours of works | <input type="checkbox"/> Yes - some hours Number of hours: _____ | <input type="checkbox"/> No hours |
| If yes , please outline how you are capable and with necessary experience to undertake the activities | | | |

COORDINATION WITH NEIGHBOURS' WORKS PLANS

| | | |
|--|-------------------------------------|------------------------------------|
| Are your proposed works aligned or co-ordinated with neighbours' works plans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes , outline coordination effort | | |

NEED FOR FUNDING:

| | | |
|--|-------------------------------------|------------------------------------|
| Is this activity supported in the management plan of your agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outline why this activity is necessary, and how it will improve the conservation values | | |

Notes: Pest animal control activities are to be undertaken either by suitably qualified contractor/s or by landholders who have indicated that they are capable and with necessary experience (and registration and licences where applicable) to complete the tasks listed in the Works Program.

All pest control works are to be undertaken in accordance with industry best-practice environmental pest animal control techniques, and as recommended for the target pest animal by the NSW Local Land Services (LLS) (more information at www.lls.nsw.gov.au/biosecurity/pest-control).

You should liaise with Local Land Services before undertaking pest control and have chemcert if baiting.

D SUPPLEMENTARY PLANTING

If applying for funds to assist with the planting of locally indigenous shrubs and/or trees (or other), please note the main species and method of establishment to be used:

| | | | | | | Cost Calculation | | |
|----------------------------|----------------|-----------------------------------|--|----------------------|-----------------------|------------------|--------|-------------------------|
| Main species to be planted | Approx. number | Approx. area of planting proposed | Proposed method (hand planting, direct seeding) | Materials needed (M) | Labour (hours) (L) | (M) \$ | (L) \$ | Total Costs (M+L) \$ |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| | | | | | | | | 0 |
| TOTAL | | | | | | 0 | 0 | 0 |

D SUPPLEMENTARY PLANTING

LABOUR

| | |
|--|--|
| Are you using your own labour to do works? | <input type="checkbox"/> Yes - all hours of works <input type="checkbox"/> Yes - some hours Number of hours: _____ <input type="checkbox"/> No hours |
| If yes , please outline how you are capable and with necessary experience to undertake the activities | |

NEED FOR FUNDING:

| | |
|--|--|
| Is this activity supported in the management plan of your agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outline why this activity is necessary, and how it will improve the conservation values | |

Notes: Funding for supplementary planting will only be considered where this activity is supported or permitted by the management requirements of the agreement on the land and a site visit has been undertaken.

E HABITAT RESTORATION

If applying for funding for specific works to improve habitat elements for threatened plants or animals, please indicate the species targeted and the works planned in the table below:

| Plant or animal whose habitat proposed works will improve | Works proposed <i>(include numbers of items eg nest boxes, logs, rocks)</i> | Materials needed <i>(M)</i> | Labour <i>(hours)</i> <i>(L)</i> | Cost Calculation | | |
|---|--|-----------------------------|--|------------------|--------|--------------------------------|
| | | | | (M) \$ | (L) \$ | Total Costs <i>(M+L) \$</i> |
| | | | | | | 0 |
| | | | | | | 0 |
| | | | | | | 0 |
| | | | | | | 0 |
| | | | | | | 0 |
| TOTAL | | | | 0 | 0 | 0 |

E HABITAT RESTORATION

LABOUR

| | | | |
|---|--|--|--|
| Are you using your own labour to do works? | <input type="checkbox"/> Yes - all hours of works | <input type="checkbox"/> Yes - some hours Number of hours: _____ | <input type="checkbox"/> No hours |
| If yes, please outline how you are capable and with necessary experience to undertake the activities | | | |

NEED FOR FUNDING:

| | | |
|--|-------------------------------------|------------------------------------|
| Is this activity supported in the management plan of your agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outline why this activity is necessary, and how it will improve the conservation values | | |

Notes: Placement of logs or rocks must be supported by the agreement management plan for the

conservation area and should be supported by your BCT Landholder Support Officer.

Advice should be sought from your BCT Landholder Support Officer before placement of nest boxes.

F OTHER MAINTENANCE

If applying for funding for other maintenance works (not covered above) needed to maintain conservation values on your property, please outline the works planned in the table below:

| | | | Cost Calculation | | |
|-------------------------|----------------------|--------------------|------------------|--------|----------------------|
| Types of works proposed | Materials needed (M) | Labour (hours) (L) | (M) \$ | (L) \$ | Total Costs (M+L) \$ |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| | | | | | 0 |
| TOTAL | | | 0 | 0 | 0 |

F OTHER MAINTENANCE

LABOUR

| | |
|---|---|
| Are you using your own labour to do works? | <input type="checkbox"/> Yes - all hours of works <input type="checkbox"/> Yes - some hours <i>Number of hours:</i> _____ <input type="checkbox"/> No hours |
| If yes, please outline how you are capable and with necessary experience to undertake the activities | |

NEED FOR FUNDING:

| | |
|--|--|
| Is this activity supported in the management plan of your agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outline why this activity is necessary, and how it will improve the conservation values | |