GENERAL INFORMATION

* indicates a required field

CLOSING DATE: 4PM SUNDAY 30 JUNE 2024

IMPORTANT - PLEASE READ THE FOLLOWING INFORMATION BEFORE COMMENCING YOUR APPLICATION ONLINE

BEFORE YOU BEGIN

Welcome to the Department of Environment, Science and Innovation (the department) online grant application service for *Regional Waste Management Plan Coordination*.

PROGRAM QUESTIONS

For queries about the *guidelines* or questions in the form, please contact Partnerships and Governance Team in the Office Of Circular Economy using the following email WastePlanImplementation@des.qld.gov.au. If you need to talk to someone from Partnerships and Governance please contact Rosie Savoca on 0436 837 418.

You are strongly encouraged to save your application form every five to 10 minutes to reduce the risk of loss of information.

SmartyGrants HELP

If a technical error occurs, staff at SmartyGrants are available to help you. Contact them on (03) 9320 6888 during business hours or email service@smartygrants.com.au and quote your application number.

Help is available to guide you through using this form - please download the <u>Help Guide for Applicants</u>.

NAVIGATING (FILLING OUT) THE APPLICATION FORM

On the left hand side of every screen, there is a box which links directly to every page of the application form. Click the link to move directly to the page you want. You can also click 'next page' or 'previous page' on the top or bottom of each page to move forward or backward through the application form.

SAVING YOUR DRAFT APPLICATION FORM

If you want to leave a partially completed application, press 'save' and log out. When you log back in and click the 'My Applications' link at the top of the screen, you will find a list of applications you have started or submitted.

You can re-open your draft application and continue where you left off.

DOWNLOAD DRAFT APPLICATION

You can also download any application, whether in draft form or submitted, as a PDF file. Click on the 'Download' button at the bottom of the application navigation panel.

SUBMITTING YOUR APPLICATION

You will find a 'Review' button at the bottom of the navigation panel. You need to review your application before you submit it. Ensure that all fields and mandatory questions marked with an asterisk '*' are completed.

Once you have reviewed your application, you can submit it by clicking on 'Submit' at the top of the screen or on the navigation panel.

IMPORTANT: Any question marked with an asterisk ('*') is mandatory. Failure to answer any of these questions will stop you from being able to complete and submit your application form.

Once you have submitted your application, no further editing or uploading of supporting documents is possible.

When you submit your application form, you will receive an automated confirmation email with a copy of your submitted application attached. This will be sent to the email address that you used to register with SmartyGrants.

If you do not receive a 'confirmation of submission' email, then your application has not been received. Review the error message highlighted in red and ensure that all mandatory fields have been completed. You should then be able to successfully submit your application.

ATTACHMENTS AND SUPPORTING DOCUMENTS

You will need to upload attachments to support your application. This is simple but will require you to have the documents saved on your computer, or on a USB stick, or similar.

You will need to allow enough time for each file to upload before trying to attach another file. Files can be up to 25MB each; however files up to a maximum of 5MB are recommended - the larger the file, the longer it takes to attach.

Remember - some requested document fields are mandatory. Failure to attach them will stop you from being able to successfully submit your application form.

If you are not able to attach a document, please contact SmartyGrants on (03) 9320 6888 for technical support.

COMPLETING AN APPLICATION IN A GROUP OR TEAM

A number of people can work on an application form using the same login details, as long as only one person is working on the application form at a time. Ensure that you save as you go.

SPELL CHECK

Most internet browsers (including Firefox v2.0 and above, Safari, and Google Chrome) have spell check functions built in. You can switch this function on or off by adjusting your browser settings.

Yes No

Please confirm you	0
have read the Regional	0
Waste Management Plan	
Coordination Program	
Guidelines before	
proceeding *	

Link here to Program Guidelines

PRIVACY STATEMENT

The Department of Environment, Science and Innovation is collecting personal information in the application form to assess your application for funding and prepare a grant agreement should your application be successful.

All personal information you provide in this application form, including all attachments, will be routinely provided to the following parties for assessing the application:

- Other Queensland Government agencies to assess your application; and
- External assessment panel members.

Where necessary, information contained in your application may also be provided to the Queensland Minister for the Environment and the Great Barrier Reef and Minister for Science and Innovation and the Minister's members of staff for reporting purposes (except for that information which relates to the Department's confidentiality obligations).

The department will seek your consent for any uses or disclosures outside of these specific terms.

If your application is successful, the following information will be routinely published on the Department of Environment, Science and Innovation website:

- Your organisation's name
- Total amount of funding allocated
- Project name, location and description.

Your grant application and associated documentation is subject to the Right to Information Act 2009. We will only use your information for this purpose. If you wish to access your personal information that is in the control of the department, you may contact Right to Information Services.

If you have any questions or concerns regarding the privacy of your personal information, please contact us.

I h	ave read	and accep	ot the P	rivacy St	atement.	*
0	Yes					

APPLICANT DETAILS

* indicates a required field

APPLICANT ORGANISATION

Name of applicant organisation *	Organisation Name
Trading name (if applicable)	
ABN *	

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

	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	
Website address		
of organisation (if	March has a UDI	
applicable)	Must be a URL	
Street Address	Address	
	All fields are required. Country must	be Australia
Postal Address	Address	
	All Calda and a land Cambridge	la a Assalva II a
	All fields are required. Country must	be Australia
Authorisation		
Applicant's authorisation * Attach a file:		
Applicant's authorisation (for example working group meeting / flying minute		
APPLICANT ORGANISATION	N AUTHORISED/ACCOUNT	ABLE OFFICER

First Name

Last Name

This person should be a responsible person within your organisation, for example Chief

Executive Officer, Chairperson, Executive Officer or similar.

Title

Name *

Position in organisation *				
Email address *	Must be ar	email address		
Preferred telephone number *	If you are p	providing a landline,	you must include a	n area code.
Other contact telephone number	If you are p	providing a landline,	you must include a	n area code.
PREFERRED CONTACT PE	RSON			
Please ensure that this person is any questions regarding this app SmartyGrants user.				
It is also recommended that to people within the organisation correspondence is readily seen a of the project.	n, such a	s admin@projec	t.com.au. This er	sures that
Is the preferred contact personal to the	on the sar	ne as the accou	ntable officer lis	ited above?
PREFERRED CONTACT PE	RSON DI	ETAILS		
Name *	Title	First Name	Last Name	
Position in organisation				
Email address *	For examp	le <u>admin@project.co</u>	om.au	
Preferred telephone number *	If you are p	providing a landline,	you must include a	n area code.
Other contact telephone number	If you are p	providing a landline,	you must include a	n area code.

Additional Contact Pers	son Details		
Additional contact person Title First Name La	* ast Name		
Additional contact person	Position *		
Additional contact person	organisation		
Additional contact person	Office Phone I	lumber *	
Must be an Australian phone num	nber.		
Additional contact person	Mobile Phone	Number	
Must be an Australian phone num	nber.		
Additional contact person	Primary Email	*	
Must be an email address.			
PROJECT LOCATION			
* indicates a required field			
Funding Expended			
Please confirm that DESI a Queensland. O YES O NO	warded funds	for this projec	t will be expended in
PROJECT SITE			
Please select the councils ☐ Aurukun Shire Council	☐ Fraser Coas	• •	□ North Burnett Regional
☐ Balonne Shire Council	Council Gladstone F	Regional Council	Council Northern Peninsula Area
☐ Banana Shire Council	☐ Gold Coast	City Council	Regional Council Palm Island Aboriginal Shire
☐ Barcaldine Regional Counc	il□ Goondiwind	li Regional	Council Paroo Shire Council

Council

Barcoo Shire Council		Gympie Regional Council		Pormpuraaw Aboriginal ire Council
Blackall-Tambo Regional uncil		Hinchinbrook Shire Council		
Boulia Shire Council		Hope Vale Aboriginal Shire		Redland City Council
Brisbane City Council Bulloo Shire Council		Ipswich City Council Isaac Regional Council		Richmond Shire Council Rockhampton Regional Juncil
Bundaberg Regional uncil	□ Sh	Kowanyama Aboriginal ire Council		Scenic Rim Regional Juncil
Burdekin Shire Council Burke Shire Council		Livingstone Shire Council Lockhart River Aboriginal ire Council		Somerset Regional Council South Burnett Regional Juncil
Cairns Regional Council		Lockyer Valley Regional		Southern Downs Regional buncil
Carpentaria Shire Council		Logan City Council		Sunshine Coast Regional buncil
Cassowary Coast Regional uncil		Longreach Regional Council		Tablelands Regional ouncil
Central Highlands Regional uncil		Mackay Regional Council		Toowoomba Regional Juncil
Charters Towers Regional uncil		Mapoon Aboriginal Shire uncil		Torres Shire Council
Cherbourg Aboriginal Shire uncil		Maranoa Regional Council		Torres Strait Island gional Council
Cloncurry Shire Council Cook Shire Council		Mareeba Shire Council McKinlay Shire Council		Townsville City Council Western Downs Regional buncil
Croydon Shire Council	□ Co	Moreton Bay Regional uncil		Whitsunday Regional uncil
Diamantina Shire Council Doomadgee Aboriginal ire Council		Mornington Shire Council Mount Isa City Council		Winton Shire Council Woorabinda Aboriginal ire Council
Douglas Shire Council		Murweh Shire Council		Wujal Wujal Aboriginal ire Council
Etheridge Shire Council		Napranum Aboriginal Shire uncil		Yarrabah Aboriginal Shire Juncil
Flinders Shire Council ase select each council from th		Noosa Shire Council st. You can find this information	ı at	https://www.dnrm.qld.gov.au/

Please select each council from the list. You can find this information at https://www.dnrm.qld.gov.au/qld/environment/land/place-names/search# and typing in suburb name

ABOUT THE PROJECT

* indicates a required field

The objective of this funding is to enable eligible recipients to engage a coordinator to work cooperatively with councils across a region to implement a **Regional Waste Management Plan.**

Tips for completing this section

	Try and keep your answers succinct and to the point. Use dot points where appropriate.
	Refer to the hints under each text box for a brief description of the question.
	*Please note you can make the text boxes larger - click and drag the bottom right corner of text box.
Project Title *	
	(e.g. Coordinating implementation of (region name) RWMP)
Project summary (including objectives, scope of services to be delivered, expected outcomes and benefits)	
*	Please refer to the program guideline for assistance in this section
Proposed model for service delivery *	e.g. employee, contractor (individual or business)
	e.g. employee, contractor (individual of business)
Project activities and timeframes *	
	Please use textbox or if preferred attach file below. If attaching file please note above.
	Attach a file:
How is the project aligned to achievement of Waste Management and Resource Recovery Strategy targets? *	

Waste Management and Resource Recovery Strategy (www.qld.gov.au)

How will the project be managed and monitored to ensure successful delivery and completion? *

What management structures does your organisation have in place to ensure all activities are completed successfully? Who will oversee this project? How will it be monitored to ensure milestones are met?

PROJECT BUDGET

Please provide details of your proposed grant expenditure. Ensure the information you provide in the following tables is clear and accurate.

Separate the expenditure out so that the Assessment Panel has a clear understanding of exactly how you wish to allocate your grant funding.

If your application is successful you will be required to acquit your grant expenditure against this budget.

For grants exceeding \$10,000 (ex GST) an audited financial statement signed by an independent qualified auditor, CPA or chartered accountant may be required.

Any ineligible items listed as part of the project expenditure may render your application ineligible.

Funding Requested

Specify the amount of funding requested each financial year and differentiate between distinct categories (e.g., salaries, other eligible expenses, etc.) Please provide the rationale for salaries/contractor fees, for example role level under certified agreement, etc.)

Budget Item Category	/Budget Item Rationale	2023/24	2024/25	2025/26	2026/27
		Must be a dollar			
		amount.	amount.	amount.	amount.
		\$	\$	\$	\$
		\$	\$	\$	\$
_		\$	\$	\$	\$

Total DESI Budget Requested

2023/24	2024/25	2025/26		Total Funding Requested
amount is	amount is	amount is	amount is	This number/ amount is calculated.
\$	\$	\$	\$	\$

Cash and In-Kind Support

Specify the nature and extent of support (cash and in-kind) from other sources: detail extent of applicant organisation and partner (councils, other) organisation cash and in-kind support for the project.

Organisation Contact		Status of	Status of Description	Cash Amount In-Kind		
	Name	Support	of Support		Amount	
		Confirmed or		Must be a dollar	Must be a dollar	
		proposed		amount.	amount.	
				\$	\$	
				\$	\$	
				\$	\$	

Total Cash and In-Kind Amount

Cash Amount	In-Kind amount	Total cash and in-kind	
This number/amount is calculated.		This number/amount is calculated.	
\$	\$	\$	

Project Total

Total DESI Requestd	Total Cash and In-Kind	Project Total
This number/amount is	This number/amount is	This number/amount is
calculated.	calculated.	calculated.
\$	\$	\$

Total	lΔr	nou	nt F	Sea	ueste	Ч
IULA	H	nou	IIL F	veu	ueste	u

\$

This number/amount is calculated.

What is the total financial support you are requesting in this application?

PROJECT GOVERNANCE

Governance arrangements/structure (please include who will manage the coordinator, and the reporting		
arrangement for the coordinator)		
Governance Documents	Attach a file:	

PROJECT RISKS

Risk Management

Please use the provided Risk Mangement Template download $\underline{\text{here}}$ or attach your own risk management assessment.

Provide risk assessment	t
completed for the	
project	

Attach a file:		

REQUIRED DOCUMENTS

* indicates a required field

Required Documenaton

Your application must contain the documents listed below.

Your application may be deemed ineligible if you fail to provide the appropriate supporting documents as requested.

Eligibility Documentation

ELIGIBILITY DOCUMENTATION FOR YOUR ORGANISATION

If your organisation is not a council, for example, it is a regional organisation of councils, please attach one of the following to confirm that your organisation is eligible:

- Certificate of Incorporation
- Certificate of Registration of a company and a copy of your organisation's constitution

Failure to provide required information will deem your application ineligible.

Please attach one of the following (whichever is applicable): Certificate of Incorporation OR Certificate of Registration

Please confirm which supporting documentation you have provided

Attach a file	
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constitution

NOTE: If your organisation is a registered company, a copy of your organisation's constitution which establishes your organisation as a not-for-profit entity must also be attached.

☐ Certificate of Registration AND your organisation's

Not Applicable		

CERTIFICATE OF CURRENCY - PUBLIC LIABILITY INSURANCE

Please provide insurance policy for public liability insurance coverage of at least \$20 million (in total) that is current and will remain current for the duration of the project.

☐ Certificate of Incorporation

Attach a file: Please attach public liability insurance policy Is a public liability Yes 0 insurance policy No attached? * Please confirm that Yes workers compensation insurance will be held for the term of the project * Would you like to attach any other documents to support your application? Attach a file: Other supporting

Evidence of public liability insurance must be provided to

the Department before any funding is released.

DECLARATION

documents

* indicates a required field

DECLARATION

I declare that all information provided in this application is true and correct and no information is false or misleading.

I am authorised by my organisation to complete this form.

I agree that the Department of Environment, Science and Innovation does not accept any liability for the project.

I have the written agreement of all parties identified in the application to include their details within the proposal.

I understand that information provided in this project proposal may be disclosed to internal and external parties as required to undertake assessment of the application in accordance with the program guidelines.

I understand that ownership of materials purchased through this grant remains the property of the applicant organisation.

If successful, I will:

- ensure that the project will be covered by appropriate insurances
- ensure that all relevant health and safety standards will be met

- ensure that all progress reports are submitted to the department in the form and on the dates specified in the Grant Agreement
- ensure that acquittal requirements are met in accordance with the Grant Agreement signed by both parties
- ensure that funds are claimed within six months of notification
- accept the terms and conditions of the grant in accordance with the Department of Environment, Science and Innovation requirements
- provide any documentation required by the Department of Environment and Science on request.

I agree to the above	*	○ Yes			
Name of applicant accountable officer	*	Title	First Name	Last Name	
Position of applican accountable officer					
FEEDBACK					
Please note that thi that could assist wi experience would b	th adminis	stering th			
How long did it take Characteristics Less than 2 hours					than 10 hours
How straightforward O Very straightforward	d was com O Somew straightfo	/hat		form? difficult () Very	difficult
Is there any other for				ith the departn	nent, such as
		<u> </u>			