**Cairns-Port Douglas Reef Hub Network Grants: Application Form**

Complete and submit this Application Form to [applications@barrierreef.org](mailto:applications@barrierreef.org). Questions about this Application Form can be emailed to the Great Barrier Reef Foundation (GBRF) Grants Office at [grants@barrierreef.org](mailto:grants@barrierreef.org).  Applicants can also discuss ideas with the Reef Hub Coordinator ([cpdhubcoordinator@jcu.edu.au](mailto:cpdhubcoordinator@jcu.edu.au)).

**Applicant Details**

|  |  |  |
| --- | --- | --- |
| Applicant | Legal entity |  |
| Business name |  |
| ABN |  |
| ACN |  |
| Legal status | Individual  Company  Partnership  Overseas Incorporated Company  Trust  Other – please specify |
| Registered for GST | Yes  No |
| Street address |  | |
| Postal address |  | |
| Website |  | |
| Contact Officer for this application | Name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Statistical information about the applicant organisation | Government organisation / Statutory Authority  Not-for-profit organisation  Indigenous organisation (Comprising a minimum of 50% ownership by Aboriginal and/or Torres Strait Islander people(s))  Other | |

* 1. **CAPABILITY AND EXPERIENCE (Criteria 1)**

Outline the experience and capacity of the project team relevant to the proposed activities, addressing assessment criteria 1 in the Grant Guidelines. Partners may be contacted as part of assessment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation name** | **Key contact name** | **Key contact email** | **Relevant experience and role in the project** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. **METHODOLOGY AND APPROACH (Criteria 2)**

Provide a project title and 50-word description of your proposed project.

|  |
| --- |
|  |

Describe your project’s rationale, including how it will strengthen outcomes for coral reef stewardship and assisted recovery practice with the Cairns-Port Douglas Reef Hub network. Clearly outline how the network can engage in or benefit from activities.

|  |
| --- |
|  |

Add a brief description of each deliverable, the key activities/outputs for each deliverable, and the proposed due dates. Add additional rows as required.

|  |  |  |
| --- | --- | --- |
| **DELIVERABLE** | **KEY ACTIVITIES/OUTPUTS** | **DUE DATE** |
|  |  |  |
|  |  |  |
|  |  |  |
| Final Report and Financial Acquittal | GBRF Final Project Report including Financial Acquittal. |  |

* 1. **value for money (Criteria 3)**

Describe how your approach demonstrates value for investment and leverages other funding or co-investment opportunities.

|  |
| --- |
|  |

The budget costs must relate to project activities (deliverables) set out in your project plan and detail the resources and funds required to complete your project. It is important to itemise and describe costs as clearly as you can. More detailed information about what may be funded, funding limitations and funding exclusions can be found in the Grant Guidelines.

*Indicate the estimated project budget in accordance with the following table:*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Expense item*** | ***Total funding by GBRF grant*** | ***Total co- contributions \**** | ***Description of budget items*** |
| Staff salary – project management |  |  |  |
| Consultant or contractor costs |  |  |  |
| Operating costs  (Costs for project delivery - may be printing, meetings, events, etc). |  |  |  |
| Project administration\*\* (cannot exceed 10%) |  |  |  |
| ***TOTAL ($) – excl. GST*** |  |  |  |

*\*Please record the co-contributions and indicate the source of this funding. Co-contribution is an investment that is cash or a contractually recognised in-kind services/expenses such as; staff salary, volunteer time, specialist advisory, landholder time for events and work, administration costs (electricity, water, gas etc), building costs (meeting rooms, office, labs) and equipment.*

*In-kind support can include:*

* *volunteer time (valued at $46.6/hour as per Australian Bureau of Statistics figures)*
* *partner support*
* *external support*

*\*\*Project administration includes organisational overheads. Please note that administration costs must not exceed 10% of the total budget.*

* 1. **sustainability and benefits for reef communities (criteria 4)**

Describe what your organisation does in the way of sustainable operations? Do you have any initiatives within your organisation that demonstrates a commitment to economic and social benefits for reef communities?, This is addressing assessment criteria 4 in the Grant Guidelines. (500 words maximum)

|  |
| --- |
|  |

**EXPECTED ORGANISATIONAL OUTCOMES**

As a result of the grant funding, what is the number of staffing days that you expect to be supported throughout the grant term?

|  |
| --- |
|  |

**Eligibility Criteria**

By submitting this application form you agree that your information will be used in accordance with [GBRF’s Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.barrierreef.org%2Fresources%2Fprivacy-policy&data=04%7C01%7C%7Caa06ed1219334eba42d908d9f8107811%7C8d01dd1f4b204406a0478d15797ba229%7C0%7C0%7C637813571894639204%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=0Ey7YDqqS%2FgEiJWCWxgGmqt7cVkw%2BZ7DkhH%2FTWYW2Vo%3D&reserved=0).

The applicant should indicate whether the application complies with the following eligibility criteria and provide a brief explanation.

|  |  |
| --- | --- |
| **Eligibility Criteria** |  |
| Applicant is based in the Cairns-Port Douglas region and has engaged previously with Hub network activities (workshops, trainings, events etc) | Yes /  No |
| Applicant is operating in Australia and has supplied an Australian Business Number (ABN) | Yes /  No |
| Applicant holds, or is willing to hold, the required insurances. The following insurance types may be expected:   * Workers compensation * Public Liability (minimum required: $20,000,000 per occurrence) * Professional Indemnity (amount to be determined at a later date) * Motor Vehicles and Plant and Equipment Insurance (if applicable) | Yes /  No |
| Applicant has developed and implemented comprehensive WHS policies and procedures for the project, or   * is willing to undergo a WHS risk assessment, * take all reasonable steps to manage identified risks, and * undergo specific training or qualifications that the Foundation recommends prior to commencing the project. | Yes /  No |
| Applicant completes all sections of the application, and accepts the terms and conditions of the application form including the specified terms in the sample agreement template/s. | Yes /  No |

If the applicant does not meet any of the eligibility requirements, please provide a brief explanation.

|  |
| --- |
|  |

**DECLARATION IN RELATION TO KEY PERSONNEL**

|  |  |
| --- | --- |
| The Supplier confirms that key personnel involved in the design and potential implementation of the proposal **are not**: | |
| 1. a person who is an undischarged bankrupt; 2. a person who has in operation a composition, deed or arrangement with his or her creditors under the law relating to bankruptcy; 3. a person who has suffered final judgement for a debt and the judgement has not been satisfied; 4. a person who has been convicted of an offence within the meaning of paragraph 85ZM(1) of the Crimes Act 1914 (Cth) Part VIIC; and 5. a person who is or was a Director or occupied an influential position in the management or financial administration of an organisation that has failed to comply with the grant requirements or obligations owed to the Commonwealth. | |
| Yes | No |
| Please outline details of how key personnel are involved in the above declaration: |

**Applicant Compliance**

**CONFLICT OF INTEREST DECLARATION**

The following information is disclosed for the purposes of this Application. The Applicant must provide details of any actual, perceived or potential conflicts of interest that exist or may arise in connection with the provision of technical services. Successful candidates will be required to execute a conflict declaration upon contracting.

|  |  |
| --- | --- |
| In submitting this Proposal, the Supplier acknowledges and warrants that to the best of their knowledge and belief, and subject to any disclosures detailed below: | |
| 1. no family, business or pecuniary relationships exist between the Applicant and GBRF; 2. neither the Supplier not its officers, employees, contractors or family members have: 3. engaged in any unethical behaviour or sought and/or obtained an unfair advantage; or 4. received or will receive any pecuniary in in-kind advantage from any other Applicant.   In relation to the Request for Proposal process:   1. no officer, employee, contractor or family member associated with the Supplier is or has been engaged by GBRF in a position or role that in any way related to the Request for Proposal; 2. no officer, employee, contractor or family members associated with GBRF has been offered any benefit or inducement associated with this Proposal, including any offer relating to employment; and 3. other than specified below, neither the Supplier nor any of its officers, employees, contractors or family members have or are likely to have any Conflict of Interest.   The Supplier further undertakes to immediately notify GBRF in writing if any warranty contained in this Proposal becomes, or may become, incorrect. | |
| Are there any Conflicts of Interest to declare? | |
| ☐ Yes | ☐ No |
| Please outline any details of any actual, perceived or potential conflicts of interest that exist or may arise in connection with the provision of technical services: |
| Please detail how you propose the Conflict should be managed/resolved: |

**Application Execution**

The Applicant:

1. acknowledges that the information provided by Great Barrier Reef Foundation was provided for the convenience of Applicants, and that the Great Barrier Reef Foundation will not be liable for any information provided or for any errors or omissions from such information.
2. ensures that all the information contained in the Applicant’s offer is complete, accurate, up to date and not misleading in any way.
3. agrees to contact Great Barrier Reef Foundation immediately if any information provided in this application changes or is incorrect.
4. consents that information provided in this application may be provided to Great Barrier Reef Foundation’s project partners, including Australian and Queensland Government agencies.
5. represents that the representative below are authorised to execute this Application Form on behalf of the Applicant.

**I understand and agree to the declaration above.**

|  |  |
| --- | --- |
| Name of Authorised Representative |  |
| Date |  |