

The Rural Regeneration Grant Application Form, Round 3, 2024 - 2025

Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the program guidelines for the Greater Bendigo Rural Regeneration Grant : <https://www.bendigo.vic.gov.au/community-services/grants-events-and-volunteers/rural-regeneration-grant>

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

If you have any questions in regard to completing the form, please save the form and contact **The Rural Regeneration Grants team on email: agriculture@bendigo.vic.gov.au**. We will respond within three business days.

If you do contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Confirmation of Eligibility

I confirm that the applicant:

- has read and understands the program guidelines.
- is a ratepayer in the City of Greater Bendigo.
- proposes a Project that is located in the City of Greater Bendigo.
- does not owe any reports or money to **The City of Greater Bendigo** as a result of previous funding or grants.

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

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [The City of Greater Bendigo Privacy Statement](#)

Applicant Details

Applicant *

First Name

Last Name

For organisations: please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Do you identify as having Aboriginal or Torres Strait Islander heritage?

- ☐ Yes
☐ No
☐ I prefer not to disclose

Property Information

This tells us where the project will be completed. If you need to look up which zone your property is located in, check [Bendigo Community Compass](#). (*Handy Hint: Right Click, and Open in New Tab to stay on the current page.*)

Property Address

Address

Please use this to locate where the Project will be undertaken.

Identify the planning zone your property is located in *

- ☐ Farming Zone
☐ Rural Conservation Zone
☐ Rural Living Zone
☐ Other:

In the event of oversubscription, preference will be given to properties that are farming.

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Please identify the size of your property. *

- ☐ <20ha
- ☐ 20ha-40ha
- ☐ 40ha-100ha
- ☐ 100ha +

In the event of oversubscription, preference will be given to properties that are greater than 20ha, except in exceptional circumstances.

Identify your property use *

- ☐ Working or Commercial Farm
- ☐ Lifestyle Property / Hobby Farm
- ☐ Bush block
- ☐ Other:

In the event of oversubscription, preference will be given to farming enterprises

Please describe the main uses of the property.

Word count:

Must be no more than 300 words.

Include information like commodities (vegetables, grains, hay etc) that you produce, animals on the farm and what they are used for. If there is any areas set aside for biodiversity or revegetation. Current grazing practices.

If you selected that your property is a farm, do you have an ABN? *

- ☐ Yes
- ☐ No
- ☐ N/A

Applicant 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	

Project Details

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* indicates a required field

Confirm: The applicant is applying for up to \$2000 for the Rural Regeneration Grant from the City of Greater Bendigo *

- ☐ Yes
☐ No

The total funding may be less than \$2000 if required.

Confirm: The applicant will demonstrate co-contribution of 50%* of the total requested funding (to be demonstrated in the budget section) *

- ☐ Yes
☐ No

Co-contribution may not be required for First Nations people.

Project Objective

Identify the objective that the Project best aligns with(select one that best aligns with your project) *

- ☐ Support and promote the adoption of sustainable and regenerative land management practices.
☐ Prepare the property to be resilient in the face of climate change.
☐ Increase biodiversity, improve water quality and soil health on farms.

No more than 1 choice may be selected.

The project must align with the objective you have selected.

Short Answer Questions

Project title: *

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

Start and End Dates

Successful grant applicants must complete their project within 12 months of receiving their funding, and confirm by submitting an acquittal to the City of Greater Bendigo. Grant seekers that complete their project and acquit early, before SEPTEMBER 30, 2024 will be eligible to apply for the next round of this funding, which will open in mid October, 2024.

Proposed start date for the Project *

Proposed end date of the Project *

Project Key Details

Describe the Project. *

Word count:

Must be no more than 300 words.

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Outline what you want to do for the Project . You may include details such as who will complete the project, and an overview of what the project is.

Why is the Project needed on your landholding? *

Word count:

Must be no more than 300 words.

Why is it needed? Is it addressing a problem, or aiming to enhance the environment?

What outcomes do you expect at the end of the Project? *

Word count:

Must be no more than 300 words.

Is there more biodiversity in the environment? Will the water quality be increased over time? Greater groundcover? Less weeds?

Upload Supporting Documentation *

Attach a file:

A minimum of 1 file must be attached.

Supporting documentation may include : a photo of the proposed project site; a map showing the project site and the key features or measurements. Maps may be created in programs such as Google Earth or similar, or hand drawn. Photos will also be requested at the acquittal stage.

Inputs (Budget)

* indicates a required field

Project Cost

Outline clearly how much you are requesting from the Rural Regeneration Grant, and how much the whole project will cost, in whole numbers.

Total Amount Requested

*

\$

What is the total financial support you are requesting in this application? Please note that \$2000 is the maximum available funding per financial year, per applicant.

Total Project/Program Cost *

\$

What is the total budgeted cost (dollars) of your project?

Budget Details

Please outline your project budget in the tables below.

Table 1 is the 'Grant Funding Expenses.' You should list items that are *paid for by the Council Grant*, i.e. native vegetation tubestock and guards to protect.

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Table 2 is the 'Co - Contribution expenses.' You should list items that are *paid for by the applicant to complete the project.* i.e. Fencing equipment to protect the shelterbelt from pest animals.

Please only include items in the budget that can be attributed a \$ value. i.e. no in-kind contributions.

For expense items that will be paid for using the grant funding, quotes are required in the file upload area below the tables.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

Use the **+/- signs** to the right of the table to add or reduce the number of items in the budget.

TABLE 1 Grant Funding Expenses

Dollar amount

What are the items that will be paid for, using the Rural Regeneration Grant? Please be specific, and include brand names where appropriate. If you need additional space for extra expenses, please use the +/- buttons to the left. .	Must be a dollar amount.
	\$
	\$
	\$

TABLE 2 Co-contribution from Grant Applicant (\$)

Dollar amount

What are the items that will be paid for by the grant applicant? Please be specific, and use brand names if applicable. If you need additional space for extra co-contribution items, please use the +/- buttons to the left.	Must be a dollar amount.
	\$
	\$
	\$

Budget Totals

Total Grant Funding Expenses

\$

This number/amount is calculated.

Total Co-Contribution From Grant Applicant

\$

This number/amount is calculated.

Attach Quotes Here

Please attach quotes for those expense items that will be paid for using the Rural Regeneration Grant. *

Attach a file:

A minimum of 1 file must be attached.

Quotes will only be accepted from businesses. Please do not submit screenshots of the product from Google. Late submissions of quotes will not be accepted on email.

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Certification and Feedback

* indicates a required field

Final Checks

Will the Project involve works on land or to a building that is not owned by you? (If yes, a signed letter from the owner of the property needs to be included in the supporting documentation) *

- ☐ Yes
☐ No

Will the works proposed require any permits? (If yes, permits must be obtained before the initial grant funding is delivered. Proof should be included in the supporting documentation.) *

- ☐ Yes
☐ No

Works on Waterways Permit from North Central CMA may be required for some projects. If you are not sure if your proposed project prompts a permit, see (ADD COGB WEBSITE LINK)

Any supporting documentation as described above should be uploaded here

Attach a file:

Supporting docs may include, permits, signed letters from the owner of the property, additional photographs or maps, etc.

Certification

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 is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the grant funding agreement before funds will be released.

I agree *

- ☐ Yes ☐ No

Name of Applicant *

First Name

Last Name

Contact phone number *

Must be an Australian phone number.

Contact Email *

Must be an email address.

Date *

Must be a date

