



# Grant Application Form 2009



# GRANT APPLICATION FORM

## Important

Before completing this application form you should read the detailed requirements in the Information Kit for the Sharing Sydney Harbour Access Program.

The Information Kit referred to can also be found on the internet at [www.planning.nsw.gov.au/harbour](http://www.planning.nsw.gov.au/harbour).

Applicants should also refer to *Sharing Sydney Harbour Access Plan* when preparing their application.

## Instruction notes



indicates that details should be attached at the end of the application form.

please indicate your response by placing an **X** in the appropriate box.

## Making a valid application

To make a valid application you must:

- use the form provided
- make sure you have all the attachments
- applications should be submitted on CD with an original signed hard copy. Please contact the Management Team if you wish to email your submission.
- lodge your application by **5.00 p.m. 1 May 2009**. No late submissions will be accepted.

## Address for submission of application

Sharing Sydney Harbour Access Program  
Management Team, Department of Planning  
GPO Box 39  
Sydney NSW 2001

## Contact details for assistance

Applicants requiring further information or assistance should contact the Access Program Management Team.

## Access Program Management Team

Tel: (02) 9228 6256

Fax: (02) 9228 6233

Email: [harbour@planning.nsw.gov.au](mailto:harbour@planning.nsw.gov.au)

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**Title of Project**  
(Short description)

## Applicant

Applicant organisation

- Type of organisation
- Local government authority
  - Incorporated club or association
  - Other (Please specify.)

 **Attach letter of support from local council and Certificate of Incorporation.**

ABN

Address

Contact person: Name

Position

Phone

Fax

Email

## Project manager

Name   **Attach brief details of experience and expertise.**

Organisation

Position

Address

Phone

Fax

Email

## Professional Indemnity insurance

Insurer

Sum Insured

Excess

Level of Quality Assurance  
Certification held

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## The Proposed Project

**Project name**


**Project location**  
(Street address)

In which local government area(s) is the project located?


 **Please identify project location on a map and attach**

Is the project in a locality identified for improvement in *Sharing Sydney Harbour Access Plan*?  No  Yes → Map and sheet number   
Legend reference

**Project description**  
(Describe the physical works in less than 150 words)

 **Attach concept or engineering plans of the proposal**

**Purpose of project**  
(Describe what you hope the project will achieve, in less than 150 words)

 **Attached information addressing how the project meets each of the relevant criteria and priorities (refer page 2 and 3 of the Information Kit)**

Give at least one indicator of success that you will monitor and specify how you will monitor

Is the project part of a larger scheme?  No  Yes

 **If Yes, attach details (e.g. Master plan, Plan of Management)**

Give details of any ongoing maintenance or promotional program once the project is completed

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## Project Site Access

Does the applicant own the land?  Yes

No → Who does?

**Attach details of lease/tenure agreement.**

Does the applicant have unrestricted legal access to the project site for:

Project implementation?  Yes  No

**If No to either, attach details**

Ongoing operation and maintenance?  Yes  No

Public liability insurance over the project site:

Who holds the cover?

Level of cover?

## Project Planning

Project consent authority  Local council

Minister for Planning

Minister for Ports

Other (Please specify)

What statutory approvals (e.g. development consent) have been granted for the project?

None

Development consent

Other (Please specify)

Statutory approval not required

What approvals are still required?  None

**Attach details of required approvals.**  Other (Please specify)

Does the project comply with the *Disability Discrimination Act 1992*?  Yes  No

**Attach details of compliance/non-compliance with the *Disability Discrimination Act 1992*.**

What studies have been undertaken in relation to the project?  None undertaken

**Attach copies of any studies that have been carried out on the project.**  Aboriginal  Environmental  Engineering

Historical  Other (Please specify)

Any significant findings in any studies of the project or project site?  No  Yes (Please specify)

## Project Programming

How long after being notified of the grant approval will the project start?

What is the estimated project duration?  Months



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## Applicant's Prior Funding History


Please provide details of any previous applications for grants or funding assistance for this project or parts of this project, or previous applications for grants during the last three years.

Project	Funding organisation and program	Year of application	Successful or unsuccessful	Current status of project (e.g. not started, deferred, completed, awaiting approval)

## Other Project Stakeholders

Are any of the following to develop the project in association with the applicant:

NSW Maritime	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
Department of Planning	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
National Parks and Wildlife Service (DECC)	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
Sydney Olympic Park Authority	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
Sydney Harbour Foreshore Authority	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
Roads and Traffic Authority	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
Department of Defence	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
Sydney Harbour Federation Trust	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	
Local Councils	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes (Please specify)	<input type="text"/>
Other	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes (Please specify)	<input type="text"/>

 If you answer Yes to any of the above, please attach a copy of the Letter of Association detailing agreements, responsibilities and funding arrangements. Note that recreational clubs/associations must attach a letter of support from the local council.

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## Checklist for Supporting Information

All applicants must include full details of the project, including:

### ACKNOWLEDGMENT THAT THE FOLLOWING DOCUMENTS ARE INCLUDED

- |  |                                      |  |
|--|--------------------------------------|--|
|  Letter of Association or Support from local council         | <input type="checkbox"/> Yes         | <input type="checkbox"/> Not applicable                                    |
|  Experience and expertise of project manager                 | <input type="checkbox"/> Yes         |  |
|  Location map  | <input type="checkbox"/> Yes         |  |
|  Concept or engineering plans                                | <input type="checkbox"/> Yes         |  |
|  Information addressing 2009 criteria and priorities         | <input type="checkbox"/> Yes         |  |
|  Studies/plans relating to the project                       | <input type="checkbox"/> Yes         | <input type="checkbox"/> Not applicable                                    |
|  Details of lease/access agreement                           | <input type="checkbox"/> Yes         | <input type="checkbox"/> Not applicable                                    |
|  Details of required approvals                               | <input type="checkbox"/> Yes         | <input type="checkbox"/> Not applicable                                    |
|  Relevant studies  | <input type="checkbox"/> None        | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Environmental |
|  | <input type="checkbox"/> Engineering | <input type="checkbox"/> Historical <input type="checkbox"/> Other         |
|  Compliance with <i>Disability Discrimination Act 1992</i> | <input type="checkbox"/> Yes         | <input type="checkbox"/> Not applicable                                    |
|  Supporting documents for project cost estimates           | <input type="checkbox"/> Yes         |  |

I, \_\_\_\_\_ (please print your name), make this application in good faith on behalf of the Applicant. I assure that I have the authority of the Applicant to act on its behalf in making this application.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Position \_\_\_\_\_

### Date for submission of application

Applications must be received by **5.00pm on Friday 1 May 2009**  
**(NO LATE SUBMISSIONS WILL BE ACCEPTED).**

### Address for submission of application

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Management Team,  
NSW Department of Planning  
GPO Box 39  
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### Contact details for assistance

Applicants requiring further information or assistance regarding the Access Program, project planning or consent requirements for projects should contact the Access Program Management Team.