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* Required before final submission

Welcome to FRRR's Nutrien Ag Solutions Community Grants Program.

Round 3, 2023

Opens Tuesday, 11 July 2023, closes 5pm AEST Thursday, 10 August 2023
(For projects November 2023 - November 2024)

Tips for using the Nutrien Ag Solutions Community Grants online application form:

- To assist in managing versions and to reduce the risk of losing work if an internet connection times out, we recommend preparing your application content in a Word document and then transferring your final application content to this Grants Gateway form. Please click here for a print friendly version of this application form.
  Working offline also makes it easier for multiple people to work on an application before entering your application into Grants Gateway for submission.
- Remember to continually save your work in the online form as you move through the sections.
- **Please refer to the** Nutrien Ag Solutions Community Grants Guidelines **for further tips and information to support you to complete the application.**
- As always, if you require assistance to complete this online application form, Jane Crane is only a phone call away on Grant enquiries 1800 170 020.

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Nutrien Ag Solutions Community Grants Program

How to complete this section:

**Does your organisation, <u>the group delivering the project,</u> have an ABN or Inc number?

If **YES**, please complete part:
  A. Legal organisation - provide information about**your local group**
  B. Delivery organisation - leave this blank

If **NO**, please complete part:
  A. Legal organisation - provide information about**the organisation partnering with your group / your head office / governing body**
  B. Delivery organisation - provide information about your local group

A. Legal Organisation

Organisation - Name and Address

* What is the legal name of the organisation?

* Postal address Line 1

Postal address Line 2

* Town   * State   - Select One -   * Postcode

Organisation - Legal & Tax Status

Please click on this link from the Australian Government ABN Lookup site to complete the following organisation details ABN Lookup

* Is your organisation registered with an ABN?

[▼]

Organisation ABN
Format: XX XXX XXX XXX

[   ]

* Select Organisation Entity type, as per your ABN Lookup

[- Select One -   ▼]

* Is the organisation registered for GST?

[▼]

* Does your organisation hold any of the following? Select all that apply.

☐ ACNC ☐ DGR1 ☐ DGR2 ☐ DGR4 ☐ TCC ☐ N/A

* Is your organisation an Incorporated Association?

[▼]

If yes, what is the Incorporated Association number?

[   ]

* If yes, which State / Territory authority is your organisation registered with?
Please select N/A if not registered

[- Select One -   ▼]

Organisation - Head of Organisation

These contact details should reflect the person who is the head of the organisation (e.g Chair, President, CEO) as they MUST authorise the application, NOT a subcommittee Chair, Secretary, Treasurer or Program Manager.
Important: Our correspondence regarding the outcome of your application will be sent here. If your application is successful, we will request Electronic Funds Transfer information from the contact listed here.

* Title

[- Select One - ▼]

* First name

[   ]

* Last name

[   ]

* Position held

[   ]

* Bus. Hrs Phone No.

[   ]

* Mobile No.

[   ]

* Email

[   ]

Organisation - Project Contact
This person will be contacted if we have any questions about your project / application.

Title

[- Select One - ▼]

First name

[   ]

Last name

[   ]

Position held

[   ]

Bus. Hrs Phone No.

[   ]

Mobile No.

[   ]

Email

[   ]

Organisation - Overview

* In what year was your organisation founded?

[   ]

* Current number of employed staff

[   ]

* Current number of volunteers

[   ]

* Current number of committee members

[   ]

Provide a brief overview of your organisation.
If you do not have a website, please provide a brief overview of your organisation. Mission, major programs / activities, users of your facilities, engagement
with other community groups, key partnerships.

[   ]

Organisation - Internet & Social Media

FRRR would like to link with your organisation through social media. Can you please provide us with the following, where applicable.

Website Address

Facebook Address

Twitter Handle

Important: Only complete Part B if you are partnering with an organisation who will receive and hold grant funds.

B. Delivery Organisation

Delivery Organisation - Name & Address

Organisation name

Postal address Line 1

Postal address Line 2

Town

State

Postcode

Delivery Organisation - Overview

In what year was your organisation founded?

Current number of employed staff

Current number of volunteers

Current number of committee members

Provide a brief overview of your organisation.

If you do not have a website, please provide a brief overview of your organisation. Mission, major programs / activities, users of your facilities, engagement
with other community groups, key partnerships.

✓

Delivery Organisation - Social Media Details

FRRR would like to link with your organisation through social media. Please provide us with the following, where applicable.

Website Address

Facebook Address

Twitter Handle

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Nurtien Ag Solutions branded store Branch Manager Endorsement

To apply for this grant, Please contact your nearest Nutrien Ag Solutions branded store Branch Manager to discuss your project idea and have it endorsed.
Your local branch manager will supply you with an email / letter to attach to this application.

Manager Contact Details

Title

First Name

Last Name

* **Branch**

Mobile Phone   **E-mail**

Letter of Support

* Upload the email / letter provided by the Branch Manager here.
Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.
Please note, files **cannot** be larger than 10MB.

[Choose File] No file chosen

[Upload]

* Required before final submission

Project Information

* Project Title

* Project Summary
Briefly tell us what you are applying for i.e. equipment or activity, and why.

✓

Word count 0 of 50

* **WHAT** will you do? Tell us about your project.
What is your project and how does it benefit your wider community? What will the grant funds pay for? What are the key activities that will be undertaken?

✓

* WHY is the project needed?

What is the current problem / need / opportunity that your project seeks to address? What is contributing to this problem / need in the community? To what extent is the problem affecting the community? What local evidence and / or data demonstrates this? You can upload support materials such as letters of support, community plans/data, survey results, media clips, photos etc to help demonstrate need in the Supporting Materials section.

✓

* WHEN will your project happen?

Please provide expected start and end dates for your project, including when key activities will happen. Projects cannot be funded retrospectively, so grant funds cannot be spent until after the grant announcement in late October 2023.

✓

WHERE will your project happen?

Please tell us the following information about where your project will happen. For projects happening in more than one location, please indicate these in rows 2-4. If your project is happening nationally please place "National" under Town Name.

e.g. Collie → NSW → 2827 → 109

* Town	* State	* Postcode	* Population
	⌄		
	⌄		
	⌄		
	⌄		

Which Local Government Areas will this project cover?

Select, up to 4 Local Government Areas.

* Please follow the two steps below to identify the Local Government Area(s) for the Project location(s) listed in the previous question.

1. Type in the Local Government Area into the search box and click search.
2. Select the Local Government Area from the drop-down menu.

[   ] [Search] Reset

| - Select One - ⌄ |

[   ] [Search] Reset

| - Select One - ⌄ |

[   ] [Search] Reset

| - Select One - ⌄ |

[   ] [Search] Reset

| - Select One - ⌄ |

* WHO will benefit and be involved?

Who will benefit in the community (i.e. the broader community or a specific target group)? How are they affected by the issue? How will the people who benefit be involved in the development and delivery of the project? Who else (partners, community members etc) will be involved and why are they best placed to support the project? What is the approximate number of people that will directly benefit?

✓

* Does your project involve working directly with children / youth under 18?

[▾]

* Does your organisation have policies and procedures regarding working with children, Working with Children Checks, and the handling of child abuse complaints?

[▾]

* Select ONE option that best describes HOW your project will create change

○ Investing in Infrastructure and Equipment
○ Building Organisational Capacity
○ Developing Awareness, Knowledge and Skills
○ Providing Access to Services / Activities

Disaster or Emergency Response

* Does your project relate directly to preparedness for or recovery from natural disasters, emergency management, or drought?

[▾]

* If yes to the above Disaster or Emergency Response Projects question, please answer question below.
Which of the following best describes the focus of your project:

If **no**, to above Disaster or Emergency Response Projects question, please select **Non-emergency / Disaster Response.**

○ Emergency / disaster preparedness
○ Longer term post-emergency / disaster recovery
○ Non-emergency / Disaster Response

Is there anything else that you would like to tell us about your project and/or your community that has not been covered in our questions?

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Project Budget
Please enter whole dollars and numbers only (no commas, decimal points or $ signs)

Income - FRRR Request & Your Organisation's Contribution
Please enter whole dollars and numbers only (no commas, decimal points or $ signs)

* Total project cost   ***** Amount requested from FRRR   ℹ️   ***** Does the amount requested cover the full project cost?

[   ]   [   ]   [⌄]

Cash contribution from your organisation

[   ]

Income - Cash contribution from other sources
Please enter whole dollars and numbers only (no commas, decimal points or $ signs)

Who and What e.g. Name of organisation or fundraising activity. Other funding from local or state government	Amount whole dollars only	Confirmed Yes/No
[ ]	[ ]	[⌄]
[ ]	[ ]	[⌄]
[ ]	[ ]	[⌄]
[ ]	[ ]	[⌄]
[ ]	[ ]	[⌄]
[ ]	[ ]	[⌄]

Total Cash contribution from other sources   Click to calculate

0.00 🖩

Expenditure
e.g. Provide a description of project expenses - "Kitchen materials (oven $798; Sink $279; Dishwasher $603)" "Amount - 1680"
Where possible, upload quotes for items over $1,000 in the Quotes area below.
Please enter whole dollars and numbers only (no commas, decimal points or $ signs)

Expenditure item Description	Amount Whole dollars only
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]

Total Cash Expenditure   Click to calculate

0.00 🖩

In-kind Contributions

Include an estimated value for non-cash contributions such as services, equipment, time and materials.

For services provided by volunteers, please cost their services at $41 per hour.

Please enter whole dollars and numbers only (no commas, decimal points or $ signs)

In-kind Support – Who	In-kind Support – What	Amount
		Whole dollars only

Total In-kind Contributions

Click to calculate
0.00

Additional information or comments regarding In-kind Contributions.

✓

Budget Summary

Total Project Income

Total (FRRR request + Organisation cash contribution + Other cash contribution + In-kind contribution)

Click to calculate
0.00

Total Project Expenditure

Total (Cash Expenditure + In-kind Contribution)

Click to calculate
0.00

Balance - Total Income less Total Expenditure

Please note: Total expenditure must equal total income therefore balance should be zero.

Click to calculate
0.00

Quotes

Upload and attach copies of quotes, where possible for items over $1,000. Please note files can be no larger than 10MB.

Attach expenditure quotes here. ℹ

Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.

Please note, files **cannot** be larger than 10MB.

Choose File   No file chosen

Upload

Additional expenditure quotes ℹ

Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.

Please note, files **cannot** be larger than 10MB.

Choose File   No file chosen

Upload

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Please attach the following documents for this application below

Partnering Organisation Letter of Support
Organisations that are partnering with another group responsible for receiving and holding the grant funds **must** attach a Letter of Support for this project from the partnering organisation.
A letter of support template is available **here**. This can be used as a guide.

Letter of support:
Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.
Please note, files **cannot** be larger than 10MB.
[Choose File] No file chosen
[Upload]

Financial Attachments

Legal Organisation Financials (the organisation associated with this application who have an ABN or Incorporation number)
Please read the following carefully:
*
- **For organisations who have audited financials:** Attach the most recent annual audited statements.
- **For organisations that do not have audited financials:** Attach most recent 12 months Income and Expenditure Statement. If you have a Balance Sheet, please also submit.
- **For organisations less than one year old:** Provide bank statements for the period you have been operating.
Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.
Please note, files **cannot** be larger than 10MB.
[Choose File] No file chosen
[Upload]

Additional Financial Documents
Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.
Please note, files **cannot** be larger than 10MB.
[Choose File] No file chosen
[Upload]

Additional Financial Documents
Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.
Please note, files **cannot** be larger than 10MB.
[Choose File] No file chosen
[Upload]

We assess your financial documentation to confirm that you are able to deliver the grant project. Where relevant, please provide a brief explanation of any large financial surplus, or current assets and tell us why FRRR funds are still required. If relevant, please explain any deficits and steps to sustain the organisation financially.

Support Materials

In addition to the letter from the Branch Manager, use the following attachement areas to upload support materials to support evidence/need for project This can include project plans, community surveys, media clips, letters of support.

other local material to support need for your project.**(HIGHLY REGARDED)** ℹ️

Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.
Please note, files **cannot** be larger than 10MB.

Choose File | No file chosen

Upload

Additional support materials
Please use the following attachment box to upload more support materials. ℹ️
Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.
Please note, files **cannot** be larger than 10MB.

Choose File | No file chosen

Upload

Additional support materials
Please use the following attachment box to upload more support materials. ℹ️
Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.
Please note, files **cannot** be larger than 10MB.

Choose File | No file chosen

Upload

Additional support materials
Please use the following attachment box to upload more support materials. ℹ️
Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.
Please note, files **cannot** be larger than 10MB.

Choose File | No file chosen

Upload

Photos ℹ️
Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.
Please note, files **cannot** be larger than 10MB.

Choose File | No file chosen

Upload

Additional Photos ℹ️
Select **Choose file** to browse and locate the document. Once located, select **Upload** to load the document to the form.
Please note, files **cannot** be larger than 10MB.

Choose File | No file chosen

Upload

Please use the box below if you would like to provide further information or context on any of your attachments
(such as financials, support materials, photo's).

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Application Confirmation Statement

I confirm that this application is made with the knowledge and approval of the legal head of the organisation, and endorse this application and agree to the following conditions:

- I Agree that if successful, grant funds will only be used in accordance with the request in this application and to create a community benefit;
- I Acknowledge and understand that all applications become the property of FRRR and Nutrien Ag Solutions;
- I Agree that the information given in this application can be shared with third parties such as Nutrien Ag Solutions for the purposes of administering and promoting this grant program;
- I Agree to inform FRRR if the organisation has a significant change to its governance and/or financial situation;
- I Agree that if successful, to provide banking details to FRRR within the required time frame;
- I Agree that if successful, to expend funding within 12 months as per the terms in the **Grant Conditions**;
- I Agree for FRRR and Nutrien Ag Solutions to publish written content provided by me in this Application and agree to the terms of the **Photo and Audio Release** for any attachments I have uploaded;
- I Agree that if our organisation is successful in receiving a grant, we will complete a funding acquittal in November 2024 confirming how the grant funds were used, the impact that was achieved from the grant funds and return any unused grant funds.

* I have read and agree to the above
☐

* Name of authorised person completing this certification
[   ]

* Position
[   ]

* Date
[   ] 📅