1. 
2. Community Litter Grants Round 5

Expression of Interest

This form is for community groups who want to take part in Round 5 of *Community Litter Grants*, which is administered by the NSW Environment Protection Authority (EPA). Please fill out the details below and email your form as soon as possible to [litter.prevention@epa.nsw.gov.au](mailto:litter.prevention@epa.nsw.gov.au).

PLEASE NOTE: To be eligible your community group must be a non-government, not-for-profit organisation that is incorporated under the law of a state or territory. Once the NSW EPA confirms your eligibility, we will be in contact to provide you with support to apply for a grant.

* 1. Is your community group a non-government, not-for-profit organisation?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

2. Is your community group incorporated under the law of a state or territory as an incorporated association, company or cooperative society with its own constitution?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

|  |  |  |
| --- | --- | --- |
| Group type | Select one | Registration number |
| Incorporated Association |  |  |
| Cooperative |  |  |
| Company |  |  |

3. What is the registered name of your community organisation?

4. What is the primary purpose or mission of your community group? (50 words maximum)

5. Does your community group have annual audited financial statements?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

6. Does your community group have its own Australian Business Number (ABN)?

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

If YES, what is your group’s ABN?

7. Contact details

|  |  |  |  |
| --- | --- | --- | --- |
| List the registered address of your community group | | | |
| Postal address |  | | |
| Street address |  | | |
| Suburb |  | Postcode |  |
| Local Government Area |  | | |
| Website (if applicable) |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The main person to contact for this project | | | | | |
| First name |  | | Last name | |  |
| Office-bearer title (if applicable) | |  | | | |
| Phone |  | | Mobile |  | |
| Email |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The second person to contact for this project | | | | | |
| First name |  | | Last name | |  |
| Office-bearer title (if applicable) | |  | | | |
| Phone |  | | Mobile |  | |
| Email |  | | | | |

To help the EPA understand how we can support community groups, please answer questions 8 to 15 as accurately as possible. Your answers will help the EPA assist with your application BEFORE you apply for a grant. The information will NOT be used to assess your grant application.

1. 8. Do you know which funding stream you will choose for your project?

STREAM 1 STREAM 2  DON’T KNOW

9. If you have chosen a stream, please briefly explain why you made that selection. (50 words maximum)

10. Do you already know the site/s where you want to reduce or prevent littering? If so, please list.

|  |  |  |
| --- | --- | --- |
|  | Site location (address or locality) | Local Government Area |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

11. Please briefly describe the litter issues at the site/s you have selected (100 words maximum)

12. How much experience does your group have in running **litter prevention projects**?

Please select a point on the scale to roughly represent your experience.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No  experience  at all** | | | | **A lot of  experience** | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |

1. 13. How much experience does your group have with usingthe **NSW EPA Local Litter Check**?

Please select a point on the scale to roughly represent your experience.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No  experience  at all** | | | | **A lot of  experience** | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |

1. 14. How much experience does your group have in facilitating **behaviour change projects?**(i.e. projects that lead people to make adjustments to their behaviour)

Please select a point on the scale to roughly represent your experience.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No  experience  at all** | | | | **A lot of  experience** | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |

15. Is there anything else you wish to add that is not covered by the questions above?

More information on the Community Litter Grants can be found at www.epa.nsw.gov.au/working-together/grants/litter-program/community-litter-grants

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