**WILDCARE Inc Internal Grants Program**



Funding for small projects is available to WILDCARE Inc Branches from the WILDCARE Inc Internal Grants Program. Funding for the program is drawn from WILDCARE Inc membership fees and bank account interest. Internal grants are seen as an investment of these funds to meet the organisation’s objectives.

**Project submissions requesting up to a maximum of $2000 (GST exclusive) will be considered.**

**Assessment Criteria**

Applications to the Board will be assessed using the following criteria.

1. Relevance to the objectives of WILDCARE Inc
2. Benefits to reserve management, nature conservation, cultural heritage conservation and volunteering.
3. Involvement of WILDCARE Inc members in the planning, implementation and maintenance of the project,
4. Where the project is being undertaken in partnership with others, (eg: reserved land managers, nature conservation managers, cultural heritage managers and private landholders), it is *essential that the project has been discussed with, and is supported by, those partner organisations.*

**Other requirements**

1. WILDCARE Inc *must* be acknowledged in relation to the project in any media promotions, and where possible, on the project itself.
2. A Final Project Report *must* be submitted at the end of the project. This will be in the form of an article for the WILDCARE magazine WILDTIMES.
3. Generally, projects should be completed, and funds spent, within 12 months of approval date. If funding is not spent within 12 months, or the account remains inactive for 12 months, or the project is completed under-budget, or a Branch ceases to operate, the Board may recall the funds to the General Account for re-investment in other projects – following discussion with the project leader.
4. The Board may choose to place further specific conditions on approved funding.

**Submitting your application**

Complete the following **Small Project Investment Request**, save it for your records and email a copy to [acochair@wildcaretas.org.au](mailto:acochair@wildcaretas.org.au) *no later than two weeks prior to the next WILDCARE inc Board of Management meeting*. Late applications will be held over to the following Board meeting for consideration.

If your **Small Project Investment Request** is approved, the approved amount will be allocated to the project and your group, within the Wildcare bank account. You will be advised on how to access those funds following approval.

**WILDCARE Inc Small Project Investment Request**

|  |  |
| --- | --- |
| **Name of WILDCARE Inc Branch** | |
| Click here to enter text. | |
| **Applicant contact details** | |
| **Name** | Click here to enter text. |
| **Phone** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Project Title** | |
| Click here to enter text. | |
| **Total investment amount requested from WILDCARE inc** | |
| Click here to enter text. | |
| **Total investment from other sources** | |
| Click here to enter text. | |
| **Project Description** | |
| Click here to enter text. | |
| **Describe how your project will contribute to (a) Reserve management and/or (b) nature conservation and/or (c) cultural heritage conservation and/or volunteering** | |
| Click here to enter text. | |

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| **Describe how WILDCARE Inc members have been involved in the design and how they will be involved in the implementation and maintenance of the project** | | | | |
| Click here to enter text. | | | | |
| **Project Budget. Please indicate all costs and sources of funding.** | | | | |
|  | | **Indicate other funding source and amount** | | **Amount requested from WILDCARE Inc** |
| **Item** | |  |  |  |
| **eg Box of 4 Candles** | | **PWS** | **$10** |  |
| **eg Box of fork handles** | |  |  | **$40** |
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| **Total** | |  |  |  |
| **Does your group hold funds in its account that are not committed to a current project?**  **If you are not using those funds for this project, please explain why.** | | | | |
| Click here to enter text. | | | | |
| **Partner support** | | | | |
| **Name of supporting Agency** | Click here to enter text. | | | |
| **Name of partner Agency contact** | Click here to enter text. | | | |
| **Phone** | Click here to enter text. | | | |
| **Email** | Click here to enter text. | | | |