



4 October 2023

# EXPRESSION OF INTEREST Flagship Fish Habitat Rehabilitation Grants

Flagship Grants are open! Organisations that have experience with the management of large aquatic rehabilitation projects are encouraged to apply. Prior to completing, please refer to the Flagship Grants Guidelines on DPI Flagship Grants webpage for more information.

1.	Pro	iect	TI	TLE:
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2.	Pro	iect	TEAN	/I and	PA	<b>ITS</b>	<b>NERS</b>

Please indicate lead organisation. Add more rows if required.

Name	Role / contribution	Contact Details	
		Ph:	
		Email:	
		Ph:	
		Email:	
		Ph:	
		Email:	
		Ph:	
		Email:	

3.	Proposed project DURATION – maximum of 3 years.						
	Start date:	End date:					

### 4. Project LOCATION

<u>Please attach a map</u> indicating site location. Latitude and Longitude (in decimal degrees) centred in project site.

Site name:	River catchment:
Lat:	Long:
Nearest town:	
Nearest street address:	
Who is the main owner/manager of the l	and?
Crown Local Government	Private Mix

#### 5. Project SUMMARY

Please describe your project including what habitat you are trying to protect? Also, please indicate if previous funding for this work has been received as well as outline if this project can or would be progressed if future funding rounds are awarded for a maximum of 3 years.

6.	What are your 3 main PROJECT OBJECTIVES?
1.	
2.	
3.	
7.	What are your planned ON-GROUND OUTCOMES (i.e., environmental)?  a) Within project time frame
	b) Beyond project time frame
	i. How long do you think it will be until on-ground works could be achieved?
8.	What are your planned OUTCOMES not on-ground (i.e., social, cultural, economic)?  a) Within project time frame
	b) Beyond project time frame
	i. How long do you think it will be until they could be achieved?

# 9. Do you need to undertake any STUDIES? Yes / No

If yes, please complete information below and add more rows if required.

Study	Purpose (be brief)	Duration	Lead organisation

#### 10. Outline the RISKS associated with your project.

Refer to risk evaluation table below to determine risk levels and add more rows if required.

a) Overall

Description	Risk Level	Mitigation	New Risk Level

b) Environmental

Description	Risk Level	Mitigation	New Risk Level

c) Social / community

Description	Risk Level	Mitigation	New Risk Level

d) Financial

Risk Level	Mitigation	New Risk Level
	Risk Level	Risk Level Mitigation

Risk evaluation table.

Likelihood 🕶	Rare	Unlikely	Possible	Very Likely	Almost certain
<b>¶</b> Consequence					
Insignificant	Low	Low	Low	Low	Medium
Minor	Low	Low	Medium	Medium	Medium
Moderate	Low	Medium	Medium	High	High
Major	Low	Medium	High	High	Very high
Extreme	Medium	High	High	Very high	Very high

# 11. Previous project experience

	Have v	you managed	d similar pro	ects	previously?	Yes	No
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If yes, provide details for the two most recent projects. Add more rows if required.

Grant source	Date commenced	Project name	Completed	Date completed
			Yes	
			No	
If not completed, e	xplain why:			
Grant source	Date	Project name	Completed	Date
Grant Source	commenced	T Toject name	Completed	completed
Grant Source		1 Toject name	Yes	
Grant Source		Troject name		
	commenced	Troject name	Yes	
If not completed, e	commenced	Troject name	Yes	
	commenced	Troject name	Yes	
	commenced	Troject name	Yes	





#### 12. Project Budget

Briefly provide an indication of funding you are seeking from the Flagship Grant and in-kind support (noting the requirement for at least dollar for dollar matching support). Please quote GST exclusive values in your budget. Please indicate if in-kind funds have been confirmed or when that is likely to happen. Add more rows if required.

# Total Budget (sum of all completed budget tables): \$

		Year 1		
Project item: List activity item and estimated cost	Flagship Grant	In-kind (cash)	In-kind (other)	Total cost per item
TOTAL REQUESTED				\$
TOTAL IN-KIND		\$	\$	\$
	YEARLY TOTAL sum of grant funds and inkind			\$

	Year 2			
Project item: List activity item and estimated cost	Flagship Grant	In-kind (cash)	In-kind (other)	Total cost per item
TOTAL REQUESTED				\$
TOTAL IN-KIND		\$	\$	\$
		sum of g	YEARLY TOTAL grant funds and inkind	\$

		Year 1		
Project item: List activity item and estimated cost	Flagship Grant	In-kind (cash)	In-kind (other)	Total cost per item
TOTAL REQUESTED				\$
TOTAL IN-KIND		\$	\$	\$
		sum of a	YEARLY TOTAL grant funds and inkind	\$

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Regional Now of the user's independent adviser.	