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About the grant

* indicates a required field

Instructions for applicants

Please <u>read the grant guidelines</u> and check the eligibility criteria before filling out this form. If you have any questions, contact Heritage NSW before you start.

Incomplete applications or those sent after the closing date won't be considered.

Application number

This field is read only.

Program details

This grant program is administered by Heritage NSW under the NSW Department of Climate Change, Energy, the Environment and Water (the Department).

The 2025-27 Caring for State Heritage Grants program will better help to recognise, value and care for State significant heritage in NSW. It is focused on the preservation, maintenance and conservation of items listed on the State Heritage Register.

The NSW Government is committed to preserving the most significant heritage places and objects across NSW. Through the Caring for State Heritage Grants program, Heritage NSW is seeking projects that directly support better management, maintenance and conservation of State Heritage Register (SHR) listed items, as well as innovative ideas that will increase public access to these important assets.

The SHR is a list of items that are protected under the Heritage Act 1977 and represent heritage of particular importance to the people of NSW.

This is a competitive funding round and eligible applicants can apply for up to:

- \$50,000 (ex GST) to develop a heritage management document for a State Heritage Register (SHR) listed item, OR
- \$300,000 (ex GST) for works to a State Heritage Register (SHR) listed item.

The minimum funding amount you can apply for (for either project type) is \$10,000.

Successful applicants must provide matched funding and successful projects must be delivered between July 2025 and May 2027.

Please note that only one application per SHR item will be accepted.

Grant program name

This field is read only.

The program this submission is in.

Disclaimer

By submitting this application, you agree that:

- submission of an application does not guarantee funding. The Department has the right to approve or reject any application;
- you are responsible for costs associated with preparing and submitting this application, and the Department is not liable for these costs, whether your application is accepted or not; and
- you have read the grant guidelines and understand the program requirements.

Use of Information

By submitting this application, you agree that:

- if this application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (the Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-inconfidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access)) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this application, you agree that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its <u>privacy policy available here</u>;
- the information you provide to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- you have taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal

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information and has been made aware of the purposes for which it has been collected and may be used.

Eligibility confirmation

Applicant eligibilityYou are eligible to apply for the Caring for State Heritage Grants category if you:

- are the owner, manager, long-term lessee or custodian of an item listed on the SHR in NSW:
 - with written support of the owners of the site (if you are a manager or lessee)
 - with written support of all owners or owners' corporation (if the site has multiple owners).
- have legal responsibility for maintenance and repair of the SHR listed item
- agree to provide matched funding for the project
- are a local council, business, non-government organisation, community group or individual, with your operations and headquarters in NSW (if you are a business or incorporated entity).

Applicants without an ABN or ACN will have to provide a statement by supplier form.

Please note, you are required to hold at least \$20 million in public liability insurance in order to enter into a funding deed with the NSW Government. You are not required to have this insurance at the time of application. If successful, you will be asked to provide a copy of your certificate of currency when entering into a funding agreement.

Project eligibility

You can apply for funding if:

- it is to develop a heritage management document or to carry out works on a SHR listed item
- there are no active Heritage Act 1977 compliance issues at the site
- the project will be delivered between 1 July 2025 and 1 May 2027
- the project will commence within 3 months of the funding agreement being signed
- you have sought advice from Heritage NSW's free pre-lodgement service for *Heritage Act 1977* approvals
- the project is not already underway. Retrospective projects will not be funded. Preplanning of projects prior to the grant opening date is accepted however if works have been approved and/or have commenced the project is ineligible
- the project will be delivered by an eligible applicant as outlined above.

Please note that only one application per SHR item will be accepted.

Please declare this application meets the eligibility criteria and:

- it has been prepared by and is being submitted by an eligible applicant
- the project is specific to items listed on the State Heritage Register in NSW
- project commences between July and September 2025 and be completed by May 2027
- projects will commence from July-September 2025 and be completed by May 2027
- projects can be operated and maintained beyond the funding period
- applicants will notify the Department if grant funding is secured from another source.

| I confirm that the applicant and | project is | eligible | according | to the | criteria |
|----------------------------------|------------|----------|-----------|--------|----------|
| outlined in the grant guidelines | * | | | | |

□ Yes

Contact details

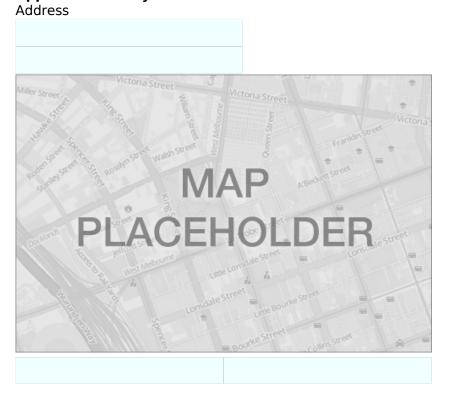
* indicates a required field

Applicant Details

| Applicant * ○ Individual Organisation Name | | O Or | ganisation | |
|---|------------|------|------------|--|
| | | | | |
| Title | First Name | | Last Name | |
| | | | | |

For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Primary Address



Applicant Postal Address

Address

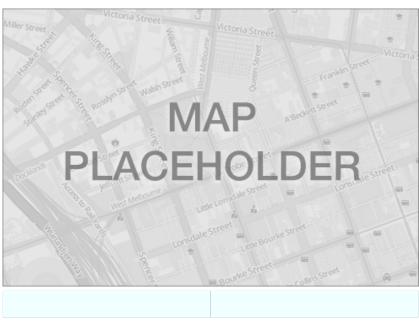
| Applicant Primary Phone Number * |
|---|
| Must be an Australian phone number. Country code not required, area code for landlines is required. |
| Applicant Email Address * |
| Must be an email address. |
| Applicant Website |
| Must be a URL. |
| Primary Contact Details |
| Primary Contact * Title First Name Last Name |
| This is the person we will correspond with about this grant. |
| Primary Contact Position * |
| e.g., Manager, Board Member or Fundraising Coordinator. |
| Primary Contact Phone Number * |
| Must be an Australian phone number. Country code not required, area code for landlines is required. |
| Primary Contact Other Phone Number |
| Must be an Australian phone number. Country code not required, area code for landlines is required. |
| Primary Contact Email * |
| This is the address we will use to correspond with you about this grant. |
| Joint applications |
| Is the applicant auspiced by another organisation for the purpose of this grant? * ○ Yes ○ No |

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An auspice arrangement is when a larger, incorporated organisation assists a smaller, unincorporated organisation to fund a grant activity or event. The larger organisation is known as the auspice organisation. Your community group or organisation is known as the grant recipient.

| Is the applicant applying O Yes | on behalf of a | partnership or ONO | consortium? * | |
|---|--------------------|-------------------------|-------------------------------|-------|
| Applications under a partnersh organisation. The arrangement | | | | |
| | | | | |
| Organisation details | } | | | |
| * indicates a required field | | | | |
| Applicant details | | | | |
| Does the applicant have insurance? * O Yes O No, but willing to obtain | or is willing to | obtain, \$20 mi | llion in public liability | |
| Applicants are required to hold funding deed with the NSW Go | | n in public liability i | nsurance in order to enter ir | nto a |
| Please provide evidence Attach a file: | that you hold \$ | 20 million in Pu | ublic Liability Insurance | e. * |
| Applicants are required to hold funding deed with the NSW Go | | n public liability ins | urance in order to enter into | а |
| Does the applicant organ O Yes | nisation have ar | n Australian Bus | siness Number (ABN)? | * |
| Applicant Organisation A | BN * | | | |
| The ABN provided will be us check that you have entere | | | ation. Click Lookup above | to |
| Information from the Australia | n Business Registe | r | | |
| ABN | | | | |
| Entity name | | | | |
| ABN status | | | | |
| Entity type | | | | |
| Goods & Services Tax (GST) DGR Endorsed | | | | |
| ATO Charity Type | More inform | ation | | |

| ACNC Registration | | |
|--|---|--------------------------------|
| Tax Concessions | | |
| Main business location | | |
| Must be an ABN. | | • |
| | | |
| Applicant Organisation ACN | or AIN * | |
| , | | |
| Auspice organisation det | ails | |
| Auspice organisation name * Organisation Name | | |
| Please use the organisation's full na documentation, such as that with the | nme. Make sure you provide the same n ne ABR, ACNC or ATO. | ame that is listed in official |
| Auspice ABN * | | |
| Auspice Abn * | | |
| The ABN provided will be used to check that you have entered the | o look up the following information. e ABN correctly. | Click Lookup above to |
| Information from the Australian Bu | siness Register | |
| ABN | | |
| Entity name | | |
| ABN status | | |
| ABN Status | | |
| Entity type | | |
| Entity type Goods & Services Tax (GST) | | |
| Entity type | | |
| Entity type Goods & Services Tax (GST) | More information | |
| Entity type Goods & Services Tax (GST) DGR Endorsed | More information | |
| Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type | More information | |
| Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type ACNC Registration | More information | |
| Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type ACNC Registration Tax Concessions | More information | |
| Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type ACNC Registration Tax Concessions Main business location | More information | |
| Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type ACNC Registration Tax Concessions Main business location Must be an ABN. Auspice Primary Address | More information | |



| Primary | Contact Perso | n at Auspice Or |
|------------|--------------------|----------------------|
| Title | First Name | • |
| | | |
| We may c | ontact this person | to verify that the a |
| | | |
| Position | * | |
| | | |
| e.g., Mana | iger, Board Memb | er or Fundraising Co |
| | | |
| Phone N | lumber * | |
| | | |

Must be an Australian phone number. Country code not required. Area code for landlines is required.

Email Address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Partnership/Consortium organisation details

Please detail each of the Partner Organisations involved in this application. Please 'Add more' as appropriate to ensure all partnership organisations are captured.

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Partner Organisation Name *

Organisation Name

Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Partner Organisation ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register

ABN

Entity name

ABN status

Entity type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

More information

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Partner Organisation Address *

Address



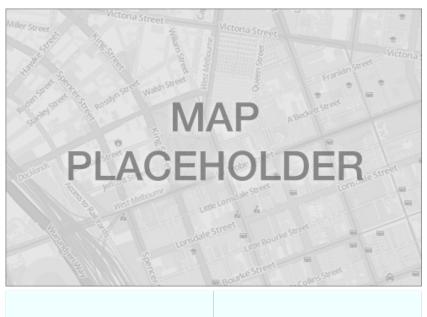
Primary location of your initiative

Address

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Country are required. Please attach a letter Attach a file: confirming that the Partnership/Consortium The letter must be signed by an authorised person (e.g., arrangement with this Manager, CEO or Board Chair) and must include: name, position, organisation is valid and signature and date. current. * **Project details** * indicates a required field Title * Word count: Must be no more than 25 words. Provide a name for your initiative. Your title should be short but descriptive. **Brief description *** Word count: Must be no more than 50 words. Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities. Anticipated start date * Anticipated end date *

Address Line 1, Suburb/Town, State/Province, Postcode, and



Any, but at least one field is required.

Primary location does not need to be a specific address, and can be postcode, suburb, state, etc If delivered online, please specify the area of focus for delivery.

Required: Adjust project dates

Please adjust your project's start or end date. The dates you entered indicate your project either starts before 1 July 2025 (01/07/2025) or finishes after 1 May 2027 (01/05/2027), which is outside the program's timeframe. Ensure your dates fit within these limits.

Project type

Please chose from one of the two project options below.

Which type of project are you applying for? *

- O Develop a heritage management document
- Works to an SHR item

Important information for "Works to an SHR item" project

Since you have selected **Works to an SHR item** as your project type, please note the following requirements:

- you must nominate a Heritage Specialist, such as an engineer, heritage architect or local government heritage advisor or officer to supervise your project.
- your Heritage Specialist must complete compliance certificates confirming that the project is being completed in accordance with the approved scope and any *Heritage Act* 1977 and any local council regulations or approvals
- free pre-lodgement advice is required before submitting your application for works projects.

Heritage NSW offers a free pre-lodgement advice service for projects involving items listed on the State Heritage Register (SHR). <u>Visit the Heritage NSW website</u> for more information.

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Please note that these approvals processes are separate from this grant application, and receiving a grant does not automatically give approval to begin works.

| Have you used the Heritage NSW pre-lodgement service for advice on Heritage |
|--|
| Act Approvals? * O Yes O No |
| The free pre-lodgement service will assist in determining what approvals may be required for your |
| project. It is mandatory as part of the grant application process that you consult this service. |
| Please provide the reference number you were given by Heritage NSW. * |
| |
| This will be in the format of HMS 123 |
| Please outline what the project requires in terms of approvals or whether the |
| project meets standard or site-specific exemptions * |
| |
| |
| |
| Word count: |
| Must be no more than 250 words. |
| State Heritage Register (SHR) item details |
| State Heritage Register (SHR) Item details |
| |
| Official name of the SHR item * |
| |
| |
| Listing number of the SHR item * |
| |
| Must be no more than 5 characters. Must be 5 at least characters. Must fall within the range of 00001 to 02100. If your listing number is |
| not within this format, please check the heritage listing type as it may not be eligible. |
| |
| There are 4 types of Heritage Listing: Local, State, National and World. Only items listed at the State level are eligible. To find out more watch this short explainer video "Heritage" |
| Listing Explained" |
| You can use the <u>State Heritage Inventory</u> to find the official name and listing number of a |
| State Heritage Registered item. To find out more watch this short explainer video: What is |
| the State Heritage Inventory Database |
| Photograph of the SHR item * |
| Attach a file: |
| |
| A minimum of 1 file must be attached. |
| Please upload a photograph of the item. Please limit to under 25MB. 5MB is recommended. |

Please upload any existing heritage or conservation management documents for the SHR item, if applicable

| Attach a file: |
|--|
| Must be no more than 25MB. |
| Alternatively, please provide a website link where these documents can be viewed, if applicable |
| |
| Must be a URL. |
| Location of the SHR item Address |
| |
| Miller Street Victoria Street |
| MAP ABOUT STORY |
| PLACEHOLDER |
| Linde Bourke Street Regular Street Regular Street Regular Street Regular Street Regular Street Regular Street |
| |
| State electorate of the SHR item |
| The NSW electorate where the SHR item is located. |
| Landowner's Consent |
| Does this project require landowner's consent? * ○ Yes ○ Not applicable as the |
| applicant is the landowner Projects that involve SHR items on land not owned by the applicant must seek landowner's consen prior to submitting this application. |
| Please provide evidence of landowner's consent or support * Attach a file: |

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Project milestones and key deliverables

Please detail the administrative stages or activities expected to be completed as part of the project.

Milestones should include significant stages of the project. For example:

- applying for necessary approvals
- engaging a heritage specialist to oversee the project
- engaging specialist heritage tradespeople
- ordering any materials required
- developing interpretation materials
- undertaking project works
- hosting an opening or event.

| Milestone and deliverables | Expected start date | Expected end date | Explanatory notes |
|----------------------------|------------------------|-----------------------|--------------------------|
| Please provide detail | Must be a date and no | Must be a date and no | Add notes if you need to |
| for one Milestone per | earlier than 1/7/2025. | later than 1/5/2027. | provide more context. |
| row. e.g., Planning; | | | |
| recruitment; evaluation. | | | |
| Add more rows if you | | | |
| want to list additional | | | |
| milestones. Please | | | |
| include detail of all | | | |
| Deliverables that are | | | |
| nart of the Milestone | | | |

Key project personnel

Please provide information about the key personnel responsible for delivering the project, including their qualifications and experience.

List one person per row, and add more rows as needed to include additional personnel.

| Name | Organisatio | Role | Experience | Supporting document | Website | Notes |
|--|--------------------------------|-------------------------|------------------------------------|--|--|--|
| One per row. Add more rows if you want to list additional key project personnel. | Name of their organisation. | What is their role/job. | Outline their relevant experience. | provide a CV or any supporting documentation where | Please provide a website, where relevant. Must be a URL. | Please provide any further details. |
| | Ì | | | | | |

Project Focus

What are the primary areas of focus for this project/program? *

You may select up to five items. You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the

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field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees).

Who are the expected primary beneficiaries of this project/program? *

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, Universal – no particularly targeted beneficiaries

| Please provide a rationale for your project * | | | |
|---|--|--|--|
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| | | | |
| | | | |

Word count:

Must be no more than 1000 words.

Explain why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Explain how the project relates to the objectives of the funding program.

Risks and dependencies

Please detail any risks or uncertainties in the delivery of the project, and how each of these will be managed.

List one risk or dependency per row, and add more rows as necessary to include additional risks or dependencies.

| Risk or dependency description | How the risk or dependency will be managed |
|--|--|
| For example, you may require approval, have stretched resources, or time constraints for delivery. | You should provide an explanation of how you will prevent or treat the risk or dependency. |
| | |

Stakeholders and community support

Please provide details about all other stakeholders who are interested or impacted by your project. Describe their interest or the impact they may experience, along with your engagement strategy for each stakeholder.

You can keep this overview high level (e.g. quarterly meetings or regular email communication) rather than identifying each individual meeting or communication.

Projects that have evidence of community support are generally highly regarded they tend to be more successful. If you believe there is community support that has not yet been confirmed, please explain your rationale or your engagement strategy.

List one stakeholder per row, and add more rows as necessary to include additional stakeholders.

| Stakeholder | Interest or impact | Engagement | Supporting |
|-------------|--------------------|------------|------------------|
| | | strategy | Documents |

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| Stakeholders may be key community members, | stakeholder is interested | | Upload any supporting documents, where |
|--|---------------------------|---------------------|--|
| other organisations, | in the outcomes of the | stakeholder before, | applicable |
| | project, or how they may | _ | |
| | be impacted. | project. | |
| | | | |

Assessment criteria

* indicates a required field

This section of the form is designed to specifically address the assessment criteria associated with this grant program. These criteria will be used to evaluate and rank applications for funding. The NSW Government receives more applications than it can fund, and funding is limited, meeting all eligibility and assessment criteria does not guarantee a grant.

The Department reserve the right to consider any other relevant information that may arise after applications are submitted.

Cultural sensitivities and potential conflicts of interest will be taken into account throughout the evaluation process.

Program objectives

The 2025-27 Caring for State Heritage Grants program will better help to recognise, value and care for State significant heritage in NSW. It is focused on the preservation, maintenance and conservation of items listed on the State Heritage Register.

The NSW Government is committed to preserving the most significant heritage places and objects across NSW. Through the Caring for State Heritage Grants program, Heritage NSW is seeking projects that directly support better management, maintenance and conservation of State Heritage Register (SHR) listed items, as well as innovative ideas that will increase public access to these important assets.

The SHR is a list of items that are protected under the Heritage Act 1977 and represent heritage of particular importance to the people of NSW.

Assessment Criteria 1: Heritage conservation

We will assess the project's impact on the site's heritage significance, and the risks if the work is not done. Projects with long-term and significant heritage benefits will be prioritised. We may also consider how the project aligns with existing heritage management documents and whether it follows best practice heritage management.

What long-term heritage outcomes will your project achieve? *

Must be no more than 500 words.

| Word count: Must be no more than 500 words. |
|---|
| Assessment Criteria 2: Lasting impact |
| Assessment entend 2. Lasting impact |
| |
| We will assess the sustainability of the use and public accessibility of the site, including long-term public benefits such as heritage tourism. Projects should demonstrate how |
| they will connect communities by conserving values of SHR listed items and facilitate |
| interpretation and education of the heritage values for future generations. |
| What is the level of lasting public benefit? * |
| |
| |
| |
| |
| |
| Word count: Must be no more than 500 words. |
| |
| Assessment Criteria 3: Value for money |
| We will assess your project's detailed budget, scope, and supporting documents to ensure |
| that public funds are being used effectively and efficiently. Projects that have proven cost- effective solutions and demonstrate a responsible approach to budgeting will be given |
| priority. Please include any details about financial efficiencies or cost-saving measures you |
| have identified, such as leveraging partnerships, sourcing competitive quotes, or utilising in- kind contributions. These factors will help demonstrate how your project maximises the use |
| of available funding while delivering long-term heritage outcomes. |
| How does your project demonstrate value for money? * |
| nen dees year project demonstrate talde for money. |
| |
| |
| |
| |
| Word count: |

Assessment Criteria 4: Quality of project planning and proof of concept

We will assess the thoroughness of your project planning by reviewing key aspects such as:

- **Consultation**: Who has been or will be consulted to ensure the quality and accuracy of heritage information? Consider including heritage professionals, local authorities, or relevant stakeholders to validate your project's approach.
- **Pre-lodgement advice**: Have you sought advice via the Heritage NSW free pre-lodgement service for works projects? This is a mandatory requirement.
- **Approvals and exemptions**: Clearly identify any required approvals or exemptions related to the project. The Agency will assess whether you have accurately determined these and taken steps to secure them if needed.

| How comprehensive is you project planning? * |
|---|
| |
| |
| |
| |
| |
| Word count: Must be no more than 500 words. |
| Assessment Criteria 5: Capacity and commitment to deliver the project |
| Projects should illustrate any foreseeable challenges and how they plan to mitigate them. We will assess the feasibility of your project by examining its delivery plan and your approach to managing potential risks including: |
| Foreseeable challenges: Identify any potential risks and challenges that may arise during the project and outline your strategies for overcoming them. Risk mitigation: Describe your risk management plan, including steps you've taken to minimise risks related to project delays, budget overruns or changes in scope. Track record: Highlight any experience with similar projects, including previous grant delivery, to demonstrate your capacity to complete the project on time and within budget. |
| Collaboration and Partnerships: If applicable, include details about collaborations or partnerships that bring relevant expertise and support to ensure successful project delivery. |
| Matched funding: Provide the overall feasibility of the project, including timeline, budget, approvals and your ability to secure any necessary matched funding. |
| How likely is your project to be successfully delivered, and what risks have you identified and planned for? * |
| |
| |
| |
| |

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Word count:

Must be no more than 500 words.

Assessment Criteria 6: Funding sustainability

We will assess whether there are other funding sources available for your project and the likelihood of the project proceeding without the grant funding from this program. Consider detailing any commitments or prospects for additional financial support that would contribute to the project's success.

We reserve the right to consider any other relevant information that emerges following receipt of applications.

| What is the availability of alternate funding? * |
|--|
| |
| |
| |
| |
| |
| |
| |
| Word count: |

Must be no more than 500 words.

Budget

* indicates a required field

Budget guidelines

There are two project types and funding levels for this grant category. You can apply for up to:

- \$50,000 (ex GST) for the development of a heritage management document, or
- \$300,000 (ex GST) for a heritage works project.

The minimum funding amount you can apply for is \$10,000 (ex GST).

Successful applicants are required to provide matched funding.

For example, if you are awarded a \$50,000 (ex GST) grant, you must also contribute at least \$50,000 (ex GST) towards the project, resulting in a total project cost of \$100,000 (ex GST).

Reasonable in-kind contributions, such as realistic hourly rates for relevant activities, can be included. However, in-house project management by salaried staff is not eligible as part of the co-contribution.

Please note, funding from other NSW Government grant programs cannot be used to meet your co-contribution requirements.

| Total Project Cost * | \$ |
|----------------------|----|
| | |

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What is the total budgeted cost (dollars) of your project?

Total Amount Requested

What is the total financial support you are requesting under this grant?

Total Applicant Co-contribution *

\$

Must be a dollar amount.

What is the total monetary amount the applicant will be contributing to the project? What is the total monetary amount the applicant will be contributing to the project? If there will be no contribution please enter \$00.00

Applicant In-kind Contribution *

Please detail any in-kind contributions the applicant will be making to the project.

Income

Please outline details of any other funding that you are seeking as part of the project, whether it has been confirmed or not. All amounts should be GST inclusive.

Please include the amount requested under this grant with the income type as "Government Grants"

| Income description | Income type | Income status | Income amount (ex. GST) | Notes |
|-----------------------|-------------|---------------|--------------------------|-------|
| | | | \$ | |
| | | | Must be a dollar amount. | |

Expenditure

Please include all expenditure items (including the amount requested and any GST attracted) that you are seeking to fund under the grant.

Please note, these items must be eligible under the grant as according to the guidelines.

| description | Expenditure type | (ex. GST) | |
|-------------|------------------|--------------------------|--|
| | | \$ | |
| | | Must be a dollar amount. | |

Budget totals

This section will automatically populate based on your figures entered above.

| Income Amount Total (ex. GST) | Expenditure Amount Total (ex. GST) | Total income should equal out with the total expenditure and the balance should be \$0.00 | |
|----------------------------------|---------------------------------------|---|--|
| Total Income Amount | Total Expenditure Amount | Income - Expenditure | |
| This number/amount is | This number/amount is calculated. | This number/amount is calculated. | |

Quotes

Providing quotes helps with assessing the value for money of a project. As a guide, a minimum of one written quote should be provided. Please consider:

- **Specialist skills or trades required**: Are these services readily available or is there a limited supply of the services?
- Location: Is the project located in a regional, rural or remote area?
- **Materials:** Will special materials be required? (For example, will a particular slate required to be imported from Wales)?

For significant expenses (costs) you may wish to include 2 or 3 quotes to demonstrate market value, or you may wish to provide justification for your 1 selected quote based on skillset, knowledge or location.

| Please attach any quotes you have relat Attach a file: | ed to expenditure (cost) items * |
|---|----------------------------------|
| | |
| At least 1 quote must be provided | |

Other inputs

Please detail any other non-financial inputs that you will require in order to deliver the project, including the confirmation status of the input.

| Input description | Input status |
|---|--------------|
| | |
| Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support. | |

Outcomes

The 2025-27 Caring for State Heritage Grants program objectives are:

• to support better management, maintenance and conservation of State Heritage Register (SHR) listed items, as well as increasing public access to these important assets.

Form Preview

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of your project. Outcomes may be framed as:

- immediate or short-term outcomes, intermediate or medium-term outcomes or long-term outcomes
- actions or behaviour change
- social changes
- physical condition changes.

| Your outcomes | How does your intended outcome link to the Program outcomes? | Explanatory notes |
|---------------|--|-------------------|
| | Please explain how your intended outcome helps contribute to the Program Outcomes. | |
| | | |

How will you measure success?

If you are awarded a grant you will be required to report on your projects metrics. Metrics work best when they:

- are quantifiable/numeric
- are clearly defined and succinct
- contain all the context needed to gauge and compare the result (e.g. units such as centimetres, metres, people, days, percentages etc; direction of change such as increase, decrease, etc.; timeframe such as per month, per year, etc.)
- have been tested, are in common use, or commonly understood as a relevant and useful indicator of performance in a particular arena
- are used sparingly you are much better off to "ask one good question and answer it reliably" than try to track many things at once
- relate to a clearly articulated outcome or activity.

| Metric | Collection method | Target | Explanatory notes |
|--|---|--|--|
| rows if you want to list additional metrics. | verify the data? E.g. survey, administrative data (e.g. entry tickets), | metric you have chosen - an estimated total for | Add notes if you need to provide more context. |
| | | | |

Oualitative evidence

Qualitative evidence is a descriptive rather than numeric form of evidence designed to indicate whether or not progress towards an outcome is occurring. If you are awarded a grant, you will be required to report on your project's progress through both metrics and qualitative evidence.

Form Preview

Examples of qualitative data sources include interviews, testimonials, focus group transcripts/summaries, social media posts, media appearances/mentions, and artistic or multimedia depictions, such as photographs, videos and audio/podcasts.

| Qualitative evidence | Explanatory notes | | |
|--|--|--|--|
| Select the type of qualitative evidence you will use to help track your progress. One per row. Add more rows if you want to list additional types of qualitative evidence. | Add notes if you need to provide more context. | | |
| | | | |

Declaration and Authorisation

* indicates a required field

Declaration

You represent and warrant that this application has been submitted by an authorised representative (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent), you:

- (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and
- (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- all information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid;
 and
- all relevant conflicts of interest have been declared.

Authorisation

| I agree * | □ Yes | | | | | | | |
|--|--|------------------|----------------------------------|--------------|--|--|--|--|
| Name of authorised person * | Title Must be a authorised | | Last Name , board member or a | ppropriately | | | | |
| Position * | Position held in applicant organisation (e.g. CEO, Treasurer) | | | | | | | |
| Phone number * | Must be an Australian phone number. We may contact you to verify that this application is authorised by the applicant organisation | | | | | | | |
| Email * | Must be ar | n email address. | | | | | | |
| Applicant Feedback | | | | | | | | |
| You almost finished with the application process! Before reviewing your application and clicking the SUBMIT button please take a moment to provide some feedback. | | | | | | | | |
| How did you find about the heritage grants? Select all that apply ☐ Media article ☐ Social media ☐ Word of mouth ☐ Advertisement ☐ Direct email ☐ Other: | | | | | | | | |
| Did the videos on our website help with the completing your application? ○ Yes ○ No | | | | | | | | |
| How did you find the online a O Very easy O Easy | | - | ficult O Ver | y difficult | | | | |
| How easy or difficult was it to O Very easy O Easy | complet Net | | | y difficult | | | | |
| How many minutes in total di | d it take | you to complete | this application? | | | | | |
| Estimate in minutes i.e. 1 hour 60 | | | | | | | | |
| Please provide us with your s additions to the application p | | | | | | | | |