

**Protecting Country Against Invasive Species**

**Expression of Interest**

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| --- | --- |
| **Before applying** | Please also ensure that you have read the [***Guide for Indigenous Ranger Groups when Completing an EOI or Proposal***](https://nailsma.org.au/resource-library/guide-protecting-country-against-invasive-species#entry:1359:url)**(the Guide).**You may reformat sections within the form as required to present your EOI and include attachments. Suggestions on word count are included as a guide only.  |
| **Closing date** | Email the EOI to angie.reid@nailsma.org.au by COB on 26 April 2024. |

**Contact Officer:** any queries about this Program should be directed to Angie Reid, Senior Project Coordinator, angie.reid@nailsma.org.au.

**Privacy notice**

NAILSMA is committed to protecting the privacy of your personal information. Our [Privacy Policy](https://nailsma.org.au/privacy) explains how NAILSMA manages the personal information we collect, use and disclose, and how to contact us if you have any queries. NAILSMA collects your personal information (as defined by the Privacy Act 1988) in relation to this document for the purposes of assessing the EOI and related purposes in administering the Protecting Country Against Invasive Species program. NAILSMA may disclose your personal information to Australian government agencies, persons or organisations where necessary for the above purposes, provided the disclosure is consistent with relevant laws, in particular the Privacy Act 1988.

By completing and submitting this document you consent to the collection of all personal information contained in this document.

**Section A: Lead Organisation**

***Note: Please identify the Lead Organisation that will be entering into the project contract with NAILSMA if this Proposal is successful***

1. **Indigenous Ranger Group:**
2. **Lead Organisation (Legal entity name):**

**3 Contact person who is authorised to represent the Organisation:**

*The Eligibility Criteria includes that the Lead Organisation must be an Indigenous Ranger Group engaged by DAFF under the Biosecurity Indigenous Ranger Program*

 Name Position

 Phone Email

**Section A: Other Partners**

***Note: Please list Indigenous Ranger Group partners and any other organisations who will have a role in the delivery of the Proposal if it proceeds and outline what role they will have in the project.***

**Section B: Proposal Summary**

**Proposal title:**

**Objective:**

***Insert a concise summary of the Proposals intended result (Word count guide: 50 words)***

**Description:**

***Please provide a brief description of your Proposal (including who, what, where and when), what will be achieved and how it meets one or more of the Project Criteria (see Guide). List the key invasive species impacting on biodiversity and cultural values and any native plants, animals and/or ecological communities (including any threatened species listed in the Environment Protection and Biodiversity Conservation Act 1999) to be protected under this Proposal. (Word count guide: 500 words)***

**Proposed activities:**

***All activities must be complete by 14 November 2025.***

***Indicate your readiness to commence delivery.***

| **Activity description** | **Planned Start date** | **Planned End date for completion**  |
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| **2024** |  |
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| **2025** |
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**Section C: Budget and proposed Co-contributions**

**Budget**

***The budget below should outline the items for your Proposal and the estimated expenditure amount for each item. Please ensure your budget separately identifies and clearly explains the cost of all items necessary for your Proposal to proceed (expanding the table as needed).***

***Ensure you only include eligible expenditures (see Guide).***

***Co-contributions are not mandatory. You can also identify as ‘potential/unsecured’.***

| **Project Budget** | **Expenditure (ex GST)** | **Source (AG via NAILSMA or other partner)** | **Indicate cash or in-kind for other partner funds** |
| --- | --- | --- | --- |
| **Expenditure 2024**  |  |  |
| *<Insert expenditure items>* |  |  |  |
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| ***Sub Total*** |  |  |  |
| ***Total Expenditure Year 1*** |  |  |  |
| **Expenditure 2025** |  |  |
| *<Insert expenditure items>* |  |  |  |
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| ***Sub Total*** |  |  |  |
| ***Total Expenditure Year 2*** |  |  |  |
| ***Total Proposal Expenditure*** |  |  |  |

**Section D: Privacy**

I have obtained the consent of any individual named in this Proposal, to provide their personal information to NAILSMA for its assessment of this EOI and for any other purpose necessary for NAILSMA to administer the Program. The consents have been obtained on the basis that the individuals understand and agree that NAILSMA may disclose their information for any of the reasons listed in the Guide.

[ ]  Please tick to indicate compliance with the above paragraph relating to privacy.

**Section E: Proposal Declaration**

I declare that:

[ ]  the EOI Form has been endorsed by all listed Partners

[ ]  I am authorised to submit this EOI on behalf of the Lead Organisation

Please tick to indicate compliance with the above paragraphs relating to EOI declaration.