

## Recreational Fishing Trust Grant Information

\* indicates a required field

### Program details

Deliver projects using funds from the Recreational Fishing Trusts to boost recreational fishing opportunities in NSW.

Projects in the current funding round are required to fall within one of the platforms - outlined in the funding guidelines.

#### Goals

- Implement innovative projects to boost recreational fishing opportunities.
- Promote recreational fishing as a healthy, outdoors activity for the whole family.
- Educate fishers to fish responsibly and safely.
- Promote the sustainable growth of recreational fishing.

The program is administered by the NSW Department of Primary Industries and Regional Development – Fisheries.

#### Grant program name

This field is read only.

The program this submission is in.

### Instructions for applicants

Before completing this application form, you must have read the [Recreational Fishing Trust funding guidelines](#) for platform specific details and assessment criteria. Incomplete applications and/or applications received after the closing date will not be considered.

To discuss your proposal or for advice, applicants can contact the Recreational Fishing Trust Management Team by email [recreational.fishingtrust@dpird.nsw.gov.au](mailto:recreational.fishingtrust@dpird.nsw.gov.au).

For assistance with the SmartyGrants platform, download [Help Guide for Applicants](#) or contact by **Email:** [service@smartygrants.com.au](mailto:service@smartygrants.com.au) **Phone:** (03) 9320 6888.

#### Application Number

This field is read only.

### Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the funding guidelines for the program and has fully informed itself of the relevant program requirements.

## Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (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-in-confidence' 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 form, the Applicant acknowledges and agrees 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 privacy policy (available at: <https://www.dpc.nsw.gov.au/privacy>);
- the information it provides 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;
- it has 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 information, and has been made aware of the purposes for which it has been collected and may be used.

### Eligibility confirmation

**I acknowledge that I have reviewed the eligibility requirements as outlined in the funding guidelines \***

☐ Yes

### Application and organisation details

\* indicates a required field

#### Project summary

Please provide a brief overview of your project.

**Note:** The **project title and brief description should be concise and to the point** you will have the opportunity to provide more detailed information about the project team, logistics, budget, and outcomes later in this form.

#### 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 \*

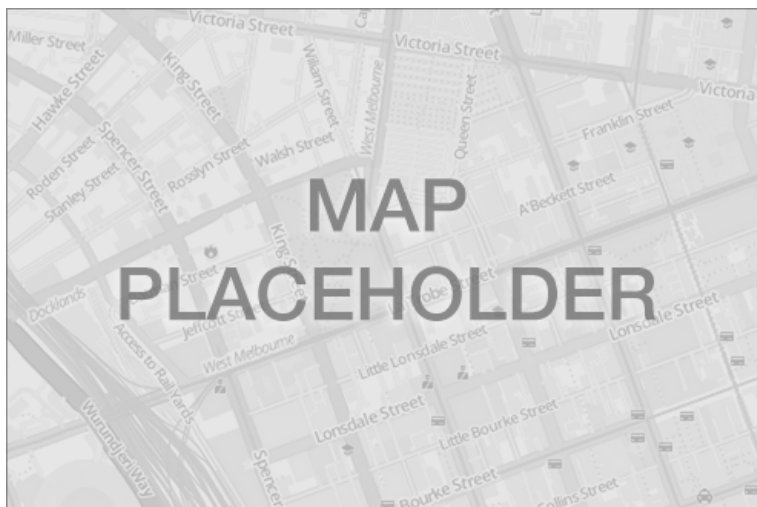
#### Anticipated end date \*

#### Primary location of your initiative \*

Address

# 2026 Trust Round

## Form Preview



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Coordinates Required. Country must be Australia  
Primary location does not need to be a specific address, and can be postcode, suburb, state (NSW), etc. If delivered online, please specify the area of focus for delivery.

**Have other relevant sources of funding been considered for your project?**  
**Examples include the 'Boating Infrastructure and Dredging Scheme' and the 'Aboriginal Fishing Trust Fund'. \***

☐ Yes ☐ No

**If so, please provide more detail on why other funding sources are unsuitable**

(If applicable)

Please provide details of the organisation applying for funding in this section. If your organisation's (primary) address and postal address are the same, please enter the same information.

### Organisation Details

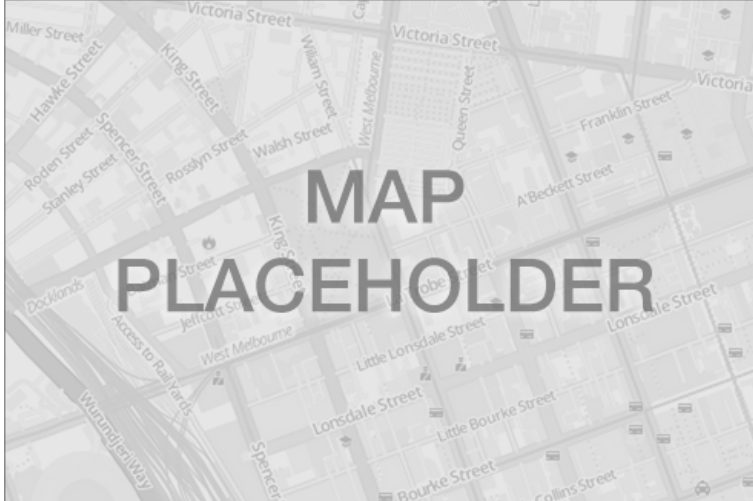
**Organisation Name \***  
Organisation Name

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

**Primary Address \***  
Address

# 2026 Trust Round

## Form Preview

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Coordinates Required. Country must be Australia

### Postal Address

Address

### Primary Phone Number \*

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

### Other Phone Number

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

### Email Address \*

Must be an email address.

### Website

Must be a URL.

**Which of the following legal entity types best applies to your organisation \***

# 2026 Trust Round

## Form Preview

- ☐ a company incorporated in Australia
- ☐ an incorporated association (including clubs) or co-operative
- ☐ a partnership
- ☐ a sole trader
- ☐ a local council or joint organisation of councils
- ☐ an educational institution or organisation
- ☐ a Government agency

**Provide a relevant organisational identifier, such as Australian Company Number (ACN), Australian Issuer Number (AIN) or other (if available).**

Enter Organisation ACN (Australian Company Number) or AIN (Association Incorporation Number)

**Does the applicant have an Australian Business Number (ABN)? \***

- ☐ Yes ☐ No

**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                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main Business Location                            |                                  |

Must be an ABN.

**Applicants without an ABN may be able to submit a Statement by Supplier form in accordance with the law. Have you contacted DPIRD to discuss the submission of Statement by Supplier forms with future project invoices prior to preparing this application?**

- ☐ Yes ☐ No

**Is your organisation GST registered? \***

- ☐ Yes ☐ No

# 2026 Trust Round

## Form Preview

**Does the applicant organisation have at least \$10 million in public liability insurance, or is willing to obtain \$10 million in public liability insurance? \***

☐ Yes

☐ No, but willing to obtain

☐ No

Applicants are required to hold public liability insurance of at least \$10 million per occurrence or hold equivalent or better self-insurance to the satisfaction of the Department, in order to enter into a funding deed with the NSW Government.

## Project Manager, Project Team and Contact Details

\* indicates a required field

For this section, please enter the details of the project team. Enter the Project Manager's details for the primary contact.

### 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 \*

Must be an email address.

This is the address we will use to correspond with you about this grant.

## Project team

| Name                 | Role in this project | Phone Number                        | Email                     |
|----------------------|----------------------|-------------------------------------|---------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>                | <input type="text"/>      |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                | <input type="text"/>      |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                | <input type="text"/>      |
| <input type="text"/> | <input type="text"/> | Must be an Australian phone number. | Must be an email address. |

Project team experience and expertise

**Project manager and team relevant experience and expertise to deliver the project. Provide details of other grant funded projects your organisation or team has managed, including Recreational Fishing Trust funded projects (if applicable).**

Project Location and Access

\* indicates a required field

**Project location details \***

☐ State-wide

☐ Regional

☐ Local

☐ Online

If relevant

Location details - regional

**If regional, which region?**

Project site locations

e.g. If the site location is a specific known place of interest, such as a public reserve or landmark.

-----Project site locations (1)

**Site address 1 (if relevant)**

Address

-----Project site locations (2)

**Site address 1 (if relevant)**

Address

-----Project site locations (3)

**Site address 1 (if relevant)**

Address



Upload location map (if relevant)

Attach a file:

Please supply any additional location details if available e.g. satellite imagery or maps/GPS co-ordinates if multiple project sites are required.

**Do you require any approvals / consent for the online project? \***

☐ Yes ☐ No

**Please provide these details (if required)**

**Will the project activities and outcomes be available free of charge with unimpeded general public access? \***

☐ Yes ☐ No

**If the project is not free or does not provide unlimited access to the public, what arrangements will be in place?**

**Are approvals / consent required? \***

☐ Yes ☐ No

Projects involving activities on land not owned by the applicant must seek land owner's / land manager's consent prior to commencing .e.g. permits, licences or approvals from Crown Lands, local council, Transport for NSW, NSW DPIRD Marine Parks, etc.

**Please provide details**

e.g. include details of the land owner(s) / land manager(s), any correspondence with relevant stakeholders / agencies, etc. If none required, please explain why.

**Have approvals / consent been obtained? \***

☐ Yes ☐ No ☐ Pending

**Please provide details**

**Please attach evidence of consent, approval or support (if available).**

Attach a file:

## Project Details

\* indicates a required field

### Project details

#### **Project objectives \***

What do you plan to achieve?

#### **Benefits to recreational fishing \***

All projects must deliver a clear benefit to recreational fishing in NSW. Describe the direct benefits to recreational fishing. What will have improved?

#### **Background \***

Provide a brief history of the project, the current situation (including details of what problem the project will address) and the need for the project.

#### **Methodology \***

How do you propose to carry out the project? Project methodology must be technically sound and utilise best practice. Applicants must include a commitment for maintenance of project facilities for at least five years.

#### **Deliverables \***

Provide a brief list of the outputs, outcomes and benefits of the project.

#### **Communication \***

How will the project be promoted and communicated to recreational fishers?

### Milestones

Please tell us about the administrative stages you expect to pass through as part of your project.

# 2026 Trust Round

## Form Preview

Provide one milestone (e.g. planning, purchase of materials, completion of activities / works, reporting) per row.

| Milestone                                                                                      | Notes                                       | Timeframe (months)                                                                      |
|------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------|
|                                                                                                |                                             |                                                                                         |
|                                                                                                |                                             |                                                                                         |
|                                                                                                |                                             |                                                                                         |
| Milestones - e.g. planning, purchase of materials, completion of activities / works, reporting | Notes - if you need to provide more detail. | Timeframe - months from commencement of project. Please provide an estimate if unknown. |

## Budget

\* indicates a required field

### Financial management and purchasing

#### What financial systems will be in place to manage the project costs and funding?

Include any procurement / purchasing rules in place for goods, services and costs associated with the project (if relevant) and any financial management software or programs.

#### The following aspects of the budget are relevant to the assessment criteria

- Applications must have an accurate, cost effective budget which shows value for money. Contributing funding or 'in-kind' contributions by the applicant and other project partners should be included in the budget, where relevant.
- Contingency funding components of applications will not be supported for funding.
- Project grant expenditure must be **directly** related to the project. The application must reflect that funding, activities and outputs are **not** for the purpose of running or promoting "the organisation" (the applicant) and that outputs and outcomes are for enhancing recreational fishing opportunities (either free of charge or at a price that ensures minimal barriers to rec fishing)\*.
- Applications must not include costs for purchase of vehicles or vessels for recreational or commercial purposes.

Please ensure all aspects of the project are identified and costed in the budget tables.

*\*Project applications should not have deliverables with vague public outcomes, excessive private asset creation or high value non-arm's-length payments.*

### Project budget

# 2026 Trust Round

## Form Preview

Please include all budgeted items and amounts that you are requesting from the Recreational Fishing Trust. Please note, items requested for Recreational Fishing Trust funding must be eligible, as outlined in the grant funding guidelines.

**All applicants are required to quote GST inclusive costings on all applicable items in the application budget table (i.e. the full price of goods or services you will be purchasing).**

| Project item (expenditure description) | Expenditure type | Expenditure amount (inc. GST)                                                                                            |
|----------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------|
|                                        |                  | \$                                                                                                                       |
|                                        |                  | \$                                                                                                                       |
|                                        |                  | \$                                                                                                                       |
|                                        |                  | Enter the total amount to be expended on this budget item. Please add more rows as required.<br>Must be a dollar amount. |

**Total Amount Requested**

\*

\$

This number/amount is calculated.

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

### In-kind and other funding sources

In this section provide all project expenses, including expenses from other funding sources. Please also provide costings for all in-kind contributions including voluntary labour, donations of time or specialist expertise, project management and administration time, donation of plant and equipment to the project, the value of discounted rates given to the project, etc. These contributions, when realistically costed, add value to the project and improve the project's overall value for money.

| Project item (expenditure description) | Expenditure type | Expenditure amount (inc. GST)                                 |
|----------------------------------------|------------------|---------------------------------------------------------------|
|                                        |                  |                                                               |
|                                        |                  |                                                               |
|                                        |                  |                                                               |
|                                        |                  | Please add more rows as required.<br>Must be a dollar amount. |

### Total in-kind and other funding sources

This number/amount is calculated.

Total project cost

This number/amount is calculated.

### Please attach quotes (if available)

Attach a file:

## Supporting Documents

Please attach any relevant files you would like to submit (such as stakeholder letters of support, design drawings, etc.).

|  |
|--|
|  |
|  |
|  |
|  |

## Declaration and Authorisation

\* indicates a required field

### Conflicts of interest

There may be a conflict of interest, or perceived conflict of interest, associated with your project team personnel, including any sub-contractors, when seeking RFT funding. This may include (but not limited to):

- having a professional, commercial or personal relationship with a party who can influence the application assessment process.
- having a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives funding under the RFT program / opportunity.

**To the best of your knowledge, do you have any perceived or existing conflicts of interests to declare? \***

☐ Yes

☐ No

# 2026 Trust Round

## Form Preview

If you later identify an actual, apparent or perceived conflict of interest, you must inform the NSW DPIRD Recreational Fishing Trust Grants Management Team in writing at [recreational.fishingtrust@dpiird.nsw.gov.au](mailto:recreational.fishingtrust@dpiird.nsw.gov.au) immediately.

### Please provide details of this conflict

### Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (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) of the Applicant, 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

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**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 an email address.

### Applicant feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**How did you find the online application process?**

☐ Very easy    ☐ Easy    ☐ Neutral    ☐ Difficult    ☐ Very difficult

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

GMS-SGO/Locn/2025 v2.0