Dear colleague

We welcome your interest in affiliating your program with Gardens for Wildlife Victoria.

***AFFILIATES are wildlife gardening programs run by community-council partnerships adhering to our guiding principles.***

Affiliated programs demonstrate these characteristics:

* involve a local government or agency partnering with community volunteers and environmental groups to design and deliver the program
* practise collaboration and co-design
* recruit and support residents (businesses, schools) to foster native biodiversity.
* foster social connections and wellbeing alongside biodiversity objectives.
* include face-to-face interaction with program members.
* ensure program activities are locally sited.
* celebrate, monitor and share progress.
* use elements of a shared logo

Affiliate programs become part of the Gardens for Wildlife Victoria Network. We help to connect program leaders, deliverers, and garden guides. The cross-fertilisation of ideas, techniques, and mutual support are what has made the network vibrant, innovative, and effective. We encourage all programs to be affiliates and will support you to achieve this.

Becoming an affiliate program involves doing a self-evaluation of whether your program aligns or has steps in place to align with the key principles of Gardens for Wildlife Victoria

The worksheet below will guide you through the principles. Please submit your completed worksheet to contact@gardensforwildlifevictoria.com and sign the last page of the Agreement as a first step in the affiliation process.  The Board will liaise with you to resolve any questions and return a signed agreement when your program is affiliated.

**Privacy**

For privacy information, please refer to the [Privacy Statement on our Website](https://www.consumer.vic.gov.au/privacy)

**YOUR PLAN**

We seek information to understand how you will contribute and how your program aligns with Garden for Wildlife Victoria’s organising principles.

| Gardens for Wildlife Victoria's organising principles | **Your [Insert name] program/plan** |
| --- | --- |
| Involve a local government or agency in partnering with community volunteers and environmental groups to design and deliver the program.  |   |
| Practise collaboration, co-design, trust and respect.     |   |
| Recruit and support residents (businesses, schools, and other entities) to foster native biodiversity in practical, on-ground actions.     |   |
| Foster social connections and wellbeing alongside biodiversity objectives.     |   |
| Include face-to-face interaction with program members as part of the program.   |   |
| Program activities are locally sited    |   |
| Celebrate, monitor and share progress.      |   |
| The logo meets template requirements. *As an affiliate, we ask that you use our program logo template, which links you to our brand family while providing flexibility to represent your identity.*   |   |

**Terms and Conditions**

**Parties**

Gardens for Wildlife Victoria Ltd, ABN: 69 642 771 542 and

<NAME THE ENTITY>.

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# Background

Gardens for Wildlife Victoria Ltd.’s objectives are to:

* to nurture our flora, fauna and environment
* to build knowledge, skills, confidence, and ownership for caring for the land and its wildlife
* to strengthen connections between residents, nature, community, and place
* to improve wellbeing through experiencing and caring for nature
* to build a network of environmental stewards and champions
* to collect and share stories and data about the impact of our work

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# TERM AND CONDITIONS

## This Agreement commences on the Commencement Date and will continue, unless terminated earlier in accordance with this Agreement.

## Members of Affiliated Groups are encouraged to become financial supporters of GWV, to maintain and support the activities for GWV, such as Website and resources offered to affiliates.

# INTELLECTUAL PROPERTY

## Affiliates and GWV may grant each other free and non-exclusive licences to use, copy, adapt and modify each other's material (except logo) solely to enjoy the benefit of and exercise rights concerning the Gardens for Wildlife delivery courses or programs. GWV requests affiliates to acknowledge their affiliation with GWV in their promotional materials by including the GWV logo or words to that effect. Affiliates are to contact GWV for brand and style guide.

# confidentiality AND DISTRIBUTION OF information

## Respect the confidentiality of the documents provided by GWV to protect the core values of programs regarding their ethos and delivery.

## Without prior written consent from GWV, Affiliates should not provide any resources material (except for resources publicly available on GWV’s Website) to non-affiliated groups and safeguard the proper delivery, use and acknowledgement of GWV or its Affiliates.

# INSURANCES

## Each party has their own insurance.

# DISPUTE MANAGEMENT

## GWV & Affiliates must notify each other immediately of any concerns, disputes or problems regarding an activity, program, or conduct and will use reasonable endeavours to resolve such issues between the parties. it is authorised to enter into this Agreement and has the power to perform its obligations and grant the rights under this Agreement.

**Executed as an Agreement**

I, the person whose signature is set out below\*

* Declare that I am authorised to accept the terms and conditions and submit this agreement on behalf of the group wishing to affiliate.
* Acknowledge that Gardens for Wildlife Victoria Ltd will accept this communication as containing my signature for the purposes of the Electronic Transactions (Victoria) Act 2000.

|  |  |
| --- | --- |
| Local Government Area |  |
|  | Person 1\* | Person 2\* |
| Role or position in the Group applying for affiliation |  |  |
| Signed for and on behalf of the Group. |  |  |
|  | Signature | Signature |
| Name of person  |  |  |
| Date  |  |  |

\* If possible, a signature from both a community and council staff member is preferred.

|  |  |
| --- | --- |
| **ACCEPTANCE**Signed for and on behalf of GARDENS FOR WILDLIFE VICTORIA LTD ABN 69 642 771 542 by its authorised representative. |  |
|  | Signature |
| Date |  |
| Name of person |  |