



NAME OF GROUP:

Name of Group Activities Leader:

Knox Council Bushland Management Officer:

Date:

Major objectives for coming year:

Activities list:

MONTH	EVENT OR ACTIVITY	RESOURCES REQUIRED
January		
February		
March		
April		
May		
June		

July		
August		
September		
October		
November		
December		

Training requirements:

Other group requirements:

Five year plan:

Please specify if external funding will be sought for bushcare activities for next financial year below. Please note that all applications for funding for works within Knox Bushland Reserves will require approval by the Knox Biodiversity Team.

PROJECT	FUNDING BODY	FUNDS REQUIRED	TIMEFRAME

AGREEMENT:

Council: As a Knox Council representative, I agree that I have read and understood the Agreed Works Plan.

Name		Signed		Date
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Volunteer Group: As an environmental volunteer working within Knox, I agree that I have read and understood the Agreed Works Plan.

Name		Signed		Date
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