

TASMANIAN WEEDS ACTION FUND

STAGE 2: ROUND 1 - SMALL GRANTS

APPLICATION FORM

Use this application to apply for Weeds Action Fund Stage 2 Round 1 Small Grants

**Applications close: 11 pm, Sunday, 1 November 2020**

Assistance with completing your application, including accessing technical advice is available by contacting NRM North
**Phone:** 1300 109 676
**Email:** waf@nrmnorth.org.au



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| The Tasmanian Weeds Action Fund (WAF) is a $5 million Tasmanian Government initiative, funded for five years from 2018-19. The funds provided by the state government will be invested with farmers and other community organisations to tackle weeds that are impacting valuable agricultural and environmental assets. |

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# Information for Applicants

* Guidance text is provided throughout the document in blue italics.
* Links to websites are provided in the document; please click on these links to access further information (alternatively you can access this information via the web address given).
* Please stay within word limits where indicated.
* To tick a checkbox electronically simply double click on the box and select ‘checked’.

# Applicant’s Details



|  |  |
| --- | --- |
| Individual, group or entity name: |  |
| Primary contact person (if you are a group or entity): |  |
| Primary contact phone: |  |
| Primary contact email: |  |
| Primary postal address: |  |
| Alternative contact person: |  |
| Alternative contact person phone: |  |
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| Your or your organisation’s ABN[[1]](#footnote-2):  |
| Are you or your organisation **GST** registered[[2]](#footnote-3)? [ ]  YES [ ]  NO  |
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| **Applicant status** Please select from the following: |
| [ ]  individual[ ]  community group[ ]  primary producer[ ]  business[ ]  school[ ]  Aboriginal corporation | [ ]  local government[ ]  state government and state government entities[ ]  trustee on behalf of a trust[ ]  peak body[ ]  other, please give details: |

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|  |
| Are you applying as a project sponsor on behalf of another entity or individual[[3]](#footnote-4)? [ ]  YES [ ]  NO  |
| If yes, please indicate the name of the individuals and/or entities you are sponsoring: |
|  |
| Do you or your organisation have appropriate and adequate **insurance** to undertake this project[[4]](#footnote-5)? [ ]  YES [ ]  NO |
| Provider: |
|  | Type of insurance:: | Policy no. | Level of Cover, $ | Policy Expiry date |
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# Project Activities

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| Please indicate the type of activities to be delivered in your project proposal. You may tick more than one box:[ ]  On-ground weed management[ ]  Developing a weed management plan, or related planning activities[ ]  Development and implantation of an education, extension, and support program |

# Collaboration

Please provide details and signatures of agreement from all parties involved in the proposed project. This includes:

* landholders and managers of the land on which the project will take place, where this is not the applicant (provide details in Attachment 1); and
* any other parties collaborating on the delivery of the proposed project (provide details inAttachment 2).

# Project Location

|  |  |
| --- | --- |
| Property address(es) and locality |  |
| Local government area(s) |  |
| Size of the project site(s) (ha)[[5]](#footnote-6) |  |
| Property Identification Number/s[[6]](#footnote-7).If you have sites on different properties, please provide the Property Identification Number (PID) for each.Please add additional rows if required. |  |
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| Have you conducted a preliminary search of the [Aboriginal Heritage Register](https://aboriginalheritage.dpipwe.tas.gov.au/about-us/aboriginal-heritage-register)[[7]](#footnote-8) ? | [ ]  YES [ ]  NO [ ]  N/A |
| Project site map | Please attach a map of project site(s) and location of key activities using Attachment 3. Use a separate page for each property, if needed. Within each property please number each site, (e.g. site 1, site 2. |
| Photographs of the site(s) | Please attach a maximum of three photographs showing the activity site(s) using Attachment 4. Use a separate page for each property. Within each property please number each site, (e.g. site 1, site 2). |

# Target Weeds

When listing the weeds targeted in this project please make sure they are correctly identified, and the botanical names are included (for reference to names see the WAF Priority Weed List).

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| --- | --- |
| Have you checked the identity of the target weed species for this proposal[[8]](#footnote-9)? | [ ]  YES [ ]  NO |
| **Weed name** | **Priority Group number**(see WAF weeds list[[9]](#footnote-10)) |
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# Project Proposal

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| 1. **Project title**

Please mention the weed species and project location in the title (20 word limit; >20 only if justified, e.g. 4 or more weeds involved). |
| 1. **Objectives**

a. What is your project objective(s)?What do you want to achieve with your proposed project ? How will your project contribute to the WAF Assessment criteria, work towards eradication or containment of a weed(s) and protection of an agricultural or environmental asset? (150 word limit) |
| 1. **Briefly describe your project proposal**

Briefly describe what activities you will do as part of the project, where will these be undertaken, what you will deliver as a result of these activities. Please refer to the site(s) on your project map in Attachment 2 as necessary. If requesting funds for awareness and education, or for developing a weed management plan, explain how those activities will deliver effective weed management outcomes. (200 word limit) |
| 1. **Method**

In sequence, explain the timing & duration, activity and method, the person responsible (applicant, collaborator or contractor) and the measurable outputs that will be achieved. Please add rows as necessary. |
| **Timing & duration** | **Activity and method used** | **Person Responsible** | **Deliverable (what will be achieved)** |
| *e.g. December 2020, 1 weed* | *Spraying weed species x* | *Joe Blogss* | *2 ha of weed species x controlled* |
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# Technical Advice

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| Please detail any technical advice you have sought to assist with developing your project proposal (e.g. advice received from a licensed weed control contractor or an authorised weed officer from State or local government, or from another relevant organisation). Please attach all relevant technical advice where possible. |
| **Name** | **Support/advice provided** | **Contact no.** | **Organisation** | **Advice attached?** |
|  |  |  |  | [ ]  YES[ ]  NO |
|  |  |  |  | [ ]  YES[ ]  NO |
|  |  |  |  | [ ]  YES[ ]  NO |

# Alignment with Strategic Plans

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| --- |
| Are the project activities or objectives recognised as priority actions in existing regional or state plans or strategies? |
|  [ ]  YES  |  [ ]  NO |
| If yes, please provide the name of plan(s) and reference(s) to the relevant priority action |

# Existing Management Plans

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| Does the project site have an existing weed management plan, conservation management agreement, property management plan etc. to guide the proposed activities? |
|  [ ]  YES  |  [ ]  NO |
| If yes, please provide name of plan(s) and date(s). |

# Ongoing Maintenance of Project Outcomes

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| Describe how you will monitor and maintain the outcomes of the project following completion of funded on-ground project activities. Who will be responsible, what will their commitment be, and over what time period? E.g.  |
| **What will be maintained?** | **Who is responsible?** | **What is the commitment?****(To activities and time)** | **Duration of maintenance** |
| Eradication of weed species x in the project location | Project applicant name | Quarterly monitoring, and weed removal of any new individuals of weed species x during spring | 10 years |
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# Past Projects

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| --- | --- |
| Have you received any weed management or other grants in the past 5 years? If yes, please provide details of amount, funding source, and project completion date and result. |  [ ]  YES [ ]  NO |
| **Funding source** | **Completion date** | **Amount received** | **Project title and note how well the project deliverables were completed** |
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# Contractors

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| Are you using a contractor? |
|  [ ]  YES | [ ]  NO |
| If yes: please attach a quote for the activities that they are undertaking and ensure this is included in your budget. When contractor costs are greater than 75% of total project costs at least two quotes will be required. |
| Does your contractor hold a Commercial Operator’s License for spraying? Information on the requirements can found at: <https://dpipwe.tas.gov.au/agriculture/agvet-chemicals/licences-and-certificates/ground-spraying-and-pest-management-licences> |
|  [ ]  YES  | [ ]  NO |
| Is your contractor registered for GST? If not, and you as the applicant are registered for GST, you will have to add GST to the contractor amount in the budget below. |
|  [ ]  YES  | [ ]  NO |

# Project Budget

|  |  |
| --- | --- |
|  | **Note**: all costs are excluding GST. Please add additional rows as required. |
| **Activity** | **Item description****quantity and cost per unit**  (Number/Time @ $ per unit) | **A**Applicant contribution ($ or in kind) | **B**Partner contributions  | **C**WAF Grant Funding sought ($) | **D**Total Activity Costs ($) |
| Amount ($) | Contributor |
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| **Total project costs**  | **Sub-Total (exc. GST)** | **$** | **$** | **$** | **$** |
| GST, if applicable[[10]](#footnote-11) | **$** | **$** | **$** | **$** |
| **Grand Total (inc. GST)** | **$** | **$** | **$** | **$** |

# Consents and Declarations

Using Attachment 1 and 2, please provide signed evidence of agreement from the registered owners of all the project sites and collaborators involved in delivering activities; attach this to the application (if applicable).

Your personal information is protected by law.

Submitted information will be used to assess your proposal for weed management activities in the Small Grants round of the WAF2. Certain information may be used to detect or prevent fraud.

Information may be given to relevant Tasmanian and Australian Government agencies or program management bodies for the purpose of the administration, management, promotion and reporting on this scheme, including publication of case studies.

By signing this form, you allow NRM regional bodies and DPIPWE to use general information about your project for these purposes only.

**Declaration**:

I/ we declare that

* The information provided in this form is correct.
* I/we are responsible for the costs of the works.

I/we understand that:

* Deliberately giving false or misleading information is a serious offence.
* Any overpayment or unspent funds will be recovered.
* NRM Regional Bodies and DPIPWE may, if necessary, make relevant enquiries.
* Personal information is protected and can be given to someone else where state or commonwealth legislation requires or where I/we give permission.
* Statistics may be collected and analysed in such a way as to protect my/our anonymity.
* All project work will be carried out in compliance with the Work Health and Safety Act 2001 and other relevant legislation and regulations.

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| Signature of the applicant, or primary contact person on behalf of the applicant: |
| Date of submission: |

# Check List

Ensure that you have attached all the following with your application before submitting as outlined in the Guidelines.

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| [ ]  Have you registered to receive updates during the application period?  Please register on the WAF website so you do not miss out on important updates[ ]  Have you read the Stage 2 Round 1 Small Grant Guidelines?[ ]  Have you read the *Information on Priority Weeds* and understood your weed’s priority listing?[ ]  Have you attached relevant technical advice (if applicable)?[ ]  Have you attached quote(s) if applicable?[ ]  Have you completed the application form with Property Identification Numbers?[ ]  Have you signed and dated the application form on the page above?[ ]  Have you gathered the signed consent of landowners (if applicable)?[ ]  Have you gathered the signed consent of collaborators (if applicable)?[ ]  Are the site maps attached?[ ]  Are photographs of site(s) attached (if applicable)? |

## Attachment 1. Consent of Landowners

Table of **landowner’s consent,** by the primary contact listed above, for project works to be undertaken on land under their care and control within the project area.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of landowner(s)** | **Address of property included in this project proposal** | **I consent to the completion of works on my land as outlined and within the timelines specified in this application (YES/ NO)** | **Signature**  | **Date** |
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## Attachment 2. Consent of Project Collaborators

Table of consenting **collaborators** involved in the project’s delivery, signed by collaborator’s primary contacts.

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| --- | --- | --- | --- | --- | --- |
| **Name of project collaborator’s primary contact** | **Project collaborator’s organisation (where applicable)** | **Role(s) in the project** | **I agree to be involved as a project collaborator in the above project and in the nominated role(s) (Yes/No)** | **Signature** | **Date** |
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## Attachment 3. Map of Project Sites

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| Attach a map for each property (one property per page); number the sites at each property (e.g. Site 1, Site 2) as identified in your description; showing proposed project areas and any other relevant details such as timing, density or staging (if applicable). Show existing fencing, bush boundaries, water bodies or other existing features relevant to the project activities that may add value to your proposal. Show planned weed control sites or location of other planned activities. |

## Attachment 4 Photographs of Site

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| Photos showing the issue to be managed at each site for each property (if there are multiple sites, e.g. Site 1, Site 2 etc as identified in your description) shown in your map(s); include site nos., a brief description and direction (north). The photographs may be attached but limited to only three per site. |

1. If you don’t have an ABN you will be required to fill out a Statement by Supplier form if you application is successful. [↑](#footnote-ref-2)
2. If the applicant is registered for GST the amount will be grossed-up for GST (increased by 10%); if the applicant is not registered for GST no additional amount is payable beyond the amount awarded. [↑](#footnote-ref-3)
3. If the applicant is registered for GST the amount will be grossed-up for GST (increased by 10%); if the applicant is not registered for GST no additional amount is payable beyond the amount awarded. [↑](#footnote-ref-4)
4. Contact your insurer for further information. If your application is successful you must provide a Certificate of Currency to prove your insurance cover; please refer to the Guidelines. [↑](#footnote-ref-5)
5. For applicants applying to develop a Weed Management Plan, the project area should reflect the geographic scope of the plan. [↑](#footnote-ref-6)
6. Property Identification Numbers can be found in [ListMap](https://maps.thelist.tas.gov.au/listmap/app/list/map) by typing in the property address, clicking on the property with the cadastral parcels layer turned on (select this layer in the top right of the screen). [↑](#footnote-ref-7)
7. The Aboriginal Heritage Property search [website](https://www.aboriginalheritage.tas.gov.au/propertysearch/) undertakes a preliminary search of the [Aboriginal Heritage Register](https://aboriginalheritage.dpipwe.tas.gov.au/about-us/aboriginal-heritage-register%22%20%5Ct%20%22_blank) and provides a result on whether there are registered Aboriginal relics in an area or a risk of impacting Aboriginal relics. [↑](#footnote-ref-8)
8. Some weeds species are difficult to tell apart, e.g. thistles. Please use weed identification information on the DPIPWE’s website, [Weeds Indexes](https://dpipwe.tas.gov.au/invasive-species/weeds/weeds-index) or other plant identification guides. [↑](#footnote-ref-9)
9. Information on the eligible weeds and associated priority groups can be found in the [*Information on Priority Weeds*](Information%20on%20Priority%20Weeds) on the NRM North website (https://nrmnorth.org.au/land/weeds-action-fund/). [↑](#footnote-ref-10)
10. Only include GST if you or your organisation is registered for GST. [↑](#footnote-ref-11)