

TASMANIAN WEEDS ACTION FUND STAGE 2

TARGETED LARGE GRANTS

APPLICATION FORM

Use this application to apply for Weeds Action Fund Targeted Large Grants

**Applications close: 5:00pm, Wednesday, 5 May 2021**

Assistance with completing your application, including accessing technical advice is available by contacting NRM North
**Phone:** 1300 109 676 or 6333 7779
**Email:** waf@nrmnorth.org.au



The Tasmanian Weeds Action Fund is a $5 million Tasmanian Government initiative funded until June 2024. The funds provided by the Tasmanian Government will be invested with landholders, land managers, and other organisations to tackle weeds that are impacting valuable agricultural and environmental assets.

Supported by



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# Information for Applicants

* Guidance text is provided throughout the document in blue italics. Please remove this before providing a response
* 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 Details



|  |  |
| --- | --- |
| **Name of Applicant** (individual, group or entity) |  |
| **Type of Entity** | **ABN[[1]](#footnote-2)/ACN** | **Authorised Person** |
| [ ]  Company |  | Director:Secretary: |
| [ ]  Incorporated association |  | Authorised Person(s): |
| [ ]  Trust |  | Trustee Name (Company or Individual): |
| [ ]  Partnership |  | Authorised Person(s) |
| [ ]  Sole trader |  |  |
| [ ]  Unincorporated association |  | Name of Sponsor organization: |
| [ ]  Other: |  |  |
| **Primary contact person** (if you are a group or entity) | Name: |
| Phone: |
| Email: |
| Postal address: |
| **Alternative contact person** | Name: |
| Phone: |
| Email: |
| Are you or your organisation **GST registered**[[2]](#footnote-3)? | [ ]  YES [ ]  NO  |

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| **Applicant status** Please select one or more 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: |

 |
|  |
| **Sponsor**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: |
|  |
| **Insurance**Do you or your organisation have appropriate and adequate **insurance** to undertake this project[[4]](#footnote-5)?  | [ ]  YES [ ]  NO |
| **Provider:** |
| **Type of insurance:** | **Level of Cover, $** | **Policy Expiry date** |
|  |  |  |
| **Acknowledgement**If you are successful4., do you acknowledge that you must ensure that any subcontractor or collaborator engaged by the you in relation to this project, also holds and maintains the adequate and appropriate insurances to cover project site activities. | [ ]  YES [ ]  NO |

# Project Activities

|  |
| --- |
| 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

|  |
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| If your application involves a collaborative arrangement to deliver your project, please complete the section below. |
| **Collaborators**Have you completed the contact details in Attachment 1 for each participating collaborator? | [ ]  Yes [ ]  No  |
| **Landowner Consent**Do you have the Landowner’s consent for project works to occur on their land? | [ ]  Yes [ ]  No [ ]  In progress |
| Have you provided evidence of the landowner’s consent in Attachment 2? (i.e. site addresses and signatures) | [ ]  Yes [ ]  No  |
| **Agreements with Collaborators**If your application is successful, do you agree to have a written agreement in place with each project collaborator at the time of signing the funding agreement with NRM North? | [ ]  Yes [ ]  No  |

# Project Location

|  |  |
| --- | --- |
| Property address(es) or locality |  |
| Local government area(s) |  |
| Size of the project site(s) (ha)[[5]](#footnote-6) |  |
| Property Identification Numbers (**PID**s)[[6]](#footnote-7).Please provide the Property Identification Number (PID) for each property/project site; add additional rows as required. | Main **enterprise type**[[7]](#footnote-8) for each PID |
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| Has a preliminary search of the [Aboriginal Heritage Register](https://aboriginalheritage.dpipwe.tas.gov.au/about-us/aboriginal-heritage-register)[[8]](#footnote-9)  been conducted for the area encompassed by the project? | [ ]  YES [ ]  NO [ ]  N/A |

-/….

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| --- | --- |
| **Project site map** | **Attachment 3**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.).For each site indicate the cover class*[[9]](#footnote-10)* of the weed (low, < 5%; medium, 6 – 75% or high, 76 – 100%) across the site |
| **Photographs of the site(s)** | **Attachment 4** 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) and provide. |

# Permits & considerations

|  |  |
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| **Permits to undertake works**Have you checked for the necessary permits and approvals for the proposed works, e. g. works on crown land[[10]](#footnote-11) (Property Land, activities which may disturb aboriginal cultural heritage, or activities on vulnerable land  | [ ]  YES [ ]  NO |
| Have chemical spraying activities been timed to minimize impacts on bee keeping activities[[11]](#footnote-12) | [ ]  YES [ ]  NO |

# Target Weeds

Checked the target weed(s) for this proposal from the nine species in the table below[[12]](#footnote-13).

 Please make sure that the target weeds for this proposal have been correctly identified.

|  |  |
| --- | --- |
| **Weed name** | Check the appropriate box: |
| Gorse (*Ulex europaeus)* | [ ]  YES [ ]  NO |
| serrated tussock (*Nassella trichotoma*) | [ ]  YES [ ]  NO |
| Chilean needle grass (Nassella neesiana) | [ ]  YES [ ]  NO |
| African feathergrass (Cenchrus macrourus, syn. Pennisetum macrourum) | [ ]  YES [ ]  NO |
| African lovegrass (Eragrostis curvula) | [ ]  YES [ ]  NO |
| Parramatta grass (Sporobolus africanus) | [ ]  YES [ ]  NO |
| yellow burweed (*Amsinckia* spp.) | [ ]  YES [ ]  NO |
| Heather ​(*Calluna vulgaris*) | [ ]  YES [ ]  NO |
| Karamu (*Coprosma robusta*) | [ ]  YES [ ]  NO |

# 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 address 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. **Improvements to landscapes**

Applicants must supply the following information so the anticipated improvements to agricultural productivity and environmental condition can be measured and assessed. For each PID/property, please provide the following information: (note for very large multi-partner projects this information may be supplied in an additional spreadsheet) |
| **What is the current use of the project area?** |
| **What will the project area be used for after weeds had been controlled**? |
| **What is the area of land to be treated (in hectares) and be returned to agricultural production, or be improved ( eg. environmental condition)?** |
| What is the **estimated percentage increase in yield** after completion of the proposed activities? Choosing from **low** (0 – 29%), **medium** (30 – 59%), **high** (60 – 89%) and **very high** (90 – 100%, where a monoculture of the weed is replaced with pasture, cropping or revegetation or other) |
| 1. **Briefly describe your project proposal**

Briefly describe, for each funded year, 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 up to three years (at latest to June 2024), 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 & method used** | **Responsible Person** | **what will be achieved (deliverable)?**  |
| *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

|  |
| --- |
| 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

|  |
| --- |
| Do any of the project sites have existing weed management plans, conservation management agreements, property management plans 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? (Note: for WAF Large Grant projects a 10 year maintenance period is anticipated) |
| **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, or your colloborators, received any weed management or other grants in the past 5 years? If yes, please provide details of the funding source and project completion date and result. |  [ ]  YES [ ]  NO |
| **Funding source** | **Completion date** | **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 |

# Project Budget

|  |  |
| --- | --- |
|  | **Note**: all costs are **excluding GST**. Please add additional rows as required. |
| **Description of Activity** | **quantity and cost per unit**(e.g number or times @ $ per unit) | **A****Applicant** **contribution** ($ or in kind) | **B****Partner** **contributions**  | **C**WAF Grant Funding sought ($, ex GST) | **D**Total Activity Costs ($, ex GST) |
| Amount ($)Ex. GST | Contributorname |
| **Year 1 activities** |  |  |  |  |  |  |
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| **Year 2 activities** |  |  |  |  |  |  |
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| **Year 3 activities** |  |  |  |  |  |  |
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| **Total project costs**  | **Sub-Total (exc. GST)** | **$** | **$** | **$** | **$** |
| GST, if applicable[[13]](#footnote-14) | **$** | **$** | **$** | **$** |
| **Grand Total (inc. GST)** | **$** | **$** | **$** | **$** |

# Consents and Declarations

The submitted information will be used to assess your proposal for weed management activities in the WAF Targeted Large Grants round. Certain information may be used to detect or prevent fraud.

As the funding provider disbursing public funds, the Tasmanian Government is accountable for the distribution of those funds. As part of the accountability process the Department of Primary Industries, Parks, Water and the Environment may publicise the level of financial assistance, the identity of the recipient, the purpose of the financial assistance, and any other details considered by the department to be appropriate.

Applicants acknowledge that resources and other materials developed using grant funds may be used or distributed for promotional and educational purposes by mutual agreement of all parties.

Personal information will be managed in accordance with the *Personal Information Protection Act 2004*. This information may be accessed by the individual to whom it relates on request to the Department of Primary Industries, Parks, Water and the Environment or NRM North.

By signing this form, you allow NRM regional bodies and DPIPWE to use general information about your project for administration, management, promotion and reporting on this program.

**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.
* All project work will be carried out in compliance with the Work Health and Safety Act 2001 and other relevant legislation and regulations.

**Signature:**

|  |
| --- |
| Signature of the applicant, or primary contact person on behalf of the applicant: |
| Legal entity name: |
| Date of submission: |

# Check List

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

|  |
| --- |
| [ ]  Have you registered to receive updates during the application period? If not, please register on the WAF website so you do not miss out on important updates.[ ]  Have you read the Targeted Large Grant Guidelines?[ ]  Have you completed the application form and included all Property Identification Numbers?[ ]  Have you attached relevant technical advice (if applicable)?[ ]  Have you attached quote(s) if applicable?[ ]  Have you completed a multi-year budget that includes the cost of your and collaborators in-kind contributions, eg, time, use of resources, etc.?[ ]  Have you signed and dated the application form on the previous page?[ ]  Do you have the consent of all landowners?[ ]  Do you have the consent of all collaborators?[ ]  Are the site maps attached?[ ]  Have you set up photo points and included the before photographs of sites? |

## Attachment 1. Participating Project Collaborators

Please provide the following details for all consenting collaboratorsinvolved in the project’s delivery

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project collaborator primary contact name** | **Project collaborator organisation** **(where applicable)** | **Role(s) in the project**e.g. Landowner where works will occur; conducting works; providing services, cash contribution etc. | **I agree to be a project collaborator in this project and in the nominated role(s) (Yes/No)** | **Signature** | **Date** |
|  |  |  | [ ]  YES [ ]  NO |  |  |
|  |  |  | [ ]  YES [ ]  NO |  |  |
|  |  |  | [ ]  YES [ ]  NO |  |  |
|  |  |  | [ ]  YES [ ]  NO |  |  |
|  |  |  | [ ]  YES [ ]  NO |  |  |

## Attachment 2. Landowners consent for project works to be undertaken on their land

Please provide the following details for all **landowners giving consent** for project works to occur on land under their care and control within the project area.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site no** | **Name of landowner(s)**(primary contact listed in Attachment 1 & organisation) | **Address of property where the proposed works will occur for this project proposal****(use the site numbers for maps and photos in Attachment 3 & 4)** | **I consent to the completion of works on my land as outlined and within the timelines specified in this application (YES/ NO)** | **Signature** | **Date** |
| 1 |  |  | [ ]  YES [ ]  NO |  |  |
| 2 |  |  | [ ]  YES [ ]  NO |  |  |
| 3 |  |  | [ ]  YES [ ]  NO |  |  |
| 4 |  |  | [ ]  YES [ ]  NO |  |  |
| 5 |  |  | [ ]  YES [ ]  NO |  |  |
| 6 |  |  | [ ]  YES [ ]  NO |  |  |

## Attachment 3. Map of Project Sites

|  |
| --- |
| 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 weed cover 9, 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.Note: you may provide the URL to the ListMap Bookmark that contains maps of the above project site information.  |

## Attachment 4 Photo-points and Photographs of Sites

|  |
| --- |
| Please set up photo-points for each project site, noting these on maps. Photos showing the issues to be managed at each site for each property (as identified in your description) are shown on your map(s). Include site nos., a brief description and direction (north). The photographs must be attached but limited to only three per site.Note: before and after photos taken from the photo-points will be required for milestone payments to be made. |

1. If you do not 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. . Successful applicants are advised to seek independent advice regarding their insurance risks in relation to the Project. If your application is successful you must provide a Certificate of Currency to prove your insurance cover before the first milestone payment is made; proof of insurance covers for any subcontractors or collaborators may also be required at this time. 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. Enterprise types: please select from the list of Enterprise types that can be download from *Key Documents* on [WAF page](https://nrmnorth.org.au/land/weeds-action-fund/) of the NRM North website. [↑](#footnote-ref-8)
8. 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-9)
9. Weed cover classes can be described using **low**, < 5%; **medium**, 6 – 75% or **high**, 76 – 100% and best capture the general distribution of the weed [↑](#footnote-ref-10)
10. For works on Crown Land it is the landholders responsibility to contact staff at Crown Land Services for advice on works via their General Enquiries Message Service on (03) 6169 9015 or by email at cls.enquiries@dpipwe.tas.gov.au [↑](#footnote-ref-11)
11. Please refer to the two documents on the NRM North website under Publications and Resources (apply the Land and Weeds Action Fund filters): [Honeybee pesticide poisoning](https://www.agrifutures.com.au/wp-content/uploads/publications/12-043.pdf) & [BeeAware](https://beeaware.org.au/pollination/pollination-and-pesticides/) [↑](#footnote-ref-12)
12. Some weeds species are difficult to tell apart, e.g. grasses. 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-13)
13. Only include GST if you or your organisation is registered for GST. [↑](#footnote-ref-14)