# RECOVERY

# **Clean-up Grants**

# Primary Producer Clean-up Grants APPLICATION FORM

Applications are to be submitted by 30 December 2016 to:

AgriGrowth Tasmania

Email: AGT.Admin@dpipwe.tas.gov.au

Fax: (03) 6344 9814

Post: PO Box 46, Kings Meadows 7249

## Part A – About You

| I. Your personal details                         |        |  |      |  |
|--|--------|--|------|--|
| Family name                                      |        |  |      |  |
| Given name                                       |        |  |      |  |
| Title  |        |  |      |  |
| Phone numbers                                    | Home   |  | Work |  |
| Thore nambers                                    | Mobile |  |      |  |
| Email address                                    |        |  |      |  |
| Address where you wish to receive correspondence |        |  |      |  |







## Part B – About your business

| 2. | Туре    | of farming | enterprise e.g.    | beef, dairy  | , wool,                                 | cropping etc |
|----|---------|------------|--------------------|--------------|---|--------------|
|    | · / P \ | o          | 011001 P1 100 0.6. | 000i, aaii / | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | c. opp8 ccc. |

| 3. Details of your primary production enterprise  |     |    |
|---|-----|----|
| Legal/registered name of business:  |     |    |
| Australian Business Number (ABN)  |     |    |
| Trading name if different from the legal/registered business name   |     |    |
| Property Identification Code (PIC)  |     |    |
| Local government area   |     |    |
| Property / Business address (in flood affected area)  |     |    |
| Spatial location of affected property if known (easting and northing coordinate required see maps.thelist.tas.gov.au) |     |    |
| Your role in the business e.g. director, partner, manager, administrator  |     |    |
| Is the income from this enterprise your primary source of income (>51%)   | Yes | No |



|                         | Yes  | No                             |
|-------------------------|--|--------------------------------|
| f yes, please provide t | he following details:                                |                                |
| Family name             |  |                                |
| Given name(s)           |  |                                |
| Business name           |  |                                |
| Role in the business    |  |                                |
|                         |  |                                |
| 5. Do you intend to     | resume the primary productio                         | n enterprise?                  |
|                         | Yes  | No                             |
|                         | ssistance Requested suffered direct damage as a resu | ult of the June 2016 Flooding? |
| o. Has uns business s   |  |                                |
| o. Has this business :  | Yes  | No                             |



| 7. What is the value of the   | ne damage incurred includi   | ng estimate of clean-up cos | sts?                         |
|-------------------------------|------------------------------|-----------------------------|------------------------------|
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              |                             | \$                           |
|                               |                              | TOTAL                       | \$                           |
| (including losses at Question | on 10)                       |                             |                              |
| Please indicate the main rea  | son for claiming this grant: |                             |                              |
| Clean-up costs                | Removal of debris            | Repair/restoration          | Other (please specify below) |
|                               |                              |                             |                              |

Note: You will need to provide evidence of what the grant is spent on and/or evidence of expenditure already incurred.

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| 8. Will your insurance company pay for these costs?   |                                    |           |                  |
|---|------------------------------------|-----------|------------------|
| Yes   | No                                 |           | Unsure           |
| If yes please provide details on the extent to which these costs have been covered by your insurer: |                                    |           |                  |
|   |                                    |           |                  |
|   |                                    |           |                  |
|   |                                    |           |                  |
|   |                                    |           |                  |
| 9 In line with your anguers to  | postions 7 and 9 what is the amoun | t of imms | diata assistanca |
| required under this application?  | estions 7 and 8, what is the amoun | or imme   | uiate assistance |
| \$  |                                    |           |                  |
|   |                                    |           |                  |
|   |                                    |           |                  |
| 10. What is the estimated value of  | of your livestock losses?          |           |                  |
|   |                                    |           | \$               |
|   |                                    |           | \$               |
|   |                                    |           | \$               |
|   |                                    |           | \$               |
|   |                                    |           | \$               |
|   |                                    |           | \$               |
|   |                                    |           | \$               |
|   |                                    |           | \$               |
|   |                                    | TOTAL     | \$               |



# Part D – Payment Account Details

| II. Bank account details (into which funds will be deposited if application approved) |  |  |
|---|--|--|
| Note: this must be an Australian account  |  |  |
| Account name  |  |  |
| Bank name   |  |  |
| Bank address  |  |  |
| BSB (Bank, State, Branch)   |  |  |
| Account number  |  |  |



### Part E – Statement

## 12. Your statement

#### Declaration

#### I declare that:

- the information provided in this form is correct
- the primary production enterprise listed in this application:
  - suffered direct damage as a result of the June 2016 Flooding
  - is an eligible primary production enterprise
- it is intended that the business will be re-established
- I am responsible for the cost of essential repair and/or replacement costs.

#### I understand that:

- deliberately giving false or misleading information is a serious offence
- any overpayment will be recovered
- the Department of Primary Industries, Parks, Water and Environment can make relevant enquiries including contacting my insurance company(s) to ensure I receive my correct entitlement
- personal information is protected and can be given to someone else where State or Commonwealth legislation requires or where I give permission
- statistics may be collected and analysed in such a way as to protect my anonymity.

| Signed |  |
|--------|--|
| Name   |  |
| Date   |  |



### Part F – Consent for release of information

#### 13. Consent for release of information

I have lodged a claim with AgriGrowth Tasmania for a Clean-up Grant for Primary Producers in relation to the June 2016 Flooding.

To allow this claim to be assessed, I authorise the release of information by relevant authorities, including Federal, State/Territory or local authorities to Service Tasmania and the Department of Primary Industries, Parks, Water and Environment relating to damage to my business caused by the June 2016 Flooding being claimed for in this form.

| Signed |  |
|--------|--|
| Name   |  |
| Date   |  |

## Part G - Checklist

| This checklist will help ensure that you have all the required documents when you lodge your claim form. |   |  |
|--|---|--|
| Have you attached the required documents with this claim?  | Proof of identification   |  |
|  | Proof of business registration  |  |
|  | Proof of flood affected property / business location (eg rates notice or lease documentation) |  |
|  | Copies of quotes and/or tax invoices  |  |
| Did you answer all the questions and include the following information?                                  | Business ABN number   |  |
|  | Bank Account details  |  |
|  | Sign and date the two statements  |  |

**CONTACT US** 

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