Eligibility

* indicates a required field

Program Objectives

This program provides funding to landowners that reside within Latrobe City, and for Landcare groups that are based within Latrobe City and are affiliated with the Latrobe Catchment Landcare Network. Applications must be for works that control high-threat weeds (noxious and/or environmental weeds) in areas of high biodiversity value, or where historic land management practices have resulted in significant negative impacts to the broader landscape.

Funding will be prioritised for projects that aim to protect, enhance and connect areas of native vegetation and that meet the following criteria:

- The property is located within the Strzelecki-Alpine Biolink corridor. Refer to the Strzelecki Alpine Biolink.
- The property contains areas of high biodiversity value or is within close proximity to an area of high biodiversity value.
- The landowner will be working with neighbours or Landcare group, to control weeds on a larger scale.
- The landowner has recently purchased a property with historic weed problems.

Activities that are eligible include:

- Weed control works that control high-threat weeds in areas of high biodiversity (in or near bushland, in biolink corridors).
- Purchase of herbicide.
- Hiring contractors.

Activities that will NOT be funded include:

- Weed control on land less than 4000m2.
- Work that is for amenity purposes, e.g., lawn mowing, general garden maintenance.
- Purchase of tools/equipment e.g., spray tanks, hand tools etc.
- Works that provide direct financial benefit to a commercial business.
- Applicant labour and hire charges for applicant-owned equipment.

Funding categories

Funding through this program is available in the following categories:

1.Purchase of herbicide

Funding available:

- Properties below 5 Ha Maximum of \$150
- Properties over 5 Ha or community groups Maximum of \$250

1.Hiring contractors

Funding available:

- \$150 for properties between 0.4 Ha and 2 Ha
- \$200 for properties between 2 Ha and 5 Ha
- \$250 for properties over 5 Ha or Landcare groups

To be eligible for funding, landowners must engage a licensed spray contractor.

If you have any questions in regards to these eligibility criteria, please contact Council's Sustainability and Environment Team:

• Phone: 1300 367 700

• Email: SE@latrobe.vic.gov.au

Supporting Documents

You will be asked to upload the following attachments when completing your application: Mandatory:

- Photo/s of the works area, showing the weeds that are to be controlled.
- Copy of quotes from contractors (if applicable).
- Evidence of chemical users permit or ACUP (if applicable). For further information, visit: <u>Agricultural Chemical User Permit</u>

You will also be given the opportunity to upload any additional documents you would like included with the application.

Confirmation of Eligibility

To be eligible to apply applicants must:

- Be a resident of LCC and delivering a project on private rural land within LCC; or
- Be a Landcare group affiliated with LCLN and delivering a project on private rural land within LCC, or public land (with relevant approval).

Do you meet the eligibility criteria? *

○ Yes

You must confirm that all statements above are true and correct. If you do not meet the eligibility criteria you will be considered ineligible to apply.

Privacy Notice

The personal information requested on this form is being collected by Latrobe City Council for the purpose of administering your application. The personal information will be used solely by Latrobe City Council for that primary purpose or directly related purposes.

If you choose not to provide this information, then we will be unable to process your application. The applicant understands that the personal information provided is for the reasons outlined above and that he or she may apply to Latrobe City Council for access to and/or amendment of the information. Requests for access and/or correction should be made to the Privacy Officer at Latrobe City Council on 1300 367 700.

Applicant Details

* indicates a required field

Please note that the applicant's name must be the same as the recipient of the grant and the person to whom we are paying the money. If there is a name on the invoice, it must be the applicant's name.

Applica	nt: *	
Title	First Name	Last Name
Primary	Address: *	
Address		
Suburb	State Postcod	e
Postal A	ddress (if applic	cable):
Address	• • • • • • • • • • • • • • • • • • • •	
Primary	Phone Number:	*
Primary	Email: *	
inis emai	i address Will be use	d for all correspondence, including your outcome notificati

Project Details

* indicates a required field

Which category does your application fall under: *

- Private landowner
- Landcare project
- O Council land Managed under a lease or license agreement. Note: Applications made in this category will be ineligible where an Annual Maintenance Grant is provided or if there is a commercial access agreement in place.

Please provide a short summary of the p	proposed works: *
Word count: Must be no more than 200 words. Be descriptive, but succinct. This description will b successful applicants,	e used by Latrobe City Council when promoting
Where will the project be delivered? * Address	
Suburb State Postcode	
Please attach a map showing the location boundaries: * Attach a file:	on of the project within the property
Hand drawn maps are acceptable.	
Project Timeline	
Anticipated start date: *	Anticipated end date: *
Project start date must be after 1 July 2024.	Funds must be expended and acquitted by 30 June 2025.
Property Infomation	
* indicates a required field	
Location of proposed weed control: * On my property, same address as above. At a different location	
If you selected 'at a different location' p Address	lease provide details of the location:
Property size (Ha): *	

Must be a number.

Please indicate which criteria apply to the property: * O The property is located within the biolink corridor. Refer to the Rural Framework Plan map.
 The property contains areas of high biodiversity value or is within close proximity to an area of high biodiversity value. The landowner will be working with neighbours or Landcare groups, to control weeds on
a larger scale. O The landowner has recently purchased a property with historic noxious/environmental weed problems.
To view the Rural Framework Plan map visit https://planning-schemes.app.planning.vic.gov.au/Latrobe/ordinance/02.04
Please provide further details:
Please list the weeds to be controlled: *
What is the approximate area that you will be treating, e.g., 100m2, 0.5 acre: *
Describe the extent of the infestation: * □ Scattered weeds □ Large patches □ Extensive
Location of infestation: * Bushland
□ Near waterways/wetlands/dams etc□ Pasture□ Other:
What category of funding do you wish to apply for: *

- Purchase of herbicide
- O Hiring of a licensed weed control contractor

If applying for herbicide, please ensure that the product is registered for use on the target weed. Check the <u>Public Chemical Registration Information System</u> (PUBCRIS).

Product name:

Rate of application:	
Quantity required:	
Agricultural Chemical User	Permit Number (if applicable):
For further information, visit: A	Agricultural Chemical User Permit
Budget	
* indicates a required field	
Total Amount Requested: *	\$ What is the total financial support you are requesting application?
Total Project Cost: *	\$ What is the total budgeted cost (dollars) of your proje
Have you completed all pre ○ Yes	evious Latrobe City Council grant acquittals? *
NoNo Previous Grants	
Supporting Document	:S
* indicates a required field	
Please include the follow	wing supporting documents:
Photo/s of the works area, s Attach a file:	showing the weeds that are to be controlled *
Copy of quotes from contra	actors *
Attach a file:	

Any other supporting documents Attach a file:	
Bank Details	
* indicates a required field	
If this application is successful, grant funds can be paid directly into the group/organisation bank account.	ns
Please note, if any additional funding conditions are applied to your application during assessment, you will be required to complete a funding agreement. Funds will be paid into your nominated bank account once the acquittal has bee submitted to Council.	
Have any of your contact or banking details changed since receiving previous Grant Funding? * O Yes O No O This organisation has not previously received any grant funding from Latrobe City Council	
Bank Name: *	
Branch: *	
Bank Account: * Account Name	
BSB Number Account Number	
Must be a valid Australian bank account format.	
Email address for remittance advice:	
Must be an email address.	

Declarations

* indicates a required field

application to be submitted. *
☐ I confirm that all of the details in this application are true and correct to the best of my
knowledge. ☐ I acknowledge that a representative from Latrobe City Council may inspect the works
location to verify that the works have been undertaken. ☐ I acknowledge that I have read and understood the eligibility criteria and that any funds provided by Latrobe City Council will be expended in accordance with the eligibility criteria. ☐ I acknowledge that my claim can only be submitted once this application has been
approved and works are complete. $\hfill \square$ I acknowledge that the final claim must be submitted by 31 May 2025 to receive my reimbursement.
As the recipient of the herbicide you agree to indemnify and to keep indemnified, and to hold harmless the Council, its servants and agents, and each of them from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them, or any of them, arising out of, or in relation to your performance or purported performance as the recipient of the herbicide as supplied by the Council and is directly related to any negligent or unlawful acts, errors or omissions by you. Your liability to indemnify the Council will be reduced proportionally to the extent that any negligent or unlawful act or omission of the Council, its servants or agents, contributed to the loss or liability. You further agree that to the extent permitted by law, you release the Council, its servants and agents from any loss, injury or damage to you arising out of or in connection to the supply of the herbicide to you by the Council, save and except to the extent such loss, injury or damage is caused or contributed to by any negligent or unlawful act of the Council, its servants or agents.
Where the herbicide supplied to you by the Council is a restricted use chemical in the State of Victoria, you warrant that you will not permit any other person to use or take possession of the herbicide at any time without the Council's prior written permission and providing proof of the third party's accreditation to handle restricted use chemicals. You understand and agree that in the event you permit another person to use or take possession of the herbicide, whether allowed as an unrestricted use chemical or in breach of this agreement where it is a restricted use chemical, you will indemnify, keep indemnified and hold harmless Council, its servants and agents in relation to the acts, errors and omissions of that person as if they were your acts, errors or omissions on the same basis as your indemnification described above.
* O I agree
Name of authorised person: *
Title First Name Last Name
Date: *

Submission

Once you have completed all fields, please go to the 'review screen' and press 'submit' to submit your application. You will then receive an acknowledgement email with a copy of your application. If you require assistance in the preparation of your application, please contact Council's Biodiversity Officer on 1300 367 700.