



Extraordinary Disaster Assistance Grants

Tropical Cyclone Niran and Associated Low Pressure System, 25 February – 3 March 2021

Application Form **Primary Producers**

This application is for a Extraordinary Disaster Assistance Grant for the Tropical Cyclone Niran and Associated Low Pressure System, 25 February – 3 March 2021 disaster event. Applications for assistance must be received by 30 June 2022.

Please ensure that you have read the guidelines which contain the eligibility criteria before applying.

v3 14/12/2021

Information checklist

Required information:	Provided with this form:	
Rates Notice / Lease/ Agistment Agreement Your primary production enterprise must be located within a defined disaster area. <ul style="list-style-type: none"> If you own the property, please attach a copy of your most recent Local Government rates notice for the property affected by the disaster event. If you lease or agist all or part of the property, please attach a copy of your current lease or agistment agreement. Please provide information confirming that you are responsible for the cost being claimed. 	Yes	
Photographs of damage 5 - 10 photographs showing direct damage to the affected property. If photographs are not held, please provide quotes or tax invoices clearly identifiable as being related to damage from the eligible disaster.	Yes	
Evidence of expenditure / payment For grant applications over \$15,000 or subsequent applications (up to a maximum of \$75,000): Copies of tax invoices AND evidence that these invoices have been paid (e.g. bank statements, electronic bank transfer confirmations or official supplier receipts).	Yes	
Details of insurance If insured, full details of your insurance policy and/or claim must be provided. If yes, Section 5 must be completed. Note: For grant applications over \$15,000 QRIDA may be unable to finalise your application until the outcome of your insurance claim is determined and claim outcome is provided.	Yes	Not applicable
Are you an existing QRIDA client? If YES, please provide your QRIDA Client ID number.	Yes	No
Client ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Have you already applied for QRIDA assistance for this disaster?	Yes	No

Confirmation that you are an eligible primary producer (*)

In normal circumstances, do you spend the majority of your labour on, and derive the majority of your income from your primary production enterprise? If No, you must demonstrate the production potential to derive the majority of your income from the primary production enterprise. Please attach a copy of your most recent financial statements showing your primary production and non-primary production income. In these circumstances, QRIDA may request further information to verify your eligibility.	Yes	No
Were you operating your primary production enterprise in the defined disaster area prior to and at the time of the eligible disaster?	Yes	No
Do you intend to continue/re-establish your primary production enterprise in the defined disaster area?	Yes	No
Have you received any other government assistance for the costs now being claimed?	Yes	No

Defined disaster area

- Cairns Regional Council
- Cassowary Coast Regional Council
- Hinchinbrook Shire Council
- Mareeba Shire Council
- Tablelands Regional Council

If you have any questions regarding your eligibility for the Extraordinary Disaster Assistance Grant, please contact QRIDA on 1800 623 946 or visit qrda.qld.gov.au



Section 1 - Applicant details

Please select the applicant entity type:	Title	Surname	Given Names	Date of Birth
	Sole trader			
	Partnership			
	Individual trustees			
	Company directors			

or

Company

Company name

Please list the Company Director/s' details above

or

Trust

Trustee

Individual *(please provide the individual trustee/s details above)*

Company *(please provide the Company name and the Company Directors' details above)*

Trust name

Trading name

Trading name ABN

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Industry type (e.g. beef, sugar, trawl, net)

Nominated contact person

Landline

Fax

Mobile

Email address

Road address of business:

Postal address of business:

Please tick if same as road address

Town/city

State

Postcode

Town/city

State

Postcode

Section 2 - Payment details

Please provide your bank account details for payment of the assistance funds by Electronic Funds Transfer (Note: Bank account name must match the applicant entity).

Bank

Branch

BSB

Account name

Account number

Section 3 - Detail of your primary production business

Please provide information about your primary production business.

Enterprise size (ha)

Average stock numbers

Area of crops (ha)

Annual production

Annual turnover (last 2 years):

2018/2019

2019/2020

Other relevant information to indicate the scale or potential scale of your primary production business:

Section 4 - Details of the direct damage as a result of the eligible disaster

Please provide a description of the direct damage sustained as a result of the eligible disaster.

Road address where the damage was sustained

What was the damage?

Do you own/lease/agist multiple properties in the defined disaster area? Yes No

In which Local Government Area is the property where the direct damage occurred as a result of the eligible disaster?

Section 5 - Insurance

Have you made an insurance claim in relation to the direct damage caused by the disaster?

A copy of the outcome of your insurance claim must be provided to QRIDA once determined (refer to checklist on page one).

Yes - please provide insurance details below		No - please indicate why	
Insurance company			Uninsured (please explain below)
Policy/claim no.			My/our policy does not provide cover for the items damaged or damage caused by the eligible disaster (please attach insurance policy)
Claim manager name			
Claim manager phone no.			Other (briefly detail below)

Additional insurance / other details:

Section 6 - Details of expenditure (refer to scheme guidelines for a list of eligible expenditure that can be claimed)

- Please complete the Invoices Being Claimed Schedule (page 6) detailing the expenditure you have incurred which relates directly to the clean-up and reinstatement of your primary production enterprise (Schedule should also include any expenditure associated with a previous Special Disaster Assistance Recovery Grant application made under this scheme).
- Please complete the Fuel Calculator Schedule (page 7) detailing the fuel, machinery and operator costs incurred for the use of your own machinery or fuel provided for contractor's equipment in repairing disaster damage (if applicable).

Is your business registered for GST? **Yes** - your claim amounts below must **exclude** any GST shown on your invoices

No - your claim amounts below must **include** any GST shown on your invoices

Expenditure	Claim amount
Claim amount as per <i>Invoices being claimed</i> (page 6)	
Fuel, machinery and operator costs to conduct repairs (as per <i>Fuel Calculator Schedule</i>) (page 7)	
Total clean-up and reinstatement claim amount	
Less previously paid Disaster Assistance Grant amount	
Disaster Assistance Grant amount now being claimed	

Section 7 – Acknowledgements, consents and privacy statement

In the following sections, titled acknowledgements, consents and privacy statement QRIDA means Queensland Rural and Industry Development Authority.

Acknowledgements

I/We have read and understood the guidelines at qrda.qld.gov.au for the Extraordinary Disaster Assistance Grants Scheme and have obtained clarification where needed.

I/We certify that:

- a) all of the information provided in the whole of this application is true and accurate and discloses my/our correct financial position; and
- b) to the extent this application or any information provided in relation to this application contains information of, or about, another person, I/we have the authorisation of that person to provide the information and for it to be used and disclosed in accordance with the above authorisations.

I/We are aware that it is an offence and that penalties may be applied under the *Rural and Regional Adjustment Act 1994* (Qld) if any information provided in an application or any document provided in respect of an application is found to be false misleading or incomplete in a material manner.

Do you have, or have you had, any business dealings with QRIDA that could be considered an actual, potential or perceived conflict of interest with this application? Yes No

If Yes - please provide details of all your business dealings with QRIDA that may be considered an actual, potential or perceived conflict of interest:

I/We have read the Privacy Statement below and understand how personal information provided in my/our application may be used.

Do you wish to authorise a third party to apply for the subject of this Application Form on your behalf and be the primary contact in relation to your application for that scheme? Yes No

If yes – please provide a name, phone number and email address for that third party Please tick if same as nominated contact person listed in Section 2 above.

Third party name

Phone number

Email

Consents

I/We authorise any third party listed above to:

- apply for the scheme subject of this Application Form on my behalf;
- be the primary contact for this Application Form and my/our application for the scheme subject of this Application Form;
- communicate and liaise with QRIDA, its authorised representatives and any Commonwealth, state or local government department, agency or authority in respect of this Application Form, my/our application for the scheme subject of this Application Form and, if my/our application is successful, any grant I/we receive in connection with the scheme subject of this Application Form; and
- receive from QRIDA (and provide to QRIDA) information (including personal information) about me/us in connection with this Application Form and the applications for schemes made in it.

I/We authorise QRIDA and each of its authorised representatives to obtain or collect such information as QRIDA or an authorised representative considers to be necessary or appropriate in connection with this application or any aspect of the Scheme from:

- a) any accountant, solicitor, business consultant, bank, financier, supplier, processor, third party or other agent named or identified in this application or in supporting documentation provided with, or in support of, this application; and
- b) any Commonwealth, state or local government department, agency or authority that QRIDA or an authorised representative may consider relevant, (each a **Relevant Person**).

Without limiting the above, I/we authorise any Relevant Person to disclose to QRIDA and its authorised representatives such information as may be requested about me/us in connection with this application or any aspect of the Scheme.

I/We understand and agree that QRIDA and its authorised representatives will use information contained in or provided in relation to this application and my /our financial statements and personal taxation returns and other supporting information to determine if my/our business is eligible to receive a grant under the Scheme and in relation to the administration and management of the Scheme and any grant provided to me/us under the Scheme.

I/We authorise:

- a) QRIDA and each of its authorised representatives to disclose:
 - that I/we have made this application;
 - information contained in this application or any supporting documentation provided with, or in support of, this application;
 - information collected by QRIDA or an authorised representative from any Relevant Person; and
 - information about any previous application I/we have made to, or financial assistance I/we have received from, QRIDA. (in each case, **Disclosable Information**) to any:
 - Relevant Person or any contractor or agent of QRIDA, for purposes related to the lodgment and assessment of this application or the administration and management of the Scheme or any grant provided to me/us under the Scheme, and for the purposes set out in the Privacy Statement; and
 - any other, Queensland Government department or Commonwealth Government department, agency or authority, for policy planning or other governmental purposes of that department, agency or authority; and
- b) the use of Disclosable Information by any department, agency or authority or other person referred to in a) above for a purpose stated in a) above or any purpose set out in the Privacy Statement.

I/We agree to participate in follow up surveys regarding any grant provided under the Scheme or its outcomes, if requested.

I/We agree to QRIDA using my/our personal information to provide me/us with information (including, where permitted by law, by telephone (including by text or SMS or electronically) about this grant product.

Authority to disclose certain information to joint applicants –

I understand that if I fail to provide any information requested in this form or do not agree to any of the possible exchanges or uses detailed above my application may not be accepted by QRIDA.

Continued over page...

Section 7 – Acknowledgements, consents and privacy statement (continued)

Privacy statement

QRIDA may collect, use, and disclose the personal information provided via this form in accordance with the *Information Privacy Act 2009 (Qld)* and its privacy policy, available at qrda.qld.gov.au/privacy. Personal information provided on, or in support of, this application by you or that is obtained from any Relevant Person, may be used by QRIDA and its authorised representatives to assess your eligibility for the Scheme and your application for the Scheme, and in relation to the administration and management of the Scheme or any grant provided to you under the Scheme. QRIDA may also use this information to provide you with information, goods or services, facilitate its internal business operations and fulfil legal obligations, research and develop its service, to collate statistical data, and otherwise where required or permitted by law. In some cases, QRIDA may use or disclose your personal information to provide you with information on other QRIDA programs or other support programs that may be relevant and of interest to you. QRIDA may disclose your personal information in accordance with the authorisations above and any department, agency, authority or other person to which such information is disclosed may use the information for the purposes stated in the authorisations. QRIDA may also disclose your personal information to its employees, contractors, related affiliates and third parties who assist it in operating its business and providing information, goods and services to you, or as otherwise required or authorised by law. Further information on these third parties is set out in the privacy policy. Some third parties may be located overseas and you agree to QRIDA disclosing your personal information to overseas entities to enable it to perform its functions and activities. Other than as set out in the authorisations above, QRIDA is not aware of any further disclosures of your personal information made by any recipient. More information about the way QRIDA uses, discloses, and secures your personal information, how you can access and correct that information, and how you can make a complaint about a breach of privacy can be found in its privacy policy. QRIDA will comply with the *Human Rights Act 2019 (Qld)* when making any decision, including with respect to collection, use, and disclosure of personal information.

In signing below, I/we are acknowledging and consenting to each of the matters indicated above:

Applicant	Signature	Name	Position	Date
One				
Two				
Three				
Four				

Further information

Did you engage with a QRIDA Regional Area Manager for this application? Yes No

Who else assisted you with this application process?

Financial Counsellor Accountant Consultant QRIDA - Head Office

Other, please specify:

How did you find out about this assistance?

QRIDA Regional Area Manager QRIDA Head Office QRIDA Website Financial Counsellor

Newspaper advertisement Radio advertisement Social media Event (please specify below)

Prime Focus (QRIDA newsletter) Word of mouth Other, please specify:

How to apply

Please submit your completed application including all supporting documents to QRIDA by:

Post: GPO Box 211, Brisbane QLD 4001 **Email:** contact_us@qrda.qld.gov.au **Fax:** (07) 3032 0300

Enquiries

Further information on the program is available on the QRIDA website at qrda.qld.gov.au

If you need assistance with completing your application, or wish to speak to a Regional Area Manager, please contact QRIDA on **1800 623 946**.

+ Invoices being claimed

Please tick if you are applying for an initial grant of less than \$15,000

Date	Invoice/quote no.	Supplier	Goods or services supplied	Claim amount	GST (if any)	Invoice amount (ex GST)	Evidence of payment attached	Comments
TOTAL								

Please note:

- Tax invoices **must** have full details of the goods and services supplied and clearly identifiable as being related to damage from the eligible disaster
- Where the value of the grant has exceeded \$15,000, evidence of payment must be provided for all grant funds received (refer to checklist on page one)

+ Fuel Calculator

Please complete, detailing the fuel, machinery and operator costs incurred for the use of your own machinery or fuel provided for contractor's equipment in repairing disaster damage (if applicable)

Client GST registered? Yes No

Fuel Claim Calculator								
Fuel consumption whilst making repairs								
Machinery type & model (e.g. CAT D9T Dozer)	Fuel usage/hour	No. hours used	No. litres used for repairs	^If necessary, GST is removed if client is registered for GST. Alternatively, GST will be added where \$ per litre excludes GST and client is not registered for GST *Rebates may also be applicable for gaseous fuels and blended fuels. For information refer to ato.gov.au *Details on eligible liquid fuels and current rebate amounts can be located at ato.gov.au				
TOTAL								
Liquid fuels e.g. diesel or petrol								
Date	Fuel invoice no.	Fuel supplier	No. of litres	\$ per litre	Does \$ per litre include GST?	Fuel rebate	\$ per litre less rebate ^	Claim amount
Total				Total claim amount^				