



# Extraordinary Disaster Assistance Recovery Grants

## Southern Queensland Flooding, 6 - 20 May 2022 Application Form **Primary Producers**

This application is for a Extraordinary Disaster Assistance Recovery Grant for the Southern Queensland Flooding, 6 – 20 May 2022 disaster event. Please ensure that you have read the guidelines which contain the eligibility criteria before applying.

v2 25/7/2022

### Information checklist

| Required information:   | Provided with this form:        |  |
|---|---------------------------------|--|
| <b>Proof of identification</b> - Please provide proof of identification for at least one owner/director of the business. Acceptable documents can include any 2 of the following: Medicare card, Government issued photographic identification such as Passport, Drivers Licence/Proof of age card. Please note identification is only required with your initial application under the scheme. If QRIDA is unable to verify your identity using the provided documents, you may be requested to provide alternate forms of identification.               | Yes                             | Not applicable - provided with initial application |
| <b>Rates Notice / Lease / Agreement</b> - Your primary production enterprise must be located within a defined disaster area. <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> | Yes                             |  |
| <b>Photographs of damage</b> - 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                             |  |
| <b>Financial statements</b> - The provision of financial statements and tax returns for the applicant and related entities are required so QRIDA can verify that you meet the Primary Producer definition.  | Yes                             |  |
| <b>Evidence of expenditure / payment</b> - For grant applications up to \$15,000 (i.e. for immediate resumption of business directly following the disaster event): Copies of tax invoices or quotes<br><b>OR</b><br>For grant applications over \$15,000 or subsequent applications (up to a maximum of \$75,000): Copies of tax invoices <b>AND</b> evidence that these invoices have been paid (e.g. bank statements, electronic bank transfer confirmations or official supplier receipts).   | Yes                             |  |
| <b>Bank statement</b> - Please attach a copy of your bank account statement for your business account nominated in Section 2 of the application form.   | Yes                             |  |
| <b>Details of insurance</b> - If insured, full details of your insurance policy and/or claim must be provided. If yes, Section 5 must be completed. Note: QRIDA may be unable to finalise your Disaster Assistance Grant application until the outcome of your insurance claim is determined and claim outcome is provided.   | Yes                             | Not applicable                                     |
| Are you an existing QRIDA client?<br>If YES, please provide your QRIDA Client ID number.  | Client ID: <input type="text"/> | Yes No   |
| 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

- Balonne Shire Council
- Gympie Regional Council
- Lockyer Valley Regional Council
- Somerset Regional Council
- Southern Downs Regional Council
- Western Downs Regional Council

If you have any questions regarding your eligibility for the Extraordinary Disaster Assistance Recovery Grant, please contact QRIDA on 1800 623 946 or visit [qrida.qld.gov.au](http://qrida.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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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).

*Please ensure a copy of your bank account statement is provided to ensure prompt payment. The bank details provided for payment below must match the bank statement. Any variation between the details listed on this application form and the bank statement provided can result in delays in payment.*

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):

2019/2020

2020/2021

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 |  |
|--|--|
| Insurance company                            |  |
| Policy/claim no.                             |  |
| Claim manager name                           |  |
| Claim manager phone no.                      |  |

| No - please indicate why |   |
|--------------------------|---|
|                          | Uninsured (please explain below)  |
|                          | My/our policy does not provide cover for the items damaged or damage caused by the eligible disaster (please attach insurance policy) |
|                          | 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 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 Special Disaster Assistance Recovery Grant amount                                   |              |
| Special Disaster Assistance Recovery 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](http://qrda.qld.gov.au) for the Extraordinary Disaster Assistance Recovery 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.

### Consents

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;
- 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](http://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](mailto: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](http://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 |
|------|-------------------|----------|----------------------------|--------------|--------------|-------------------------|------------------------------|----------|
|      |                   |          |                            |              |              |                         |                              |          |
|      |                   |          |                            |              |              |                         |                              |          |
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|      |                   |          |                            |              |              |                         |                              |          |
|      |                   |          |                            |              |              |                         |                              |          |
|      |                   |          |                            |              |              | <b>TOTAL</b>            |                              |          |

**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<br>*Rebates may also be applicable for gaseous fuels and blended fuels. For information refer to ato.gov.au<br>*Details on eligible liquid fuels and current rebate amounts can be located at ato.gov.au |                                |             |                            |                            |  |
|   |                  |                |                             |   |                                |             |                            |                            |  |
|   |                  |                |                             |   |                                |             |                            |                            |  |
|   |                  |                |                             |   |                                |             |                            |                            |  |
|   |                  |                |                             |   |                                |             |                            |                            |  |
| <b>TOTAL</b>                                |                  |                |                             |   |                                |             |                            |                            |  |
| 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               |  |
|   |                  |                |                             |   |                                |             |                            |                            |  |
|   |                  |                |                             |   |                                |             |                            |                            |  |
|   |                  |                |                             |   |                                |             |                            |                            |  |
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|   |                  |                |                             |   |                                |             |                            |                            |  |
|   |                  |                |                             |   |                                |             |                            |                            |  |
|   |                  |                |                             |   |                                |             |                            |                            |  |
|   |                  |                |                             |   |                                |             |                            |                            |  |
| <b>Total</b>                                |                  |                |                             |   |                                |             |                            | <b>Total claim amount^</b> |  |