## Rural Landholder Recovery Grants Scheme Application Form

v3 7/5/2024 Fund code: RLRG

Before completing the application form below please ensure you have read the Rural Landholder Recovery	Grants Schem	e Guidelines
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 identification efforts of the provide documents you have been expected to provide alternate forms of	Yes	
to verify your identity using the provided documents, you may be requested to provide alternate forms of identification.		
<ul> <li>Rates Notice / Lease / Agreement - Your primary production enterprise must be located within a defined disaster area.</li> <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	
Photographs of damage - 5 - 10 photographs showing direct damage to the affected property.	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 eligibility criteria.	Yes	
<b>Evidence of expenditure / payment</b> - For grant applications up to \$10,000 copies of tax invoices AND evidence that these invoices have been paid (e.g. bank statements, electronic bank transfer confirmation 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 Rural Landholder Recovery 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?         If YES, please provide your QRIDA Client ID number.	Yes	No
Have you already applied for QRIDA assistance for this disaster?	Yes	No
Which eligible disaster caused damage to your business? (Refer Rural Landholder Recovery Grants Scheme Guide	elines)	
Confirmation that you are an eligible rural landholder (*)		
In the financial year immediately prior to the eligible disaster did you earn a combined gross off-farm income of less than \$250,000?	Yes	No
In the financial year immediately prior to the eligible disaster did you earn a minimum gross amount of \$20,000 per annum from the primary production enterprise carried out on the relevant land?	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
If you have any questions regarding your eligibility for the Rural Landholder Recovery	Grant,	

please contact QRIDA on 1800 623 946 or visit qrida.qld.gov.au



Australian Government qrida.qld.gov.au 1800 623 946 contact\_us@qrida.qld.gov.au 仔 🞯 🖬 🖸

Section 1 - Applicant details									
Please select the	Title	Surname			Given N	ames			Date of Birth
applicant entity type:									
Sole trader									
Partnership									
Individual trustees									
Company directors									
or									
Please list the Company Director/s' details above Company Company name									
Trust	Trustee	j	Indivi	dual (ple	ise provid	e the ii	ndividu	ual trustee/s details above)	
nust								y name and the Company Dir	rectors' details above)
	Trust n	ame							
Trading name									
Trading name ABN								]	
Industry type (e.g. beef, sugar)									
Nominated contact person									
Landline	Fax		Mobile	è		Ema	ail add	dress	
Road address of business:       Postal address of business:       Please tick if same as road						ick if same as road address			
Town/city	State		Postco	de	Town/	city		State	Postcode
Section 2 - Payment detai	ls								
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									
Account name								Account num	ber
Section 3 - Detail of your p	orimary	production b	usiness						
Please provide information about your primary production business.									
Enterprise size (ha)		Average s	tock numbe	!rs		Ar	rea of	crops (ha)	
Annual production		Annual tı	urnover (las	st 2 years	):	2020/	2021	2021	/2022
Other relevant information to indicate the 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 t	he 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 of	ccurred as a result of the eligible disaster?						
Section 5 - Insurance							
Have you made an insurance claim in relation to the direct damage caused A copy of the outcome of your insurance claim must be provided to QRIDA once de							
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						
Claim manager name	damaged or damage caused by the eligible disaster (please attach insurance policy)						
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 e	ligible expenditure that can be claimed)						
• Please complete the Invoices Being Claimed Schedule (page 6) detaili to the clean-up and reinstatement of your primary production enterprise							
<ul> <li>Please complete the Fuel Calculator Schedule (page 7) detailing the fu</li> </ul>							
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							
<b>No</b> - your claim amounts below must <b>include</b> 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 Fuel Calcula	tor Schedule) (page 7)						
Total clean-up and reinstatement claim amount							
Rural Landholder Recovery Grant amount being claimed							

#### Section 7 - Acknowledgements, consents and privacy statement

In the following sections, titled acknowledgements, consents and privacy statement:

**ORIDA** means Oueensland Rural and Industry Development Authority.

Identity Verification Service Provider means Dun & Bradstreet (Australia) Pty Limited ACN 006 399 677 trading as Illion.

Please tick each of the below to indicate your acceptance. Your acknowledgment and acceptance of each item is a condition of submitting a valid application.

#### Acknowledgements

I/We have read and understood the guidelines at qrida.qld.gov.au for the Rural Landholder Recovery Grants Scheme and have obtained clarification where needed.

I/We certify that all of the information provided in the whole of this application is true and accurate and discloses my/our correct financial position: and

I/We certify that 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.

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

I/We certify that the business which is subject of this application is not in administration, liquidation or a state of insolvency and that all of the business owners are similarly, to the best of my/our knowledge, not in a state of bankruptcy, insolvency, financial distress or difficulty.

I/We are aware that QRIDA is bound by the Public Records Act 2002 and are unable to return any documents forwarded as part of this application.

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

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

#### **Consent to Third Party Disclosures**

I/We authorise any Relevant Person to disclose to QRIDA and each of its authorised representatives 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 Relevant Person^, including my/our financial statements and personal taxation returns and other supporting information to verify my/our identity, 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.

^ For the purposes of the above consents, Relevant Person includes:

- The Identity Verification Service Provider and any accountant, solicitor, business consultant, bank, financier, supplier, processor, or other agent named or identified in this application or in supporting documentation provided with, or in support of, this application; and
- any Commonwealth, state or local government department, agency or authority that QRIDA or an authorised representative may consider relevant.

#### **Information Collection Notice**

#### Collection and use of your personal information

QRIDA and its authorised representatives are collecting and obtaining (from you and the Relevant Persons) your personal information in connection with the Scheme, for the following purposes:

- verification of your identity;
- assessment of your application and your eligibility for the Scheme at the time of making the application and on an ongoing basis;
- the administration and management of the Scheme or any grant or loan provided to me/us under the Scheme including for compliance and • enforcement purposes: and
- any other purpose related, or otherwise necessary to give effect, to the purposes listed above.

QRIDA and its authorised representatives may also use your personal information for the following purposes:

- to contact you in relation to your application, and the evaluation of the Rural Landholder Recovery Grants Scheme;
- to facilitate its internal business operations and fulfil legal obligations;
- to assess the performance of QRIDA and other Queensland and Commonwealth Government grant and loan programs and services;
- to promote or market QRIDA and other Queensland and Commonwealth Government grant and loan programs and services (including the success and outcomes of the programs and services);
- research and development of QRIDA and other Queensland and Commonwealth Government actual and proposed services;
- to identify and assess your eligibility for or interest in other QRIDA and Queensland and Commonwealth Government administered grant and loan programs or services;
- to collate statistical data; and
- as permitted by law, including in accordance with QRIDA's disclosure rights under s. 40 of the Rural and Regional Adjustment Act 1994.

#### Disclosure of your personal information

QRIDA may disclose your personal information to the Relevant Persons, QRIDA's employees, contractors, related affiliates and third parties to the extent necessary or convenient to enable QRIDA to further the purposes described above (which do not extend to commercial purposes).

Government agencies to whom personal information is to be disclosed are:

- Department of Agriculture and Fisheries
- Queensland Reconstruction Authority
- Queensland Treasury

#### Consent

By completing and submitting this application, you are consenting to QRIDA managing your personal information in the manner described in this Collection Notice and our Privacy Policy.

#### Section 7 - Acknowledgements, consents and privacy statement (continued)

#### **Privacy statement**

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.

Applicant	Signature	Name	Position	Date	
One					
Two					
Three					
Four					
urther info	ormation				
id you enga	age with a QRIDA Regional A	rea Manager for this application?	Yes No		
/ho else as	sisted you with this applicat	ion process?			
Financ	ial Counsellor	Accountant	Consultant	QRIDA - Head Office	
Other,	please specify:				
ow did you	find out about this assistan	ce?			
QRIDA	Regional Area Manager	QRIDA Head Office	QRIDA Website	Financial Counsellor	
Newsp	oaper advertisement	Radio advertisement	Social media	Event (please specify below)	
Prime	Focus (QRIDA newsletter)	Word of mouth	Other, please specify:		
low to app	ly				
lease subm	nit your completed application	n including all supporting docume	nts to QRIDA by:		
Ро	st: GPO Box 211, Brisbane	e QLD 4001 <b>Email:</b> contact	_us@qrida.qld.gov.au Fax	: (07) 3032 0300	
nquiries					
urther infor	mation on the program is av	ailable on the QRIDA website at <b>qr</b> i	da.gld.gov.au		

# +Invoices being claimed

Date	Invoice/quote no.	Supplier	Goods or services supplied	Claim amount	GST (if any)	Invoice amount (ex GST)	Evidence of payment attached	Comments			
L											
	1	1	TOTAL								

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

• Tax invoices must have been received and paid for in order to be claimed under the Rural Landholder Recovery Grants Scheme

QRIDA Rural Landholder Recovery Grants Application Form

### **+** Fuel Calculator

No

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

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						
				<ul> <li>ato.gov.au</li> <li>*Datails on aligible liquid fuels and surrent rebate amounts can be located at ato gov au</li> </ul>						
				*Details on eligible liquid fuels and current rebate amounts can be located at ato.gov.au						
	1	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 claim amount^					