|  |  |  |
| --- | --- | --- |
| ABN: 27 811 602 364 | *In partnership with* | ***Vic_logo_blue*** |
| **REGIONAL RIPARIAN ACTION PLAN**  **LANDCARE GRANT**  **EXPRESSION OF INTEREST FORM** | | |
| 009-013-FORM | | |

## The Mallee Catchment Management Authority, with support from the Victorian Government, has committed to support Landcare Grants in 2019/20 under the Regional Riparian Action Program. The funding will be used for partnerships between Mallee CMA and community groups to deliver riparian improvement works.

## Through these grants, 66ha of pest animal control and 5ha of pest plant control is to be performed in riparian areas at Merbein, Wallpolla, Nyah, Lalbert or Tyrrell (see attached maps), with seven invasive species assessments completed to assist with ongoing monitoring and evaluation.

## Expressions of Interest will be evaluated against the following criteria:

* Value for money
* Compliance with service requirements
* Project approach (methodology)
* Project management arrangements
* Ability to meet timelines

# INSTRUCTIONS

* **Due date of lodgement of this form is no later than 7/10/19. If your completed Expression of Interest Form is not received by this date it may not be considered.**
* Please **discuss the prerequisites, conditions and confirm eligibility** with your Mallee Catchment Management Authority Project Manager (listed below) before filling out this form.
* Please **submit this form** with **required attachments** to:

Mick Greatz

Re: Expression of Interest form – Regional Riparian Action Plan

Mallee Catchment Management Authority

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In person** | **OR** | **Post** | **OR** | **Email** |
| Cnr Eleventh St & Koorlong Ave  Irymple 3498 | PO Box 5017  Mildura VIC 3502 | [Mick.Greatz@malleecma.com.au](mailto:Mick.Greatz@malleecma.com.au) |

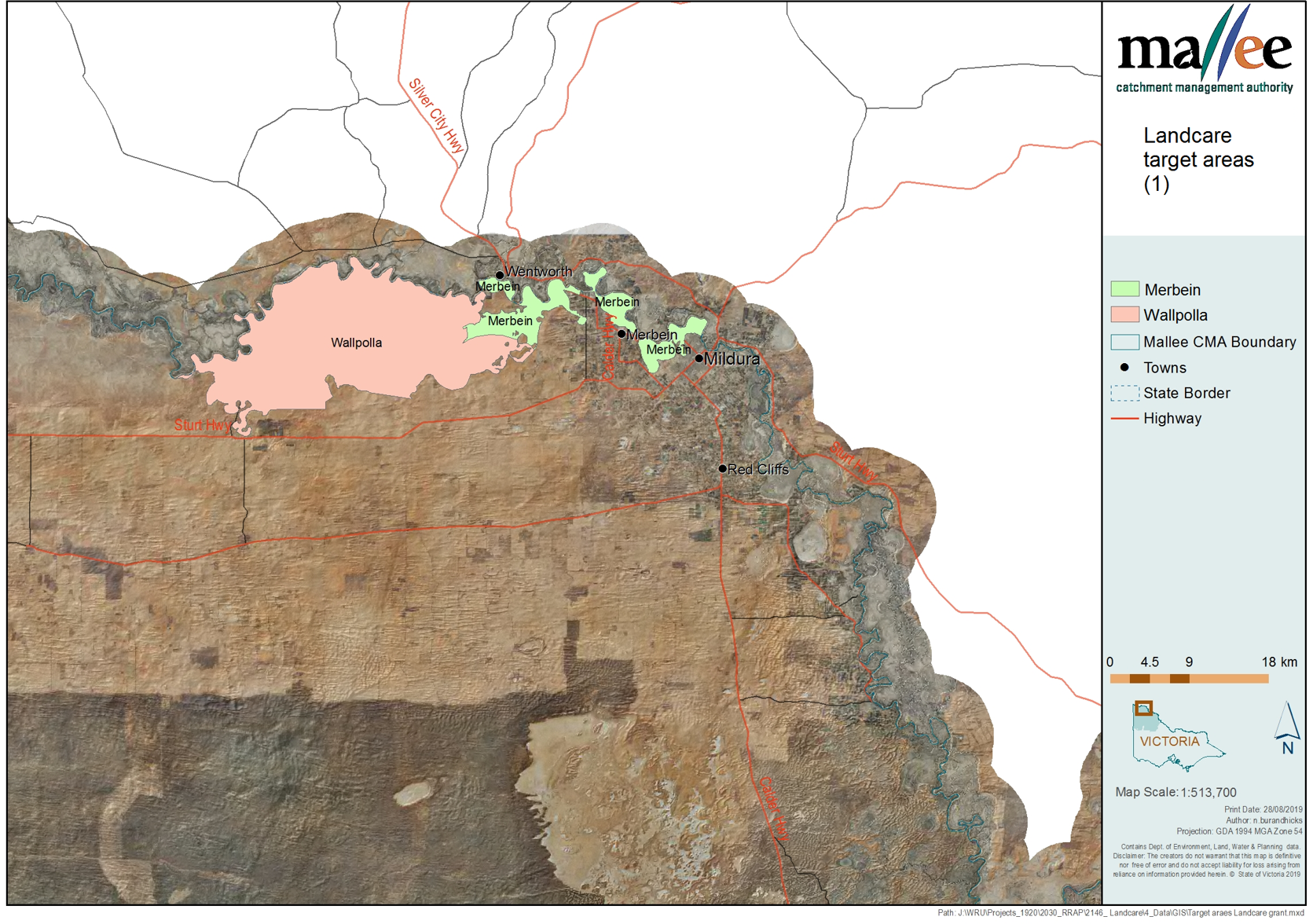
**For further information, contact:**

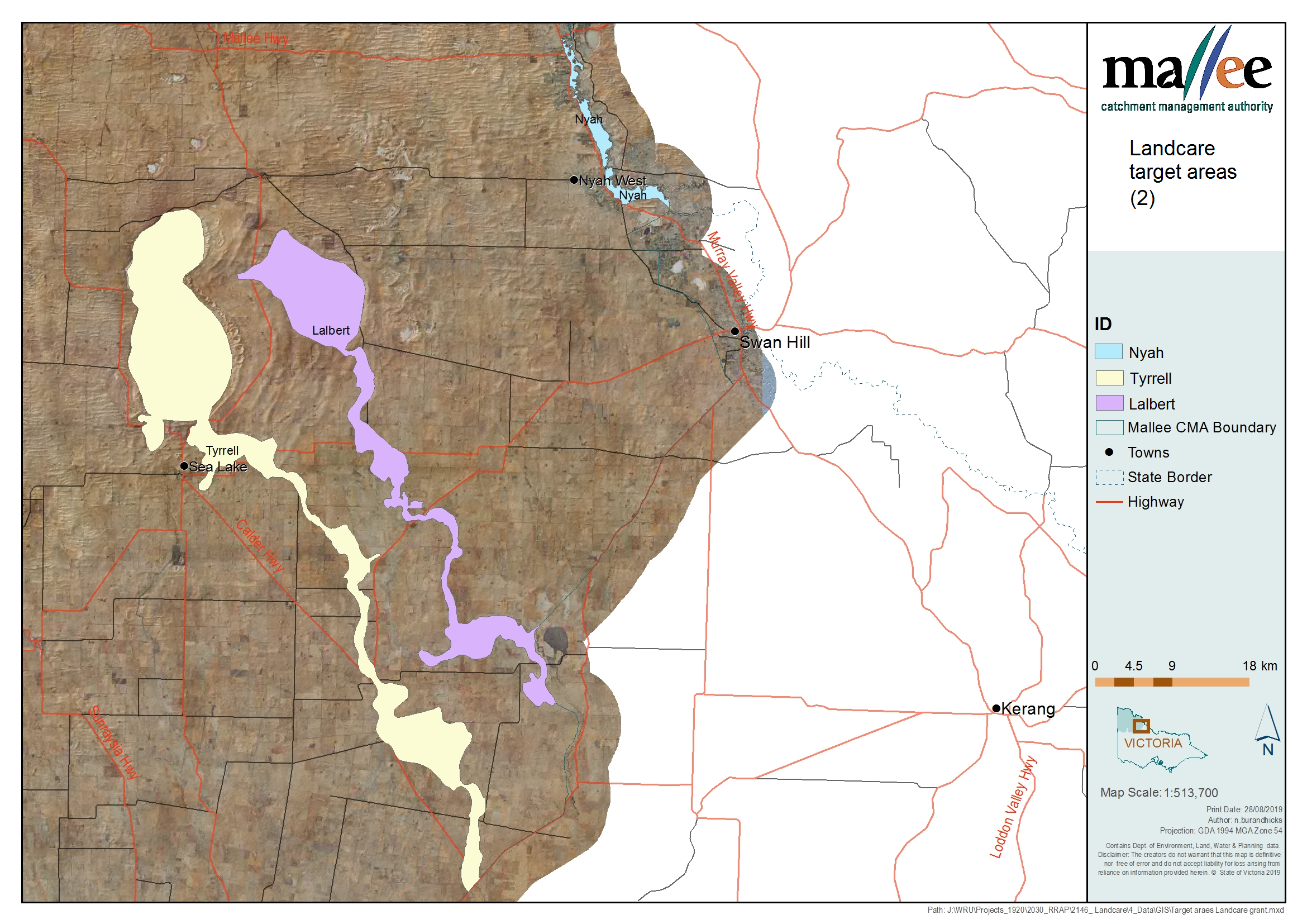
Mick Greatz

Project Officer Water

Phone: 5051 4377

Email: [Mick.Greatz@malleecma.com.au](mailto:Mick.Greatz@malleecma.com.au)





|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CLIENT DETAILS | | | | | |
|  | | | | | |
| Full name |  | | | | |
|  |  | | | | |
| Business Name |  | | | | |
|  |  | | | | |
| ABN |  | | | | |
|  |  | | | | |
| Postal address |  | | | | |
|  |  | | | | |
| Suburb / Town |  | | | Postcode |  |
|  |  | | |  |  |
| Phone Number |  | Fax Number | |  | |
|  |  | | | | |
| Mobile Number |  | Email Address | |  | |
|  | | | | | |
| Property Detail | Lot & Plan No. |  | | | |
|  |  |  | | | |
|  | Road Location & Block Number |  | | | |
|  |  |  | | | |
|  | Crown Allotment ID |  | | | |
|  |  |  | | | |
|  | Are you the sole owner of the property? | Yes **(continue to Property size)**  No – **select one:**  Co-own  Lease  Share  Other (please describe): | | | |
|  | Property Owner Details | Name |  | | |
| Address |  | | |
| Phone Number |  | | |
|  |  |  | | | |
| Property size (Ha) |  | Area Applicable to Incentive (Ha) | |  | |

Note: Please consider your incentive application in the context of the overall plan for your business.

1. To the best of your knowledge, have you, or any previous owners of this property received any government incentive/s for works on this property?

Yes  No

If yes, please specify what incentive(s) and what year this occurred (if known)

……………………………………………………………………………………………………………..

|  |
| --- |
| **INCENTIVE DETAILS** |

1. Please provide detail on the incentive type/s you are applying for.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Incentive Type** | **Requested Amount** ($) (incl. GST) | **In-kind Contribution** ($) (incl GST) | **Works Details**  (e.g. species treated, area treated, control methods, length of fencing) | **Delivered by contractor** (Yes/No) | **Total** ($)(incl. GST) |
| Pest Animal Control |  |  |  |  |  |
| Weed Control |  |  |  |  |  |
| Invasive species assessments |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |
| **Total ($) (GST incl.)** |  |  |  |  |  |

Please attach a map of your property detailing the site(s) where your intended works will take place. Please make sure this map has roads and landmarks marked so that it is easily recognised.

OR

Please draw a map of your property detailing the site(s) where your intended works will take place in the box below. Please make sure this map has roads and landmarks marked so that it is easily recognised.

|  |
| --- |
|  |

1. When will the works approximately start and be completed?

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |  | Completion Date |  |

|  |
| --- |
| **PERMITS AND APPROVALS** |

Native vegetation written approval.

If the treatment of pest plants and animals is proposed to take place by removing or destroying native vegetation, a written agreement must be provided by the Department of Environment, Land, Water and Planning (DELWP). Please contact Land Planning and Approvals on (03) 5051 4500 to obtain an application form

1. Has written approval for the removal been obtained and attached to this application?

Yes  No – Please provide explanation below  N/A

|  |
| --- |
|  |

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| **EVALUATION** |

Expressions of Interest are assessed against the following evaluation criteria. (OFFICE USE ONLY)

|  |  |
| --- | --- |
|  | **Criteria** |
| 1 | Value for money |
| 2 | Compliance with service requirements |
| 3 | Project approach (methodology) |
| 4 | Project management arrangements |
| 5 | Ability to meet timelines |

**(OFFICE Copy)**

**DECLARATION**

I, ………………………………………………………… have read and understand the prerequisite(s) and condition guidelines that support this form. I declare that the information given in this claim for incentives is correct. I understand that deliberately giving false or misleading information is a serious offence which will automatically lead to the cancellation of any incentive; and, that the Mallee Catchment Management Authority can substantiate the information contained within. Failure to complete this form will render this application ineligible for the described incentives.

I understand personal information is protected under the *Victorian Privacy and Data Protection Act 2014*. The purpose of collecting the information on this Expression of Interest form is to process your application for an incentive. The expressions of interest are to be prioritised and therefore **incentives are not guaranteed** until I receive official notification.

If my application is successful, I am unable to transfer this incentive to any other part of my property for any other works other than the incentive I am given, nor can I transfer this incentive to any other property I might own.

Please contact your Project Manager if you wish to review this application.

**Incentives are not transferable either to another property or to another incentive type.**

**CHECK LIST**

|  |  |
| --- | --- |
|  | **Completed ALL questions** |
|  | **A map of your property detailing the site(s) where your intended works will take place.** |
|  | **Permission from Property Owner/s obtained** |

**Signed by the person applying for the incentive:**

…………………………………………………………… (Applicant Name - print)

…………………………………………………………… (Signature)

Date: ………/………/………

**Acknowledgement of receipt Grants/Incentives Registration Number:**

Date EOI Received: ………/………/………

Office Use Only

Evaluated and approved  Yes  No

Manager Signature:

**(YOUR Copy)**

**DECLARATION**

I, ………………………………………………………… have read and understand the prerequisite(s) and condition guidelines that support this form. I declare that the information given in this claim for incentives is correct. I understand that deliberately giving false or misleading information is a serious offence which will automatically lead to the cancellation of any incentive; and, that the Mallee Catchment Management Authority can substantiate the information contained within. Failure to complete this form will render this application ineligible for the described incentives.

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**Incentives are not transferable either to another property or to another incentive type.**

**CHECK LIST**

|  |  |
| --- | --- |
|  | **Completed ALL questions** |
|  | **A map of your property detailing the site(s) where your intended works will take place.** |
|  | **Permission from Property Owner/s obtained** |

**Signed by the person applying for the incentive:**

…………………………………………………………… (Applicant Name - print)

…………………………………………………………… (Signature)

Date: ………/………/………