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|  | *In partnership with* | ABN: 27 811 602 364 |
| **BULOKE WOODLANDS STEWARDSHIP**  **EXPRESSION OF INTEREST FORM** | | |
| 009-010-FORM | | |

# INSTRUCTIONS

* **Due date of lodgement of this form is no later than 27 March 2020. If your completed Expression of Interest Form is not received by this date, it may not be considered.**
* Please confirm that your site/s are within the target areas before filling out this form. If you have questions about your eligibility and the prerequisites and conditions of the Stewardship program please discuss thesewith the Southern Mallee Regional Landcare Facilitator or the Mallee Catchment Management Authority Project Manager (listed below).

* Complete and lodge **an Expression of Interest (EOI) form.**
* Please **submit this form** to:

Jennifer McCamley

Re: Expression of Interest form - Buloke Woodlands Stewardship Program

Mallee Catchment Management Authority

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In person** | **OR** | **Post** | **OR** | **Email** |
| Cnr Eleventh St & Koorlong Ave  Irymple 3498 | PO Box 5017  Mildura VIC 3502 | jennifer.mccamley@malleecma.com.au |

**For further information, contact:**

Cameron Flowers Jennifer McCamley

Southern Mallee Regional Landcare Facilitator Coordinator Regional Land Partnerships

Phone: 0427 509 663 Phone: 5051 4529

Email: cameron.flowers@malleecma.com.au Email: jennifer.mccamley@malleecma.com.au

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| --- | --- | --- | --- | --- | --- | --- |
| CLIENT DETAILS | | | | | | |
|  | | | | | | |
| Full name |  | | | | | |
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|  |  | | | | | |
| Postal address |  | | | | | |
|  |  | | | | | |
| Suburb / Town |  | | | | Postcode |  |
|  |  | | | |  |  |
| Landline |  |  |  | | | |
|  |  | | | | | |
| Mobile number |  | Email address |  | | | |
|  | | | | | | |
| Property detail |  |  | | | | |
|  |  |
|  | Address/approximate location |
|  |  |
|  |  |
|  |  |  | | | | |
|  | Are you the sole owner of the property? | Yes  No – **select one:**  Co-own Lease Share  Other (please describe): | | | | |
|  |
|  |
|  | Property owner details  (if different to person lodging EOI) | Name | |  | | |
| Address | |  | | |
| Phone Number | |  | | |
|  |  |  | | | | |

**(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.

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

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

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

…………………………………………………………… (Signature)

Date: ………/………/………

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

Date EOI Received: ………/………/………