

# 2024-25 weed control grant application form

Form Preview

## Applicant's details

\* indicates a required field

Tell us about you

**Please note that the applicant's name needs to be the same as the recipient of the grant and the person to whom we are paying the money. If there is a name on the invoice, it also needs to be the applicant's name.**

**Name \***

First Name

Last Name

**Organisation name**

**Postal Address \***

Address

Suburb State Postcode

**Email \***

**Mobile (or best number to contact you on) \***

### Privacy statement

*Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989 and 2020. The personal information will be held securely and used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Councils Privacy Officer on 1300 787 624 or mail@cardinia.vic.gov.au*

# 2024-25 weed control grant application form

## Form Preview

### Property information

\* indicates a required field

Tell us about the location of the weed control works

**Where are the weed control works to be undertaken? \***

- ☐ On my property, same as the address above
- ☐ At a different location

**If you selected 'at a different location' please fill in where the weed control works will take place**

Address

  

Suburb State Postcode

**The weed control works are on a property that (select all that apply) \***

- ☐ is in a biolink corridor/node (as outlined in Council's Biolink Plan)
- ☐ is next to or in close proximity to a bushland/natural reserve
- ☐ is a Council bushland/natural reserve ('Friends of' and Landcare groups)
- ☐ None of the above apply to my property
- ☐ Other:

At least 1 choice must be selected.

If you select other, please describe where your property is.

#### Council's Biolink Plan

Council's [Biolink Plan](#) and associated [mapping](#) are available on Council's website.

### Weed control works

\* indicates a required field

Tell us about the work you will be doing

Note: Council's priority is to assist landowners to control the following weed species, however if you have identified other species on your property, please note them in the 'other' field.

If you need assistance identifying the weed species you will be treating, please check out Council's website [www.cardinia.vic.gov.au/weeds](http://www.cardinia.vic.gov.au/weeds) or contact Council's Land Management Officer on 1300 787 624

# 2024-25 weed control grant application form

## Form Preview

**Which of the following weed species will you be treating? (select all that apply) \***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Agapanthus             | <input type="checkbox"/> English Ivy          | <input type="checkbox"/> Red cestrum                 |
| <input type="checkbox"/> Angled onion           | <input type="checkbox"/> Flax-leaf broom      | <input type="checkbox"/> Spanish heath               |
| <input type="checkbox"/> Blackberry             | <input type="checkbox"/> Hawthorn sp.         | <input type="checkbox"/> Spear thistle               |
| <input type="checkbox"/> Blue periwinkle        | <input type="checkbox"/> Hemlock              | <input type="checkbox"/> Spiny broom                 |
| <input type="checkbox"/> Bulbil Watsonia        | <input type="checkbox"/> Japanese honeysuckle | <input type="checkbox"/> St John's wort              |
| <input type="checkbox"/> Cape ivy               | <input type="checkbox"/> Mirror bush          | <input type="checkbox"/> St Peter's wort             |
| <input type="checkbox"/> Cape/Montpellier broom | <input type="checkbox"/> Montbretia           | <input type="checkbox"/> Sweet pittosporum           |
| <input type="checkbox"/> Cedar wattle           | <input type="checkbox"/> Patterson's curse    | <input type="checkbox"/> Wandering trad              |
| <input type="checkbox"/> Cotoneaster            | <input type="checkbox"/> Radiata pine         | <input type="checkbox"/> Wild tobacco tree           |
| <input type="checkbox"/> English Broom          | <input type="checkbox"/> Ragwort              | <input type="checkbox"/> Other: <input type="text"/> |

At least 1 choice must be selected.

**What is the area (approx.) that you will be treating? \***

eg: 200m2, 1 acre etc

**What weed control method will you be using? (select all that apply) \***

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Spraying with chemicals | <input type="checkbox"/> Cut and paint  | <input type="checkbox"/> Hiring a contractor to do works |
| <input type="checkbox"/> Chipping/mulching       | <input type="checkbox"/> Drill and fill | <input type="checkbox"/> Other: <input type="text"/>     |

At least 1 choice must be selected.

**What does your application include? \***

- |  |   |
|--|---|
| <input type="checkbox"/> Hire of a a contractor                            | <input type="checkbox"/> Hiring of equipment (eg: sprayer, mulcher) |
| <input type="checkbox"/> Purchasing herbicide (maximum of \$750 per grant) | <input type="checkbox"/> Other: <input type="text"/>                |
| <input type="checkbox"/> Disposal of weed material (tip fees or skip hire) |   |

At least 1 choice must be selected.

## Funding details

### Funding information

- Landowners on properties over 4000m2 and community groups\* may apply for up to a maximum of \$1,500 (inc. GST)
  - \* Community groups may include Landcare and 'Friends of' groups, or larger community and neighbourhood projects.
- Up to a maximum of \$750 per grant for the purchase of herbicide.
- Only one grant is available per applicant (even if you own several properties).
- Only 50% of a licensed contractor costs will be reimbursed by Council (up to a maximum of \$1500). However, if you meet the special circumstance requirements, 75% of contractor costs will be reimbursed (up to a maximum of \$1500).

### Examples:

# 2024-25 weed control grant application form

## Form Preview

- If your contractor costs come in at \$1000 and you DO NOT meet the special circumstances, Council will only reimburse you \$500.
- If your contractor costs come in at \$1000 and you meet the special circumstances, Council will only reimburse you \$750.

## Funding amount

Please outline how much funding you are applying for. eg: if you have quotes for equipment hire, herbicide purchase, add these in separately.

Expenditure	\$
Hire of contractor or purchase of herbicide etc	\$500.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

## Totals

This section will update automatically as you fill in the funding amount above.

### Total Expenditure Amount

\$

## Supporting documentation

\* indicates a required field

### Supporting documents

The following documents **must** be included to help with the assessment of your application:

- Photo/s of works area, showing the weeds that are to be controlled.
- Anything else that you think will help assess your application, such as contractor quotes.

**If photos are not included in your application, you will be required to resubmit your application.**

### Document upload \*

Attach a file:

# 2024-25 weed control grant application form

## Form Preview

A maximum of 5 files may be attached.

**Are you claiming special circumstances?**

☐ Yes

☐ No

### Special circumstances claim

**I hold a: \***

☐ HealthCare card

☐ Disability card

☐ Pensioner card

At least 1 choice must be selected.

**Upload a copy of relevant card \***

Attach a file:

A maximum of 3 files may be attached.

Scan and save a copy of your card(s) to your computer. Click 'Browse' to attach it electronically to this application.

## Declaration and submission

\* indicates a required field

### Declarations

You must answer yes to all of the statements below for you application to be submitted.

**I confirm that all of the details in this application and attachments are true and correct to the best of my knowledge. \***

☐ Yes

**I acknowledge that a representative from Cardinia Shire Council, may attend the works location to help with the assessment of my application and to verify that the works have been undertaken. \***

☐ Yes

**I acknowledge that I have read and understood the eligibility criteria and that any funds provided by Cardinia Shire Council will be expended: • in accordance with the eligibility criteria • within the Shire of Cardinia boundaries \***

☐ Yes

**I acknowledge that my claim can only be submitted once this application has been approved and works are complete. \***

☐ Yes

**I acknowledge that the final claim must be submitted by 30 May 2025 to receive my reimbursement \***

☐ yes

### Submission

# 2024-25 weed control grant application form

## Form Preview

Once you have completed all fields, please go to the "review screen" and then press "submit" to submit your application. You will then receive an acknowledgement email with a copy of your application however no further changes can be made.

If you require assistance in preparing your application, please contact Council's Land Management Officer on 1300 787 624.