Disaster Assistance Recovery Grants Application Form Primary Producers

v6: 17/02/2025

Fund code:

Before completing this application, please ensure you have read the relevant scheme guidelines which outline the defined disaster area and other eligibility criteria. These are available on <u>QRIDA's website</u>. If you prefer to complete this application via QRIDA's online application portal please visit <u>ApplyOnline</u>.

For guidance on the correct documentation required please refer to the 'Application tips for primary production businesses' available on QRIDA's website.

If you have any questions regarding your eligibility, please contact QRIDA on 1800 623 946 or visit QRIDA's website.

This application is for the following disaster event:

If you are an existing QRIDA client, please provide your Client ID number.

Have you already been approved for QRIDA assistance for this disaster?

Yes

No

Information checklist

Required information:	Provided with this form	Provided with initial application
Proof of identification - Please provide proof of identification for at least one owner/director of the business. Acceptable documents can include any two of the following: Medicare card, 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. For drivers licences, please ensure both the front and back of the card is included.		
 Rates Notice / Lease / Agreement - Your primary production enterprise must be located within a defined disaster area. 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. 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. 		
Photographs of damage - 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. Please note, to assist with your application photo evidence, quotes and/or invoices are required to support the detailed direct damage. For examples of acceptable images to submit, please refer to the 'Application tips for primary production businesses on QRIDA's website or call 1800 623 946.		
Financial statements and Tax Return/s - Financial statements and tax returns for the applicant and all related entities, including individual tax returns for all shareholders/partners or owners.		
Evidence of expenditure / payment - For applications up to the maximum initial grant (i.e. for immediate resumption of business directly following the disaster event): Copies of tax invoices or quotes.		
For applications over the amount of the initial grant available or subsequent applications: Copies of tax invoices AND evidence that these invoices have been paid (e.g. bank statements, electronic bank transfer confirmations or official supplier receipts).		
Bank statement - Please attach a copy of your bank account statement for your business account nominated in Section 2 of this form.		
Details of insurance - 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.		



Australian Government

Confirmation that you are	an eligil	ole prima	ry pro	duce	r								
In normal circumstances, do you spend the majority of your labour on your primary production enterprise? Yes No*													
In normal circumstances, do you derive the majority of your income from your primary production enterprise? Yes								No*					
Were you operating your primai	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 prima	iry pro	ductio	n enter	prise in	the defi	ned dis	saster	area	1?	Yes	No
Have you received any other g	overnme	nt assistan	ce for t	he cos	ts now	being c	laimed?					Yes	No
	*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, ORIDA may request further information to verify your eligibility.												
Section 1 - Applicant detai	ไร												
Please select the	Title	Surnam	e				Given	Name	es				Date of Birth
applicant entity type:													
Sole trader													
Partnership													
Individual trustees													
Company directors													
Or			 Pi	lease li	st the C	ompany	Director/	s' detail	ls abov	ve			
Company	Compa	ny name											
Trust	Trustee			In	dividu	ial (ple	ase prov	ide the	e indiv	 vidud	al trustee/s details	above)	
nust											name and the Con		' details above)
	Trust n	ame											
Trading name													
Trading name ABN													
Industry type (e.g. beef, sugar, trawl, net)													
Nominated contact person													
Landline F	ax			Мо	bile			En	nail a	ddr	ess		
Road address of business	•						Posta	l add	ress	of b	ousiness:	Please tick if s	ame as road address
Town/city S	State			Pos	stcode	5	Town	/city			State		Postcode
Section 2 - Payment detail	s										N	I/A - subsequ	ent application
For subsequent application	ns, only	complete	the b	elow	detai	ls if ch	anged s	ince s	subm	ittin	ng your initial clo	aim.	
Please provide your bank a							ance fu	nds by	y Elec	ctror	nic Funds Transfe	er	
(Note: Bank account name Please ensure a copy of your b							prompt	aymer	nt. Th	e bai	nk details provided	d for payment b	elow must match
the bank statement. Any varia													
Bank				Bra	anch						BSB		
Account name											Αссοι	unt number	

Section 3 - Detail of your primary	production business		N/A	- subsequent appl	ication			
For subsequent applications, only complete the below details if changed since submitting your initial claim.								
Please provide information about your primary production business.								
In normal circumstances, do you de enterprise?	vote the majority of your labour	to, and earn	the majority of your income from	m your primary prod	uction			
			Gross income earned (\$)	Hours of labour (as a %)			
Primary production activities (e.g	. plant or animal cultivation).							
Activities using your primary proc contracting, agisting, dry machin		g.						
Business activities that are not d (e.g. dividends, interest, small bu								
Do you earn income as a wage fro enterprise that you do not own or								
Enterprise size (ha)	Average stock numbers	Area of c (ha)	(live	ual duction stock number nes of crop)				
What was your annual turnover for	Year 1 (e.g. 2021)	/22)	Annual Gross Inco	me				
last two financial years?	Year 2 (e.g. 2022	?/23)	Annual Gross Inco	me				
If you would like QRIDA's Assessm provide their contact details belov		ountant or tax	x agent to clarify details for yo	ur application, plea	se			
Business name:			Contact name:					
Phone number:			Email:					
Other relevant information to indi disaster:	cate the scale or potential scal	e of your pri	mary production business pri	or to / or at the time	e of the			
Section 4 - Details of the direct da								
· ·			oligible disaster					
Please provide a description of the What is the road address where the		Tesult of the						
In which Local Government Area is	s the property where the direct	damage occ	urred as a result of the eligibl	e disaster?				
What was the damage?								
	nunnauting in the defined of	ton 00003						
Do you own/lease/agist multiple			arranaement	V	N.,			
Please include a copy of your lease/ag (including date, property address and agreement must be signed by the Less	who is responsible for the reinstate			Yes	No			

Section 5 - Insurance	subsequent application								
For subsequent applications, only complete the below details if changed since submitting your initial claim.									
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	No - please indicate why								
Insurance company	Uninsured (please explain	below)							
Policy/claim no.	My/our policy does not pro damaged or damage cause								
Claim manager name	(please attach insurance p								
Claim manager phone no.	Other (briefly detail below)							
Additional insurance / other details:									
Section 6 - Details of expenditure (refer to scheme guid	lelines for a list of eligible expenditure that can be cli	aimed)							
Please complete the Invoices Being Claimed Sched	lule (page 6) detailing the expenditure you have incur r primary production enterprise (Schedule should also	red which relates							
	e 7) detailing the fuel, machinery and operator costs i	ncurred for the use of your							
own machinery or fuel provided for contractor's equ	uipment in repairing disaster damage (if applicable).								
Is your business registered for GST? Yes - y	your claim amounts below must exclude any GST shov	vn on your invoices							
No - yo	our claim amounts below must include any GST show	n 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									
Total clean-up and reinstatement claim amount									
Less previously paid Disaster Assistance Recovery Gran									
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.

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 grida.gld.gov.au for the Disaster Assistance 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;

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 is 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 Disaster Assistance 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 Primary Industries
- 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.

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.

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	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									
Pleas	se submit your completed application	including all supporting documents t	o QRIDA by:							
	Post: GPO Box 211, Brisbane C	LD 4001 Email: contact_us@	oqrida.qld.gov.au Fax:	(07) 3032 0300						
Enq	uiries									

Further information on the program is available on the QRIDA website at **qrida.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.

Queensland Rural and Industry Development Authority

+Invoices being claimed

Please note you can also complete this listing in an Excel spreadsheet template, available on the <u>Forms & Downloads page</u> on QRIDA's website

Please tick if you are applying for an initial grant

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

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

• Where the value of the grant has exceeded the initial grant available, evidence of payment must be provided for all grant funds received (refer to checklist on page one)

QRIDA Disaster Assistance Recovery Grants Primary Producers Application Form

Queensland Rural and Industry Development Authority

+ Fuel Calculator

No

Please note you can also complete this listing in an Excel spreadsheet template, available on the <u>Forms & Downloads page</u> on QRIDA's website

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					
					be applicable for	gaseous fuels	and blended fuels. For i	nformation refer to	
				ato.gov.au	liquid fuels and	urrent rehate	amounts can be located		
						unentrebute	amounts can be located	at ato.50v.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^				