

# Tropical Low & Assoc Flood in the Gascoyne & Pilbara Regions (13-14 Mar 2020)

Form Preview

## AGRN908 Tropical Low and Associated Flooding in the Gascoyne and Pilbara Regions (13-14 March 2020)

\* indicates a required field

Ex-Tropical Cyclone Esther and Associated Flooding (28 February - 3  
March 2020)

**Date of event proclamation: 2 April 2020**

**Affected Local Government districts covered by the declaration:**

- Upper Gascoyne
- Ashburton

**To be eligible you must be able to answer YES to ALL questions below.**

**If you answer NO to any question or you are unsure about what the question means, please contact us on 1800 198 231 before proceeding with your application.**

**Please note:**

- **You must be able to demonstrate that funds are not available from within your own resources. It is expected you will have committed all liquid assets and credits sources for normal operations of your business to recover from the disaster.**
- **Full details of assets and liabilities of all parties must be provided. This includes each partner/shareholder/adult beneficiary.**
- **Applicants claiming against leased or sharefarmed properties in this application will be required to provide a copy of signed and dated agreements (to lease or sharefarm for the purpose of primary production) over a minimum period of 5 years, that include the declared date of the event.**

**Do you normally operate a commercial scale farming, pastoral, horticultural or fishing business in the affected declared area? \***

- Yes  No

**Was your business operating in the affected declared area for at least twelve (12) months up to and including the date of the disaster event? \***

- Yes  No

**Does at least one business member devote at least 75% of their labour to the affected primary production business? \***

- Yes  No

**Does at least 50% of your primary production business income normally come from the enterprise affected by the disaster event? \***

- Yes  No

For this question You means all members of the primary production business.

**Have you answered Yes to all of the above questions? If not, please contact us before proceeding.**

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**If you need more explanation about these criteria and would like to discuss your particular circumstances, you can contact us on 1800 198 231.**

### How did this disaster event affect your business?

\* indicates a required field

**What damage or loss did your business suffer as a result of the disaster? \***

Must be no more than 500 words

**What do you estimate the value of the damage or loss to your business to be? \***

Must be a whole dollar amount

**What are you applying for? \***

- Professional advice (reimbursement of cost to a maximum of \$1500)
- Freight costs (reimbursement of 50% of eligible costs)
- Fencing restoration/replacement (reimbursement of eligible costs)
- Expression of interest for Interest Rate Subsidy on a new loan to repair damage, provide carry on finance and/or replace livestock

Use the form navigation to the left to go to the section relevant to the assistance measure you are applying for.

### Statement of Assets and Liabilities

In order to make an accurate assessment of your application, you will need to provide a copy of your most recent End of Financial Year Statement of Assets and Liabilities undertaken with your accountant. If this is unavailable or greater than 12 months old please call us on 1800 198 231 to discuss options.

You may be required to provide any of the following documents to assist with the assessment:

- balance sheet and financial statements for the farm enterprise (including profit and loss statements, trading account and depreciation schedules) and/or
- individual tax returns and a current listing of all assets and liabilities held by each individual director, shareholder, partner or trustee of the farm enterprise.

**Upload your Statement of Assets and Liabilities here. \***

Attach a file:

**Please confirm you have attached your Statement of Assets and Liabilities \***

Yes

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### Professional advice grant

Eligible primary producers may apply for reimbursement of fees to obtain professional advice directly related to addressing issues arising from an eligible natural disaster event. The maximum reimbursement available is \$1500.

**If your answer to the following question is No, you are not eligible for this assistance.**

**Did the professional advice relate to business or financial matters, hydrological or soil conservation issues, feed analysis or other stock health issues?**

Yes  No

If you answered Yes, please continue.

**Please provide brief details of the advice you received:**

Must be no more than 500 words

**Name of the professional who provided the advice:**

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**How much are you seeking to be reimbursed?**

\$

Must be a dollar amount

**Please provide copies of the professional's tax invoice, including details of payment of same together with details of the advice provided to you.**

Attach a file:

### Freight subsidy

This assistance reimburses the primary producer to a maximum of 50% of the costs incurred to transport certain items as a direct result of an eligible natural disaster.

**If your answer to the following question is No, you are not eligible for this assistance.**

**Did you incur costs to transport livestock; fodder or water for livestock; or building or fencing equipment or machinery as a direct result of the disaster event?**

Yes  No

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**How much are you seeking to be reimbursed?**

\$

Must be a dollar amount

**Please provide copies of the contractor's tax invoice/s, including payment and details of carting.**

Attach a file:

## Fencing grant

This assistance reimburses the primary producer 100% of eligible costs associated with restoration/replacement of fencing.

**If your answer to any of the following questions is No, you are not eligible for this assistance.**

**At the time of the disaster, was your property being used to hold/agist livestock?**

Yes

No

**Does your business insurance exclude fence restoration/replacement?**

Yes

No

**Did your boundary fencing suffer damage/loss and have to be repaired/replaced as a direct result of the eligible disaster event?**

Yes

No

**If 'Yes', does the damaged fencing adjoin a major road or rail corridor where roaming livestock may present a danger to the travelling public?**

Yes

No

**If 'Yes', what is the name of the major road adjoining your property where the fencing is to be replaced?**

**How much are you seeking to be reimbursed?**

\$

Must be a dollar amount

**Please provide copies of the supplier's tax invoice/s, including payment information and details of materials purchased.**

Attach a file:

## Interest rate subsidy - Expression of Interest

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Expressions of interest for the Interest Rate Subsidy will be reviewed in the first instance by the Department of Primary Industries and Regional Development (DPIRD).

The Office of Emergency Management (OEM) will then liaise directly with applicants DPIRD has confirmed are eligible for this assistance measure.

Please note that this expression of interest is to establish whether your business is likely to be eligible and should not be taken to be an approval under this assistance measure.

**If you answer No to the following question, you are not eligible for this assistance measure.**

**Will you need to take out a new loan for your business to recover from the disaster (ie repair damage caused by the disaster, and/or for carry on purposes to implement the next season's production program, or to replace livestock lost in the disaster)?**

Yes  No

If you answered Yes, please continue.

### Details of the proposed loan

**What type of new loan are you proposing to take out?**

For example, Term Loan etc

**How much are you proposing to borrow?**

\$

Must be a dollar amount

**What are the new loan funds to be spent on?**

Must be no more than 200 words

**Who are you going to borrow the funds from? (ie the Lender)**

The name of the bank or other Authorised Deposit-taking Institution providing the loan facility.

**Contact details for the proposed Lender**

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Organisation name**

Organisation Name

Address

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Suburb    State    Postcode

        

### Email address

email address for the Lender contact.

### Please note:

- You must be able to demonstrate that funds are not available from within your own resources. It is expected you will have committed all liquid assets and credit sources for normal operations of your business and will need to access extra borrowings for your business to recover from the disaster.
- Full details of assets and liabilities of all parties must be provided as these are taken into consideration when determining your eligibility for this measure.

## Your primary production or fishing business details

\* indicates a required field

Business entity name: the legal name of the entity

**This is the name that appears on all official documents or legal papers. Depending on your entity type, it may be one of the following:**

- individual/sole trader - your legal name
- Australian private company - the name registered with ASIC
- Australian public company - the name registered with ASIC
- cooperative- the name registered in your memorandum of understanding
- strata title - the name registered with a State authority
- other incorporated entity - the name registered with or incorporated under the relevant State Act
- partnership - the names of all the partners
- superannuation fund - the name registered with the Australian Prudential Regulatory Authority
- trust - the name of the trust as shown in the trust deed
- other unincorporated entity - the name by which your entity is usually known, as stated on any formal documentation (such as bylaws, charter, lodge orders, rules).

(Reference: <https://abr.gov.au/For-Business,-Super-funds---Charities/Applying-for-an-ABN/What-you-need-for-your-ABN-application/Legal-name-of-the-entity/>)

## APPLICANT DETAILS

### Business Name \*

Organisation Name

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### Primary Address \*

Address

  

Suburb State Postcode

  

The street address applicable to your business.

### Postal Address

Address

  

Suburb State Postcode

  

Must be an Australian postcode.

### Primary Phone Number \*

A landline number must include area code. Enter all number with no spaces

### Mobile Phone Number

### Email \*

### ABN \*

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

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### Farm business member nominated by the applicant to act on behalf of the farm business

#### Name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Must provide name in full

#### Phone \*

A landline number must include area code. Enter any number (mobile or home) with no spaces

#### Mobile

#### Email \*

### DIRECT DEPOSIT BANK DETAILS

If approved, funds will be credited to the account you nominate here. **Please make sure the details are correct before you submit your application.**

#### Account name \*

#### Bank and branch \*

The name of the bank and branch your account is with.

#### BSB \*

Must be a number.

#### Account number \*

### FARM BUSINESS DETAILS

#### In which Shire or Local Government Area is the property affected situated? \*

#### Street address of the affected property \*

Address

  

Suburb State Postcode



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### What is the size of the property? \*

The number of Hectares

### Name of the Registered Landowner/s of the property affected. \*

Title

First Name

Last Name

Title

First Name

Last Name

If the land is owned in more than 2 people, please provide details in the section below.

### If you have more than one property, please provide brief details of your other properties.

Address, size, registered land owners details, leased or share farmed etc.

### Do you Own or Lease/Sharefarm the location(s) you are claiming against in this application? \*

- I/We Own the location(s)
- I/We Lease or Sharefarm the location(s).
- I/We Own and Lease or Sharefarm (claiming for multiple locations in application)

Applicants claiming against Leased or Sharefarmed properties are required to provide a copy of signed and dated agreements, over a minimum period of 5 years, that includes the declared date of the event.

### If you are operating under a lease/sharefarming arrangement/s, please upload a copy of your written and signed agreement/s here. \*

Attach a file:

Applicants claiming against Leased or Sharefarmed properties are required to provide a copy of signed and dated agreements to lease or sharefarm the property for the purpose of primary production, over a minimum period of 5 years, that includes the declared date of the event.

## FISHING LICENCE DETAILS

### Name of the Fishing Licence Holder

Title

First Name

Last Name

### What is the Fishing Licence number?

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**If you are operating under the lease of a fishing licence/s please upload a copy of your written and signed agreement/s here.**

Attach a file:

## Certification and Submission

\* indicates a required field

### Certification

**I declare the information shown in this application and attachments, and any details subsequently provided, is true and correct.**

**I confirm the primary production business listed as the Applicant meets the eligibility criteria detailed in this application and was severely affected by the declared disaster event; \***

I confirm

**I confirm I/we own the farm land OR hold a current written and signed 5 years lease agreement (covering the date of the event) to sharefarm or lease the property for the purpose of primary production, OR own and operate under fishing licence OR have a current signed 3 years lease of a fishing licence; \***

I confirm

**I confirm I/we do not have our own resources available to the business to recover from the natural disaster; \***

I confirm

**I confirm the items claimed are NOT covered by insurance; \***

I confirm

**I authorise the Department of Primary Industries and Regional Development and/or the Department of Fire and Emergency Services to seek any additional relevant information that may be required to assess and process this application; \***

I consent

**I hereby request and authorise any parties to supply such information as requested by the Department of Primary Industries and Regional Development and/or the Department of Fire and Emergency Services; \***

I consent

**I confirm I have read and understood the information notes and/or obtained clarification about the Western Australian Natural Disaster Relief and Recovery Arrangements for Primary Producers where needed; \***

I confirm

**I confirm I am authorised to make this certification on behalf of the primary production business listed as the Applicant. \***

I confirm

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**Name of person making the certification; \***

Title

First Name

Last Name

Before you submit.....

**Please make sure you have uploaded ALL required documents before you submit your application.**