

Expression of Interest 2023-24

Local Landholder Chemical Supply Program for Hudson pear (*Cylindropuntia pallida*) control

TO BE COMPLETED & RETURNED TO:

Todd Pallister

Email: todd.pallister@lls.nsw.gov.au

The NWLLS Landholder Chemical Supply program is specifically designed to assist landholders to reduce the distribution and spread of Hudson pear around the core infestations and within the North West Local Land Services region.

FOR ASSISTANCE, PLEASE CONTACT NORTH WEST LOCAL LAND SERVICES STAFF:

Todd Pallister	Walgett	0457 939 055	todd.pallister@lls.nsw.gov.au
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1. APPLICANT DETAILS

Name: _____

ABN and /or ARBN: _____

GST Registration: (please circle) YES NO

Property Name

Property Address:

Town: _____ Postcode: _____

Identify the Lots and DPs for the project site:

Lot	Deposited Plan

Contact number: _____

Mobile phone: _____

Email: _____

Postal Address (if different from above): _____

Town: _____ Postcode: _____

Weed Density % of groundcover

1% to 10%

11% to 50%

> 50%

Current Control measures in progress

Proposed Treatment method

5. PROJECT PLAN

Please provide a map of your property showing details of proposed on-ground works (Google or Topographic map with hand drawn detail is acceptable).

Please include the following details on your map;

1. Property boundary
2. Where spraying will occur
3. Main roads & tracks
4. North arrow

6. Work Plan Specifications and Costings

Use the following budget as a guide; include all activities/costs which will be part of your proposed project. Costs should include **capital** and **labour** costs.

Applicants must make a minimum 50:50 contribution. The landholder contribution can include in-kind contribution such as labour costs.

Standard mix = 20 L Grazon Extra, 20 L Uptake + 5L Marker dye (Or equivalent registered products)

On ground works and/or activities to be implemented: (All costs should be <u>GST inclusive</u>)	Estimated Total Cost:	Applicant Contribution (in-kind)	Estimated quantity of chemical requested (litres)
Weed control: control methods costs including chemical:			
Labour & Equipment costs: Time, backpack, measuring equipment, fuel:			
Total Estimated Cost:			

7. DECLARATION

Please ensure that you have read the guidelines and answered all the questions. Incomplete applications may not be assessed.

I, _____ of
(PRINT NAME)

(ADDRESS/GROUP/PROPERTY/MINING CLAIM)

Declare the information provided by me in this application is complete and correct. I have read and understand the guidelines concerning this application.

Is this declaration being signed on behalf of a group? (please circle) YES NO

Signed by applicant: _____ **Date:** _____

Is the applicant the landowner (is registered land title holder)? YES NO

If the applicant is NOT the landowner are you able to obtain consent from the owner to make the application? YES NO

Please return this completed EOI to Todd Pallister, North West Local Land Services.