# AGRN1044 Ex-Tropical Cyclone Ellie and Associated Flooding and AGRN1059 Tropical Cyclone Ilsa in WA Category D - Primary Producer Recovery Grant

\* indicates a required field

Please note the following

#### **Definition of Primary Producer**

A primary producer is defined as an individual, partnership, trust or company that:

- has a right or interest in a farm enterprise; and
- devotes part of their labour to the affected primary producer enterprise; and
- derives at least 50 per cent of their income from the affected primary production enterprise.

Primary production is defined as enterprises listed under the <u>Australian New Zealand Standard Industrial Classification 2006 (ANZSIC) 1292.0 (Revision 2.0)</u>

You will need to upload a number of documents to support your application, so please have digital copies of the following ready:

- Shire rates notice if you own your property
- Current lease or sharefarm agreement if you lease/sharefarm all or part of the property impacted
- Copy of a statement for the bank account you have nominated to have funds paid into
- Complete set of financial statements for the affected business for year 2021-22 (and 2022-23 if available)
- Tax return/s for your business and all individuals for year 2021-22 (and 2022-23 if available)
- Quotes, estimates, tax invoices and receipts

#### Have you applied for TC Ellie or TC Ilsa assistance? \*

| Ш   | Ex-IC Ellie - Category B measures for primary producers (application reference will be |
|-----|--|
| AGI | RN1044-000)  |
|     | Ex-TC Ellie - Category D Freight Assistance Program (application reference will be     |
| Cat | :D1044-000)  |
|     | TC Ilsa - Category B measures for primary producers (application reference will be     |
| AGI | RN1059-B-000)  |
|     | Not sure   |
|     | None of the above  |
|     |  |

#### Are you eligible to apply?

To be eligible you must be able to answer **YES** to **ALL** questions below and normally operate a primary production business in the declared area.

If you answer **NO** to any question or you are unsure about what the question means, please contact us at RuralBusiness.DevelopmentUnit@dpird.wa.gov.au before proceeding with your application. Do you normally operate a farming, pastoral, horticultural or fishing business in the affected declared area? \* ○ Yes  $\bigcirc$  No Is your business recognised by the Australian Taxation Office as a primary producer, and has an Australian Business Number (ABN) or has applied for an ABN? Yes O No In which Local Government Area (LGA) is your primary production business located? \* ☐ Broome, Shire of ☐ Halls Creek, Shire of ☐ Derby-West Kimberley, Shire of ☐ Port Hedland, Town of ☐ East Pilbara, Shire of □ Wyndham East Kimberley, Shire of For fishing businesses, please select the LGA where your postal address is situated Was your business operating in the affected declared area at the time of the disaster event? \* Yes O No Does at least 50% of your income normally come from the primary production business affected by the disaster event? \* Yes  $\bigcirc$  No Does at least one of the business partners contribute part of their labour to the affected primary production enterprise? \* Yes  $\bigcirc$  No Are you intending to re-establish the primary production business in the affected community or region? \* Yes  $\bigcirc$  No Did you incur costs to clean up and/or restore your business as a direct result of the disaster event? \* Yes  $\bigcirc$  No **Comments/additional information** 

Please add any additional information or comments here, including any problems with understanding any of the questions

#### Recovery grant for primary producers

\* indicates a required field

This assistance reimburses costs associated with clean-up and immediate restoration of the primary production business after the disaster event.

A maximum grant of \$75,000 is available to eligible primary production businesses in the declared areas, and you are able to submit applications until the maximum grant amount is reached. The closing time/date is midnight on 30 June 2024.

• **Tier 1** - You may claim an initial amount up to \$15,000 upon basic evidence being provided with your application of the direct damage (ie. Quotes, tax invoices and can be supported by photographs).

**Please note:** Where an applicant has been paid an initial amount based on quotes, and does not seek further payment under Tier 2, if evidence of payment in Tier 1 is less than the paid amount, the applicant will be required to repay the difference.

Where an applicant is approved for funding under \$15,000 (Tier 1) on the supply of a quote and does not seek further payment under Tier 2, DFES and/or DPIRD may request the applicant provide evidence of payment within 12 months of receiving the Tier 1 grant for reconciliation, acquittal and transparency purposes.

• **Tier 2** - The subsequent amount up to \$60,000 is available. To support subsequent claims, full evidence of payment is required. Evidence must also be provided for any amounts claimed under the initial claim if evidence of full payment has not already been provided.

Example: If the amount of \$64,000 is approved under your application but you only have quotes and invoices for the items being claimed you will receive an initial \$15,000 and the balance of \$49,000 will be paid upon evidence being received that all items under the \$64,000 have been paid by you (ie copies of paid invoices and bank transaction evidence).

Please outline the damage your business suffered as a result of TC Ellie and/or TC

| Ilsa *                   |  |                    |
|--------------------------|--|--------------------|
| Estimated total valu     | e of damage your business sustained *                                |                    |
| \$                       |  |                    |
| Must be a dollar amount. |  |                    |
|                          | tend to make an insurance claim in rela<br>C Ellie and/or TC Ilsa? * | tion to the direct |
| Insurance details        |  |                    |

Please note that a copy of the outcome of your insurance claim must be provided to DPIRD once it is determined.

| Your ins                         | surance com                         | pany *                  |              |                                      |                   |                      |
|----------------------------------|-------------------------------------|-------------------------|--------------|--------------------------------------|-------------------|----------------------|
| Policy /                         | claim numbe                         | er*                     |              |                                      |                   |                      |
| <b>Claim m</b><br>First Nar      | <b>nanager nam</b><br>me            | <b>e *</b><br>Last Name |              |                                      |                   |                      |
| Claim m                          | nanager cont                        | act numbe               | er and/or e  | email *                              |                   |                      |
| <ul><li>Yes</li><li>No</li></ul> | ur insurance of                     |                         |              |                                      |                   |                      |
|                                  | upload a cop                        |                         |              |                                      |                   |                      |
| As you ha                        | ave answered YE                     | S to the abo            | ve question, | please upload a                      | a copy of the Ins | surance Claim report |
| If no, w                         | hen do you e                        | xpect you               | r claim to   | be finalised?                        | *                 |                      |
| Must be a                        | a date.                             |                         |              |                                      |                   |                      |
| ☐ Uning ☐ My/o disaster          | sured (briefly e<br>our policy does | explain belo            | ow)          | <b>an insurance</b><br>the items dam |                   | ge caused by the     |
|                                  |                                     |                         |              |                                      |                   |                      |
| The pr                           | operty affe                         | cted                    |              |                                      |                   |                      |
| <b>Street</b> a Address          | address of th                       | e affected              | property     | *                                    |                   |                      |
|                                  |                                     |                         |              |                                      |                   |                      |

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

| Title                                   | First Name                          | Last Nar            | ne                |              |  |
|---|-------------------------------------|---------------------|-------------------|--------------|--|
|   |                                     |                     |                   |              |  |
|   |                                     |                     |                   |              |  |
| Title                                   | First Name                          | Last Name           |                   |              |  |
|   |                                     |                     |                   |              |  |
| If the lan                              | d is owned in more t                | han 2 people, pleas | e provide details | s in the sec | ction below.   |
| 16                                      |                                     |                     |                   | buief de     | t-: - of other                                       |
| propert                                 |                                     | ne property, pie    | ase provide       | briet de     | tails of your other                                  |
| ргорог                                  |                                     |                     |                   |              |  |
|   |                                     |                     |                   |              |  |
| Address.                                | size, registered land               | owners details, lea | sed or share far  | med etc.     |  |
| , | 5.25, . eg.5.5. ea .aa              |                     |                   |              |  |
|   |                                     | narefarm the loc    | ation(s) you      | are claii    | ming against in this                                 |
| applica                                 | <b>tion? *</b><br>Own the location( | c)                  |                   |              |  |
|   | Lease or Sharefar                   | •                   |                   |              |  |
|   | Own and Lease/Sh                    |                     |                   |              |  |
|   |                                     |                     |                   |              | to provide a copy of signed the declared date of the |
| disaster                                |                                     |                     |                   |              |  |
|   |                                     |                     |                   |              |  |
| Please                                  | upload a copy of                    | vour signed les     | se/sharefarn      | n aareen     | nent/s *   |
| Attach a                                |                                     | your signed lea     | sc/silai ciai i   | ii agreeii   | nenda.   |
|   |                                     |                     |                   |              |  |
|   |                                     |                     |                   |              |  |
|   |                                     |                     |                   |              |  |
|   | upload a copy of                    | your Shire rate     | s notice for t    | the affec    | ted property.  |
| Attach a                                | file:                               |                     |                   |              |  |
|   |                                     |                     |                   |              |  |
|   |                                     |                     |                   |              |  |

Clean-up and restoration work carried out

To be eligible for assistance your primary production business **must have suffered direct flood damage as a result of Ex-Tropical Cyclone Ellie or direct storm damage as a result of Tropical Cyclone Ilsa**; which may include damage to outbuildings, crops, pasture, stock, fencing and/or tools of trade (ie plant and equipment).

In some cases the primary producer may not be the land owner and both may wish to claim assistance. For example, the land owner may be responsible for the restoration of buildings, while the primary producer (lessee/share farmer) may be responsible for stock and crops. In these cases a joint claim may be lodged. Where a joint claim is made between the primary producer and the land owner, the maximum amount of assistance is that of a single grant split between the primary producer and the land owner.

Please note that you are **not** able to claim:

- loss of income (from destroyed crops or death of livestock)
- cost of using your own labour, your existing staff or your own equipment

- damages to residential buildings/dwellings (except staff accommodation)
- damages covered by insurance or an industry compensation fund
- expansion projects or areas not in active production at the time of the disaster event

Please email us at <u>ruralbusiness.developmentunit@dpird.wa.gov.au</u> if you need further information or clarification on these issues/criteria.

| WI   | hat clean-up and/or restoration work are you claiming for in this application? *          |
|------|---|
|      | Purchasing, hiring or leasing equipment and materials to undertake clean-up (of           |
| pro  | pperty, premises or equipment)  |
|      | Paying additional wages to new or existing employees to assist with clean up work         |
|      | Removing or disposing of debris, damaged goods, materials (including injured or dead      |
| li∨€ | estock)   |
|      | Repairs to buildings/infrastructure (except housing unless used for staff accommodation   |
|      | d/or buildings covered by insurance)  |
|      | Repairing or replacing fencing not covered by any other assistance                        |
|      | Repairing and/or reconditioning essential plant and equipment                             |
|      | Replacing lost or damaged plant, equipment, materials and supplies (if replacement is     |
|      | sential to immediately resume business)   |
|      | Replacing lost or damaged plants (eg orchard/plantation), repairing/restoring fields/     |
|      | ddocks, salvaging crops/grain/feeds   |
|      | Maintaining the health of livestock (including poultry)                                   |
|      | Purchase of fodder (not covered by other assistance)                                      |
|      | Purchase or hire/lease costs for equipment essential to the immediate resumption of       |
|      | siness  |
|      | Water cartage (not covered by other assistance)   |
|      | Payment for tradespersons to conduct safety inspections                                   |
|      | Essential repairs to business premises and internal fittings                              |
|      | Replacing dead livestock (satisfactory evidence of loss must be provided)                 |
|      | Costs associated with insurance excess and insurance claim shortfall (directly related to |
| the  | e disaster event)   |
|      | 0 1.10.   |
| Mu   | st be at least 1 choice selected  |
|      |   |
| Но   | w much are you seeking to be reimbursed under this application? *                         |
| \$   |   |
|      |   |

#### **Evidence of direct damage**

Please provide quotes and/or tax invoices clearly identifiable as being related to damage resulting from either TC Ellie or TC Ilsa.

Funds of up to \$15,000 will be provided upon approval of eligible application. Please note that evidence including valid tax invoices/receipts and evidence of your payments will be required to be provided to verify the initial \$15,000 when you submit a subsequent application (for up to \$60,000).

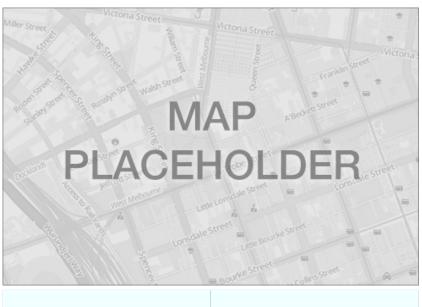
Should you not submit a subsequent application within 12 months of receiving the \$15,000 you will be required to provide evidence you have paid for a minimum of \$15,000 of eligible recovery and clean up activities. If evidence of payment in Tier 1 is less than the reimbursed amount you will be asked to repay the difference.

Please provide copies of the supplier tax invoice/s and evidence of your payment.

Attach a file:

| Comments/additional informa  | ation.   |                          |
|--|--|--------------------------|
| Comments/additional informa  | ition  |                          |
|  |  |                          |
| Please add any additional informatio any of the questions                                    | n or comments here, including any pro                | blems with understanding |
| Applicant and business   | details  |                          |
| * indicates a required field   |  |                          |
|  |  |                          |
| Business name and type   |  |                          |
|  |  |                          |
| Business Name * Organisation Name  |  |                          |
| organisation Name  |  |                          |
|  |  |                          |
| Trading name of your busines   | ss (if different from the busines                    | s entity name)           |
|  |  |                          |
| Entity type *  ☐ Individual/sole trader ☐ Australian private company ( ☐ Partnership ☐ Trust | registered with ASIC)                                |                          |
| ABN *  |  |                          |
|  |  |                          |
| The ABN provided will be used to check that you have entered the                             | look up the following information.<br>ABN correctly. | Click Lookup above to    |
| Information from the Australian Bus  | iness Register                                       |                          |
| ABN  |  |                          |
| Entity name  |  |                          |
| ABN status   |  |                          |
| Entity type  |  |                          |
| Goods & Services Tax (GST)   |  |                          |
| DGR Endorsed   |  |                          |
| ATO Charity Type   | More information                                     |                          |
| ACNC Registration  |  |                          |
| Tax Concessions  |  |                          |
| Main business location   |  |                          |

Must be an ABN. Nature of your business \* ☐ Cropping (pasture, broadacre grain/trees) ☐ Horticulture ☐ Sheep (meat/wool) ☐ Aquaculture ☐ Beef (grazing, grain/pasture fed) ☐ Viticulture ☐ Goat/camel ☐ Commercial wildcatch fishing □ Poultry (meat/eggs) ☐ Other: Please select categories applicable to your primary production business Fishing Licence details Name of the Licence Holder \* Title First Name Last Name What is the licence number? \* 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: Applicant details Applicant \* First Name Title Last Name Are you the business owner or owner's representative? \* I am the business owner O I am authorised to represent the business owner Applicant Primary Address \* Address



| Bonke Street   |
|--|
|  |
| This should be the street address applicable to your main business operation |
| Applicant Postal Address (if different to street address) Address            |
|  |
|  |
| Applicant Primary Phone Number *   |
|  |
| Must be an Australian phone number.  |
| Applicant Primary Email *  |
| Must be an email address.  |
| Applicant Mobile Phone Number if it is different to your primary number      |
|  |
| Must be an Australian phone number.  |
| Representative contact details   |
| Representative's name * Title First Name Last Name                           |
| Title First Name Last Name   |
| Representative's Primary Phone Number *                                      |
| Representative 5 i illiary i none italiaci                                   |
| Must be an Australian phone number.  |

| Representative's Mobile Phone Number if it is different to your primary number  |
|---|
| Must be an Australian phone number.   |
|   |
| Bank account 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.   |
| Bank and branch name *  |
| Include Bank Name and Branch  |
| Account holder name *   |
|   |
| This must be the entity account name provided by the bank, not the nickname for the account provided by the client.   |
| BSB *   |
|   |
| Account Number *  |
|   |
| Copy of your most recent bank statement * Attach a file:  |
| Please ensure that the details you have entered match the bank statement.   |
|   |
| Financial Statements of the affected business   |
| In order to conduct the assessment of your application, you will need to provide a full set of your most recent Financial Statements for the affected business.   |
| You should provide the following documents to assist with the assessment:   |
| <ul> <li>Business tax returns for the most recent financial year (ie 2021-22)</li> <li>Financial Statements for the primary production business, including balance sheet, profit and loss, trading account and depreciation schedules</li> <li>Individual tax returns and a current listing of all assets and liabilities held by each individual director, shareholder, partner or trustee of the primary production enterprise</li> </ul> |
| Attach financial statements for the primary production business here * Attach a file:   |
|   |
|   |

Attach the tax returns for the business and each director/partner/trustee of the

primary production business here \*

| Attach a file:  |
|---|
| Comments/additional information   |
|   |
| Please add any additional information or comments here, including any problems with understanding any of the questions  |
| Certification and Submission  |
| * indicates a required field  |
| General statement   |
| Any person who knowingly and with intent to defraud the WA Government, submits an application for assistance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is an offence under the Criminal Code (WA). |
| 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 agreement (covering the past 12 months and the next 12 months) to sharefarm or lease the property for the purpose of primary production OR own and operate under a fishing licence OR have a current signed two (2) year lease of a fishing licence; *      |
| I confirm we are working towards reinstating the affected primary production business; * $_{\bigcirc}$ I confirm  |
| I confirm the items claimed are NOT covered by insurance or an industry compensation fund and I am able to provide evidence of this as required; *   O I confirm  |
| I confirm I will repay any funding I receive that I am unable to provide valid  |

| (DPIRD) ar               | nd/or the Departmen<br>onal relevant informa<br>ation; * | Primary Industries and Regional Development t of Fire and Emergency Services (DFES) to seek ation that may be required to assess and process  |
|--------------------------|--|---|
| requested                | by the Department on door the Department                 | e any parties to supply such information as of Primary Industries and Regional Development t of Fire and Emergency Services (DFES); *   |
| clarificatio             | n about the Disaster<br>DRFAWA) for Primar               | rstood the information notes and/or obtained Recovery Funding Arrangements Western by Producers where needed; *   |
|                          | business listed as t                                     | ake this certification on behalf of the primary the Applicant. *  |
|                          | erson making the ce                                      |   |
| Title                    | First Name   | Last Name   |
| Phone Nun                | nher   |   |
|                          |  |   |
| ONLY if detai            | ls were not provided earli                               | er in the application form.   |
| Email                    |  |   |
| ONLY if detai            | ls were not provided earli                               | er in the application form.   |
| Refore vo                | ou submit  |   |
| _                        |  |   |
| your applic              |  | loaded ALL required documents before you submit   |
| Checklist -<br>uploaded: | * f<br>[<br>f<br>[                                       | ☐ Shire rates notice or lease/sharefarm agreement or Fishing licence ☐ Bank Statement to verify account where any approved funds are to be paid ☐ Business Financial Statements ☐ Business and individual Tax Returns for 2021-22 ☐ Quotes, tax invoices, receipts, estimates etc |
| Comments informatio      | /additional<br>n   |   |
|                          | F  | Please add any additional information or comments here,   |

including any problems with understanding any of the questions.

| TC Ellie and TC Ilsa Category D - | <b>Primary Produce</b> | r Recovery Grant |
|-----------------------------------|------------------------|------------------|
| Form Preview                      |                        |                  |