AGRN1082 Mariginiup Bushfire Cat B Application

DRFAWA Category B measures for Primary Producers

* indicates a required field

Eligible disaster proclamation details

Details about activated events can be found at https://www.dfes.wa.gov.au/recovery/ activated-events

Name of the activated event:

AGRN 1082 - Mariginiup Bushfire in Western Australia (22 November onwards)

Date event proclaimed an eligible disaster under DRFAWA:

• 24 November 2023

Local Government districts subject to the proclamation are:

- City of Wanneroo
- City of Swan

Please note the following

Definition of Primary Producer

An individual, partnership, trust or company that:

- has a right or interest in a primary production enterprise; and
- contributes part of his/her/its labour **and** capital to the primary production enterprise (at least one member of the business must devote at least 75% of their labour to the primary production enterprise); **and**
- derives at least 50% of his/her/its income from the primary production enterprise.

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

For the purposes of this application:

- You means all members of the primary production business (ie all partners/shareholders/adult beneficiaries).
- 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.
- Applicants claiming against leased or sharefarmed properties are 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. The 5 year term must include the declared date of the event.
- Your business will need to be registered for GST to avoid funds being withheld.

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 the affected property

- Current lease or sharefarm agreement if you lease/sharefarm all or part of the property affected
- Copy of a statement for the bank account you have nominated to have funds paid into
- Most recent tax return for your business **and** each individual member of the business affected
- Most recent set of financial statements for the business affected
- Tax invoices and receipts (evidence of payment) for reimbursement claims

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 via email at <u>ruralbusiness.developmentunit@dpird.wa.gov.au</u> before proceeding with your application.

| Do you normally operate a commercial fishing business in the affected declar | l scale farming, pastoral, horticultural or ed 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 | | | |
| | Ç | | |
| affected primary production business? | evote at least 75% of their labour to the | | |
| ○ Yes | ○ No | | |
| Does at least 50% of your primary prof from the enterprise affected by the dis Yes | duction business income normally come saster event? * ○ No | | |
| In which Local Government Area (LGA) located? Swan, City of Wanneroo, City of | is your primary production business | | |
| How did this disaster event affe | ect your business? | | |
| * indicates a required field | | | |
| What damage or loss did your busines | s 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 | |
|---|--|
| Have you made an insurance claim in reapplication? * | lation to any claims being made in this |
| Yes | ○ No |
| What are you applying for? | |
| 1. FENCING COSTS (reimbursement of 1009 | % of GST exclusive eligible costs). |
| Eligible primary producers may apply for rein incurred to restore/replace some fences dam disaster. | nbursement of 100% of the GST exclusive costs aged as a direct result of an eligible natural |
| If you answer NO to any of the following assistance. | questions you are not eligible for this |
| At the time of the disaster, was your pro | pperty being used to hold/agist |
| commercial livestock? Yes | ○ No |
| Does your business insurance exclude fe ○ Yes | ence restoration/replacement? ○ No |
| Did your boundary fencing suffer damag as a direct result of the eligible disaster Yes | |
| Does the boundary fencing adjoin a majority livestock may present a danger to the trace of Yes | |
| 2. FREIGHT COSTS (reimbursement of 50 | 0% of GST exclusive eligible costs) |
| Eligible primary producers may apply for rein incurred to transport certain items as a direct | nbursement of 50% of the GST exclusive costs tresult of an eligible natural disaster. |
| If your answer to the following question assistance. | is NO you are not eligible for this |
| Did you incur costs to transport livestoc building or fencing equipment or machinevent? | |
| ○ Yes | ○ No |
| | |

3. PROFESSIONAL ADVICE (reimbursement of GST exclusive cost to a maximum of \$1500)

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.

| If your an | swer to the | following | question | is NO yo | u are not | eligible | for this |
|------------|-------------|-----------|----------|----------|-----------|----------|----------|
| assistance | e. | | | | | | |

| Did the professional advice relate to bus | iness or financial matters, hydrological or |
|--|---|
| soil conservation issues, feed analysis or | other stock health issues? |
| ○ Yes | ○ No |

4. EXPRESSION OF INTEREST FOR INTEREST RATE SUBSIDY

- 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 Department of Fire and Emergency Services will then liaise directly with applicants DPIRD has confirmed are eligible for this 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 your answer to the following question is NO you are not eligible for this assistance.

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)?

Supporting information

* indicates a required field

For all applicants

- You/your means all members of the primary production business (ie all partners/shareholders/adult beneficiaries)
- Disaster funding requires you 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 you have available for normal operations of your business to recover from the disaster.
- Full details of assets and liabilities held by all parties must be provided. This includes each partner/shareholder/adult beneficiary.

You need to provide the following documents to assist with the assessment:

- Balance sheet and financial statements for the primary production enterprise (including profit and loss statements, trading account and depreciation schedules, current assets and liabilities).
- Most recent **Business and Individual Tax Returns** for each member of the primary production enterprise.

| Attach the financial statements for the primary production business here * | | |
|--|--|--|
| Attach a file: | | |
| | | |
| | | |
| | | |

| business here. * | " |
|---|-----|
| Attach a file: | |
| | |
| | |
| Insurance details | |
| | |
| Your insurance company * | |
| Organisation Name | |
| | |
| | |
| Name of claim manager Title First Name Last Name | |
| Title First Name Last Name | |
| | |
| Claim Manageria angli * | |
| Claim Manager's email * | |
| | |
| Claim Managoris phone number * | |
| Claim Manager's phone number * | |
| | |
| Please upload a copy of the outcome of your insurance claim | |
| Attach a file: | |
| | |
| | |
| Fencing reimbursement | |
| Tenenig reinibarsement | |
| | |
| What is the name of the major road adjoining your property where the fencing | |
| was replaced? | |
| | |
| | |
| How many meters of fencing has been repaired/replaced? | |
| | |
| Must be a number. | |
| Please provide copies of all relevant tax invoice/s, including payment informat | ion |
| and details of materials purchased. | |
| Attach a file: | |
| | |
| | |
| Please provide evidence of proof of payment of invoices. | |
| Attach a file: | |
| | |
| Proof of payment includes bank statements, online banking verification or receipts. | |

| Freight reimbursement |
|---|
| Which of the following did you incur freight costs for? ☐ Transport livestock to/from my property ☐ Transport fodder for my livestock ☐ Transport water for my livestock ☐ Transport building or fencing materials to my property ☐ Transport building or fencing equipment/machinery to my property |
| Please provide copies of all relevant tax invoice/s, including payment information and details of transport/cartage. Attach a file: |
| Please provide evidence of proof of payment of invoices. Attach a file: |
| Proof of payment includes bank statements, online banking verification or receipts. |
| Professional Advice reimbursement 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 |
| 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: |
| EOI Interest Rate Subsidy - 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 r | more than 200 words | | |
|---|---|--|--|
| Who are v | ou going to borrow th | ne funds from? (ie th | e Lender) |
| , | , , , , , , , , , , , , , , , , , , , | | |
| The name of | f the bank or other Authoris | sed Deposit-taking Institut | ion providing the loan facility. |
| Contact po | erson representing the First Name | e proposed Lender Last Name | |
| | | | |
| Email of c | ontact person | | |
| | | | |
| email addres | ss for the Lender contact. | | |
| Address Address | | | |
| | | | |
| | | | |
| Please no | te: | | |
| resourd normal busines • Full de | ces. It is expected you w operations of your busings to recover from the di | ill have committed all li ness and will need to ac saster. ties of all parties must | available from within your own quid assets and credit sources fo cess extra borrowings for your be provided as these are taken r this measure. |
| Your pri | mary production | or fishing busine | ss details |
| * indicates | a required field | | |
| Applican | t details | | |
| Person wh | no is applying on beha First Name | alf of the impacted p Last Name | rimary production business * |
| Must provide | e name in full | | |
| Phone nui | mber of person applyi | ng * | |
| A landline nu | umber must include area co | ode. Enter any number (m | nobile or home) with no spaces |
| Email add | ress of contact perso | n * | |

| Business Name * Organisation Name | |
|--|---|
| | |
| Trading name of the affected business | |
| Primary Address * Address | |
| | |
| | |
| Postal Address Address | |
| | |
| | |
| Primary Business Phone Number * | |
| A landline number must include area code. E | Enter any number (mobile or home) with no spaces |
| Email * | |
| | |
| ABN * | |
| | |
| The ABN provided will be used to look u check that you have entered the ABN co | p the following information. Click Lookup above to orrectly. |
| Information from the Australian Business Re | egister |
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |

Must be an ABN

ATO Charity Type

ACNC Registration
Tax Concessions

Main business location

Nature of your primary production business *

More information

| □ Sheep/goat □ Beef cattle □ Poultry (me □ Pigs □ Horticulture □ Aquacultur □ Viticulture | eat/eggs) e (flowers/vegetables | | |
|---|---|---|--|
| application? O I/We Own to O I/We Lease O I/We Own a Applicants claim | * the location(s) or Sharefarm the locand Lease or Sharefar ing against Leased or S | cation(s). rm (claiming for multip Sharefarmed properties a | ole locations in application) are required to provide a copy of signed includes the declared date of the |
| Is the affecte Yes | d business comme | ercial wildcatch fishi No | ng? |
| | | nse/sharefarming ar d agreement/s here. | rangement/s, please upload a * |
| | | | |
| | Registered Landow rst Name | vner of the property Last Name | affected. * |
| | | | |
| Name of the | Fishing Licence hol | lder | |
| | rst Name | Last Name | |
| What is the F | ishing Licence nun | nber? | |
| | _ | | |
| | erating under the loand signed agreem | | ence/s please upload a copy of |
| | | | |

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Bank account details

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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 * | For example, The Alphabet Farming Company, or AB Alphabet |
|------------------------|---|
| Bank and branch * | rol example, the Alphabet Farming Company, of Ab Alphabet |
| | The name of the bank and branch your account is with. |
| BSB * | Must be a number. |
| Account number * | Plast be a flamber. |
| . | |
| Bank account statement | Attach a file: |
| | This statement should verify the details you have entered above |

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 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; *

| from the natural disaster; * I confirm | ır own resources availab | le to the business to recover |
|--|---|--|
| I confirm the items claimed a ○ I confirm | are NOT covered by insur | rance; * |
| | d Emergency Services to | d Regional Development and/ o seek any additional relevant ess this application; * |
| I hereby request and authori requested by the Department and/or the Department of Fir O I consent | t of Primary Industries a | and Regional Development |
| I confirm I have read and understood the information notes and/or obtained clarification about the Disaster Recovery Funding Arrangements Western Australia (DRFAWA) for primary producers where needed; * | | |
| I confirm I am authorised to make this certification on behalf of the primary production business listed as the Applicant. * ○ I confirm | | |
| Name of person making the o | certification; * Last Name | |
| Title First Name | Last Name | |
| Before you submit | | |
| Please make sure you have u your application. | iploaded ALL required do | ocuments before you submit |
| Checklist - have you uploaded: * | Shire rates notice or lease/sharefarm agreement or ishing licence Business financial statements Business and individual tax returns Invoices and proof of payment | |
| | | |