Gnangara Horticulture Water Use Efficiency Voucher Program

* indicates a required field

Applicants Please Note:

Before completing this application form, you should read the Gnangara Horticulture Water Use Efficiency Voucher Program Guidelines to familiarise yourself with what is eligible under this Project. The program Guidelines are available at Gnangara Water Efficiency Grants

Applications will be assessed in the order they are received. If additional information is required the Department will ask you to provide it within five (5) business days of the request.

If the information is not provided within the nominated timeframe your application will be declined. You may reapply when you have all relevant information at hand.

The purpose of the Gnangara Horticulture Water Use Efficiency Voucher Program (the Program) is to assist eligible commercial horticultural businesses to obtain written expert advice about how they can implement water use efficiency measures on their property in order to manage future groundwater abstraction reductions under the Gnangara Groundwater Allocation Plan.

Confirmation of Eligibility

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 the Program Manager by email at qnangaragrants@dpird.wa.gov.au before proceeding with your application.

following area (see map for clarity). *					
CaraboodaNowergupNeerabupBandy Spring	Cockman BluffEast SwanLake MungalaNeaves	North SwanPinjarRadarSouth Swan	0	Swan Valley Wanneroo Wellfield Yanchep Other:	
O Carramar see map of eligible areas	5				

Do you hold a current water licence or a right to take and use water for horticulture in the eligibility area and have been identified for a 10% groundwater abstraction reduction from 2028 under the Gnangara Groundwater Allocation Plan? *

○ Yes ○ No

Do you conduct the majority of your primary production business in Western Australia? *

○ Yes	○ No			
Do you operate as a sole trader, partner ○ Yes	rship, trust or private company? * O No			
Do you hold an Australian Business Num O Yes	nber (ABN) and registered for GST? * O No			
Assessment Act 1997)? *	on business (as defined in the Income Tax			
○ Yes	○ No			
Do you have a quote from a suitably qualified irrigation specialist, as recommended by Irrigation Australia OR for advice on soil health, the quote from the expert engaged to provide a report?				
○ Yes	○ No			
Please upload the quote from the irrigate Attach a file:	tion specialist or soil health expert *			
Quote must be from a suitable qualified irrigation	specialist a recommended by Irrigation Australia.			
Please upload a copy of your most received Attach a file:	nt business tax return. *			
Cannot be more than two years old				
Please upload a copy of your water licer take and use water and notification of t Attach a file:				

Privacy Statement

Information provided by applicants or collected by the Department of Primary Industries and Regional Development (DPIRD) in relation to an applicant or their application may be used in the administration of this Grants Program and in the assessment of this application.

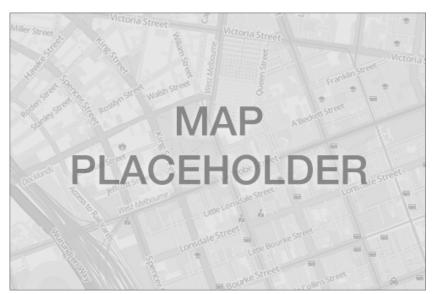
Clarification of other funding sources for your project as stated in your application and project budget may be sought from the relevant funding bodies.

Any information provided (personal, financial or otherwise) will be solely used for the purpose of this Grants Program.

DPIRD will store personal information collected in this application, supporting documentation and any grant administration, monitoring and evaluation activities in compliance with its obligations under the *Privacy Act 1988* (cth).

DPIRD are also subject to the *Freedom of Information Act 1992* and documents in the possession of these agencies are subject to these provisions.

	es and disclosur		statement and I co	onsent to and authorise
Applica	int details			
Full nam Title	ne of Applicant First Name	Last Name		
	the name of the tion Name	farm business e	ntity? *	
Trading	name of your bu	usiness (if differ	ent from the busin	ess entity name)
Applicar	nt ABN *			
check tha	at you have entere	ed the ABN correct	ly.	n. Click Lookup above to
ABN	on from the Australia	an Business Register		
Entity nar	ma			
ABN statu				
Entity typ				
	Services Tax (GST)			
DGR Endo				
ATO Char		More informa	More information	
ACNC Reg				
Tax Conc				
Main busi	ness location			
Must be a	n ABN.			
Applicar Address	nt business stree	et address *		



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant business postal address Address	
Applicant Primary Phone Number (Numon) *	ber you would like DPIRD to contact you
Must be an Australian phone number.	
Applicant Mobile Phone Number *	
Must be an Australian phone number.	
Email *	
Must be an email address.	

Confirmation and Declaration

I declare the information provided in this application and attachments, and any details subsequently provided, are true and correct. $\hfill \cap$

I authorise the Department of Primary Industries and Regional Development to seek any additional relevant information it may require to process this application.

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with the	•	he application a	nes to supply such information to assist as requested by the Department of oment.
I confirn applicat O		perately provide	d false or misleading information in this
			e program guidelines and information about the program where needed.
	es and Regional		re by the Department of Primary nd/or thefor the purposes of evaluating
Name Title	First Name	Last Name	