**Weed Control Project 2020/21**

**For Landholders in the**

**Benalla Rural City Municipality**

**Expression of Interest Application**

**Round 2**

The Benalla and Moira Communities Working Together to Combat Weeds and Pests During Drought Project will assist landholders to control priority weeds on private property located within the Benalla and Moira municipalities.

The Landcare Networks are delivering the project in each of their respective areas. The data and information collected during this project will form a Final Report on the project outcomes and be provided to the Australian Government’s Department of Agriculture and Water Resources in accordance with the funding agreement.

**Please submit this form to:**

Kerri Robson

Gecko CLaN Landcare Network

89 Sydney Road

BENALLA VIC 3672

**Email:** [landcare2@iinet.net.au](mailto:landcare2@iinet.net.au)

**Enquiries:** 0418 140 710

**Closing Date: 30th November 2020**

**Introduction**

Weeds are a serious threat to primary production and biodiversity. Within the Benalla municipality, the project will target the control of weeds listed on the ‘Victorian Noxious Weeds List’ in particular the following priority weeds:

Blackberry *Rubus fruticosus*

St John’s wort *Hypericum perforatum*

Patterson’s curse *Echium plantagineum*

Silverleaf nightshade *Solanum elaegnifolium*

Chilean needle grass *Nasella neesiana*

African love grass *Eragrostis curvula*

Bathurst burr *Xanthium spinosum*

Caltrop *Tribulus terrestris*

Bridal creeper *Asparagus declinatus*

Gorse *Ulex europaeus*

Heliotrope *Heliotropium europaeum*

Wild tobacco *Solanum mauritianum*

Prunus species (wild fruit trees)

Other weeds will be considered upon application.

**Project Guidelines**

* Landholders must complete this EOI application and submit by **30th November 2020**.
* Applications will be assessed and successful applicants chosen in line with project and funding guidelines Successful applicants will be notified by the Landcare Network once assessed.
* Works must occur wholly within the boundaries of Benalla Rural City Council or Moira Shire Council.
* Works must be on properties which are used for primary production or must be for the protection and enhancement of a patch of native vegetation.
* Works must be for one, or a combination of, priority weeds as listed above.
* A maximum amount of $500 inclusive of GST will be provided per property owner. If a second round of EOIs are released, priority will be given to those who have not received funds under the first round.

**Conditions**

Landholders in submitting this EOI must agree to the following conditions:

* 1. Complete all treatment by **31 May 2021**. Note there will be no extensions available.
  2. Herbicides will be provided from the following local suppliers:
     + Peter Davis Rural, 46 Gillies Street, Benalla (ph 03 5762 6522)
     + Landmark Rural Supplies, 206 Bridge St, Benalla (ph 03 5762 2188)
  3. Hold, and provide proof of, having an ACUP upon collection of the herbicides.
  4. Undertake works in accordance with the herbicide’s label instructions and material safety data sheet, adhering to rates of application and take all OH&S precautions as prescribed.
  5. Not cause any off target damage to native vegetation including grasses, groundcovers, shrubs and trees.
  6. Submit a Treatment Completion Report (including before and after photos) within four (4) weeks of treatment and **no later** than **31 May 2021**.
  7. The applicant shall indemnify the Councils and Landcare Networks and keep them indemnified against all claims for costs, damages or expenses made against it by any party in connection with any matter arising directly or indirectly from any act or omission of the applicant or any of its agents, contractors or employees. The minimum amount of public liability insurance in respect to this condition shall be not less than $10,000,000.

**EXPRESSION OF INTEREST FORM**

|  |  |  |
| --- | --- | --- |
| **Name** |  | |
| **Property Address** |  | |
| **Mailing Address** |  | |
| **Phone Number** |  | |
| **Email** |  | |
| **Insurance details**  **(Provider / Amount)** |  | |
| **Landcare member** | YES NO | |
| **ACUP holder: must have to purchase chemicals** | YES NO | Permit No: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority weed to be treated** | **Chemical to be used** | **Amount required (litres)** | **Approx. area to be treated (m2)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**I am also interested in the following:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| ACUP Training |  |  |
| On Farm Biosecurity Training / Workshop |  |  |
| Rabbit Control (K5 virus / ripping) |  |  |

**Diagram of the proposed work area(s)**

(Including name and location of adjoining road and nearest intersection and north point. Attach additional map if required)

**Description of weed impacts:**

(Please describe how these weeds are impacting on your farming operations or native vegetation)

|  |
| --- |
|  |
|  |
|  |
|  |

***By signing and submitting this application, I agree that I have read and understood the terms of the funding and agree to adhere to the conditions outlined in the guidelines.***

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TREATMENT COMPLETION REPORT**

**Must be submitted within 4 weeks of treatment and no later than 31 May 2021**

|  |  |
| --- | --- |
| Name |  |
| Property Address |  |
| Phone Number |  |
| Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date(s) treated | Priority weed treated | Infestation level  (High/Med/Low) | Chemical used | Approximate area treated (m2) | Success rate (%) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Estimated time taken to complete treatment, including collecting chemicals, set up and clean up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hours
2. Machinery and equipment that was used to complete treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. I have included a before and after photograph of each area with this report: YES / NO
4. Please describe how this project has helped you improve productivity or the condition of native vegetation on your property, and any further feedback on this project:

|  |
| --- |
|  |
|  |
|  |

***I agree that I have undertaken treatment in accordance with the terms of the funding and adhered to the conditions outlined in the guidelines.***

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_