

GOOLWA TO WELLINGTON  
LOCAL ACTION PLANNING BOARD INC

# Goolwa to Wellington Local Action Plan Expression of Interest Form

## Funding of On-ground Works Projects in 2009/2010

**Name:** \_\_\_\_\_

**Phone/Fax:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Are you interested in receiving emails about regional NRM programs, workshops etc  Yes  No

**Property Address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

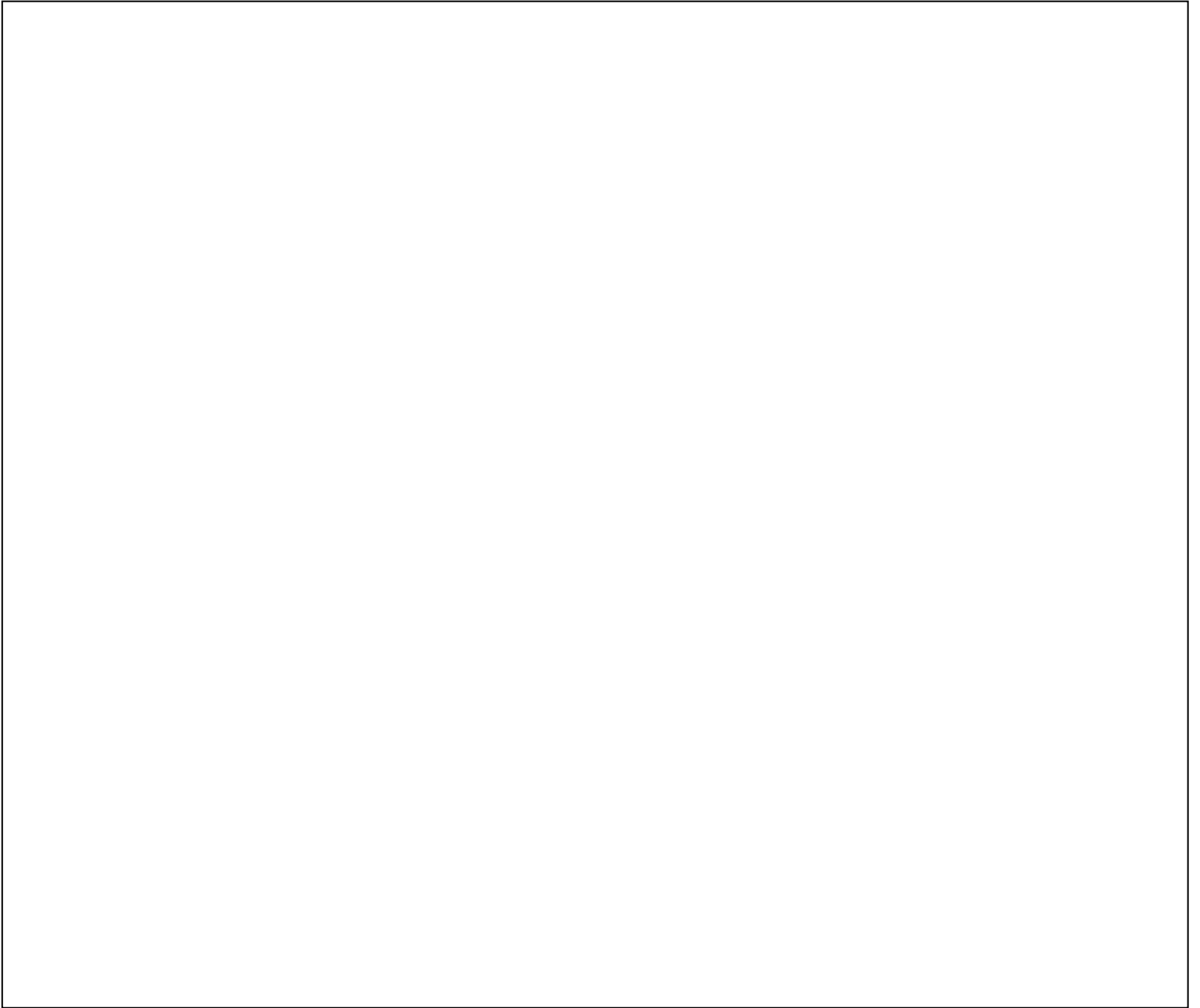
**Hundred of:** \_\_\_\_\_ **Section Number/s:** \_\_\_\_\_

Activity	Area/No	Fencing Requirement
<input type="checkbox"/> Revegetation with Local Native Species	Area (ha) _____	(km) _____
<input type="checkbox"/> Fencing Remnant Vegetation		(km) _____
<input type="checkbox"/> Restoration of watercourses	Area (ha) _____	(km) _____
<input type="checkbox"/> Establishing Alternative Waterpoints	Number _____	
<input type="checkbox"/> Establishing Windbreaks/Corridors	Area (ha) _____	(km) _____
<input type="checkbox"/> Perennial Pasture Establishment	Area (ha) _____	
<input type="checkbox"/> Establishing Fodder Shrubs	Area (ha) _____	
<input type="checkbox"/> Landclass Fencing		(km) _____

**What will the work achieve?** Eg. Reduce soil erosion, provide wildlife habitat etc

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**Project Description:** (Please attach map, photocopy of aerial photo or diagram showing proposed works)



**Please return this form to:**

**Ben Simon  
PO Box 674  
Strathalbyn  
SA  
5255**