



GOOLWA TO WELLINGTON  
LOCAL ACTION PLANNING BOARD INC

## Individual Works Proposal

A plan for the implementation of on-ground works

1. Landowner name: \_\_\_\_\_
2. Manager name if different from owner: \_\_\_\_\_
3. Residential address: \_\_\_\_\_
4. Postal Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_
5. A.B.N. \_\_\_\_\_ Cheque Payable to \_\_\_\_\_
6. Are you GST registered?                      YES                      NO
7. Proposed location of on-ground work(s):
  - a) Section: \_\_\_\_\_ Hundred: \_\_\_\_\_
  - b) Section: \_\_\_\_\_ Hundred: \_\_\_\_\_
  - c) Section: \_\_\_\_\_ Hundred: \_\_\_\_\_
  - d) Other: (eg Public land) \_\_\_\_\_

(Please tick the appropriate boxes)

**1. What is the status of the land regarding day to day management?**

- I own and operate the property
- I own but share farm part of the property
- I own but share farm/lease the property
- I do not own the property (*landowner must co-sign this works proposal*)
- Other (*please describe eg public land managed by local government*).

**If the land is not owned by you, do you have the landowners permission to undertake the works?**

- Yes
- No

**Please note, the landowner must co-sign this works proposal.**

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**2. What are the main uses of the land listed above?**

- |   |  |
|---|--|
| <input type="checkbox"/> grazing sheep                    | <input type="checkbox"/> occasional cropping |
| <input type="checkbox"/> grazing cattle                   | <input type="checkbox"/> viticulture         |
| <input type="checkbox"/> dairying                         | <input type="checkbox"/> orchard(s)          |
| <input type="checkbox"/> regular cropping                 | <input type="checkbox"/> natural bushland    |
| <input type="checkbox"/> other ( <i>please describe</i> ) |  |
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**3. What natural resource management problems will be directly addressed by the proposed on-ground works?**

- |   |  |
|---|--|
| <input type="checkbox"/> wind erosion             | <input type="checkbox"/> stream bank erosion           |
| <input type="checkbox"/> gully erosion            | <input type="checkbox"/> sheet erosion                 |
| <input type="checkbox"/> dryland salinity         | <input type="checkbox"/> decline of native vegetation  |
| <input type="checkbox"/> groundwater recharge     | <input type="checkbox"/> declining water quality       |
| <input type="checkbox"/> declining soil fertility | <input type="checkbox"/> soil acidity                  |
| <input type="checkbox"/> non-wetting sands        | <input type="checkbox"/> plant and animal pest control |

Other (please describe) \_\_\_\_\_

**4. Please indicate the on-ground works you propose to undertake. The following activities are eligible for incentive payments.**

- |   |   |
|---|---|
| <input type="checkbox"/> Revegetation Fencing                 | <input type="checkbox"/> Revegetation with local native species |
| <input type="checkbox"/> Remnant Vegetation Fencing           | <input type="checkbox"/> Watercourse Revegetation               |
| <input type="checkbox"/> Establishing Alternative Waterpoints | <input type="checkbox"/> Watercourse Fencing                    |
| <input type="checkbox"/> Windbreak Revegetation               | <input type="checkbox"/> Windbreak Fencing                      |
| <input type="checkbox"/> Perennial Pasture Establishment      |   |

**5. Have you undertaken any of the following prior to this work proposal?**

Previously undertaken works similar to those proposed  Yes  No

Sought technical advice as to the best treatment  Yes  No

If yes, who did you consult? (*Rural Solutions, consultant etc*) \_\_\_\_\_

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Undertaken a property or land management planning program / course  Yes  No

If yes, who with? \_\_\_\_\_

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6. **What further technical support or other information do you need (if any) to undertake the proposed works?***(e.g. on-going support for woody weed control, species list, advice on native vegetation management issues, contacts with other assistance or contractors, help with rabbit control approaches etc)*
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**Draw or provide a copy of a map which shows:**

- The locations of all on-ground works
- Major landmarks eg. towns, roads, railways.
- Paddock Names, Section boundaries and numbers, property boundaries, and easements / infrastructure held by public and private utility providers.
- Grid references where applicable
- A legend of all symbols used and indicate which way is north.

**Note:** a useful web based site for creating aerial photos and general maps for property planning is NatureMapsSA - <http://www.naturemaps.sa.gov.au/> or **GoogleEarth** . You may attach a separate map if needed.



Table 1

- 1) Complete the table below for each activity, the area to be treated &/or length of fencing or revegetation; the relevant cost share unit from the Incentives Payment table.
- 2) Use these figures to determine the funding available for your activity.
- 3) Indicate a timeframe for the project including expected completion date.

**SITE ONE: Paddock No./Name/Map ref:**

<b>ACTIVITIES</b> <b>Describe the activity for above Paddock / Location</b> <b>(What are you going to do?)</b>	<b>AREA</b> (ha) to be treated <b>a</b>	<b>LENGTH</b> (km) of fencing; direct seeding <b>b</b>	<b>NUMBER</b> Tubestock plants / water points <b>c</b>	<b>WHEN</b> will the works occur? Indicate completion date	<b>AGREED INCENTIVE PAYMENT</b> <i>Office use only</i>	<b>OFFICE USE ONLY</b> Funding Code
Eg. Fencing watercourse		1.6km		Between Feb-June 2009		
Eg. Revegetation with local native species Activity 1:	2.3ha					
Activity 2:						
Activity 3:						
Activity 4:						
<b>TOTAL</b>						

7. **Will your works affect or impact upon your neighbours land or easements located on your property?**     Yes             No

If yes, have you discussed your proposal with your neighbour or the relevant public authority?

Yes             No

What was the outcome of these discussions? \_\_\_\_\_

8. **Is the site under a Native Vegetation Heritage Agreement?**     Yes     No

**Does the site have cultural or heritage significance that you are aware of**  Yes     No

9. **On-ground work sites have to be maintained for 10 years after completion. Please describe how you intend to do this?**

*(eg. Fence maintenance, on-going pest plant and animal control, follow up plantings etc.)*

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10. **It is a requirement that all on-ground work is monitored, including setting up of photo-points, to observe changes over time. Please describe other methods you may also use.** *(eg. bird surveys, seedling counts, pasture count, Landcare field days).*

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**Checklist:**

- Have you answered all 10 questions?
- Have you completed Table 1?
- Have you provided a map of the project?

**Applicant's declaration:**

**I declare that the information presented in this form is true and correct.**

Applicant's name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landowners name: \_\_\_\_\_

*(if not the applicant)*

Landowners signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(if not the applicant)*

**Note:**

GWLAP staff members regularly receive emails with updated information about the various field days, workshops and programs running in our region, would you like to be forwarded this information?

Yes I would like to receive this information

Email Address: \_\_\_\_\_

No I would not like to receive this information

**For further information please contact:**

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