Community Forestry Support Package Application Form

Introduction

Applications close: 5:00 PM Friday, 27 September 2024 (AEST)

Please be sure to have read the relevant <u>Program Guidelines</u> available at (https://www.deeca.vic.gov.au/forestry/grants/community-forestry-support-package) before completing the application form.

Privacy Collection Notice

The personal information on this form is collected by the Department of Energy, Environment and Climate Action (DEECA) for the purposes of administering your grant application and informing Members of Parliament of successful applications. The personal information in this form will be disclosed to relevant DEECA staff and may also be disclosed to Members of Parliament and their staff. Where you do not provide the information required by this form we may be unable to process your application. Personal information may also be disclosed to external experts, such as members of assessment panels, or other Government Departments for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative grant funding opportunities.

For more information, please refer to DEECA's Privacy Policy.

Application Navigational Information

• Throughout this application a field marked with this asterisk symbol (*) indicates that it is mandatory and must be completed.



Eligibility

Please complete this section to confirm eligibility for the program. \\

I confirm that the business:

1.	ls (one of the following:	□Yes	□No		
	a.	a community forestry operator that holds a Forest Produce Licence or Forest Produce Agreement issued by VicForests that includes the supply of box-ironbark, red gum, durable, speciality, common or mixed species timber for 2022-23 and/or 2023/24				
	b.	a non-contractor firewood customer that is a party to a Timber Sale Agreement with VicForests for timber supply in 2023-24 *				
2.	hol	ds a current registered Australian Business Number (ABN)*	□Yes	□No		
 meets all industrial relations obligations as an employer in accordance with the National Employment Standards under the Fair Work Act 2009 (Cth). * 						
Or	ga	nisation Details				
Nam	ne o	f Organisation: *				
Orga	anis	ation's Australian Business Number (ABN)*:				
Che	ck tl	ne ABN at <u>abr.business.gov.au</u> and do not include spaces				
Stre	et A	ddress: *				
Tow	n / S	Suburb: *				
State	e: * _.					
Post	cod	e: *				
Post	tal a	ddress the same as the address above? * □Yes (Move onto Primary contact section)	□No			
Post	tal A	ddress: *				
		Suburb: *				
Stat	e: * _.		· · · · · · · · · · · · · · · · · · ·			
		e: *				

Primary contact

The person you want us to communicate with about this application. Title: * If Other, enter preferred title: Last Name: * Primary Contact Number: (Landline or Mobile accepted) * Mobile number:(if different to Primary) Email: * _____ **Authorised representative** Contact details for the person who is the direct supervisor/manager of the Key Contact (Optional) Title: If Other, enter preferred title: First Name: Last Name: _____ Position: Primary Contact Number: (Landline or Mobile accepted) Mobile number:(if different to Primary) Person authorised to sign the contract within your organisation such as the CEO or General Manager/Director. Title: * If Other, enter preferred title: First Name: * Last Name: * _____ Position: * Primary Contact Number: (Landline or Mobile accepted) *_____ Mobile number:(if different to Primary) Email: * _____

Components	Applying	for
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Are you applying for Component 1: Timber pricing *	□Yes	□No
Are you applying for Component 2: Plant and equipment compensation *	□Yes	□No
Are you applying for Component 3: Employee statutory redundancy costs *	□Yes	□No
Are you applying for Component 4: Site Rehabilitation *	□Yes	□No
Component 1: Timber pricing		
Please complete this section if you received a letter from the Department confirmin timber supply as per the relevant FPL/s, FPA/s, or TSA/s	ıg your volur	nes for
I acknowledge the volume/s of timber as outlined in the letter sent by the Department invi Community Forestry Support Package. *	iting an applic	ation for the
□Yes		
Provide additional information if necessary. Maximum 150 words		
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
Component 2: Plant and equipment compensation		
Please complete this section if you are applying for a compensation payment for p	lant and equi	ipment.
I will attach a copy of an Australian Taxation Office (ATO) compliant 2021-22 or 2022-23 this application. *	depreciation	schedule to
□Yes		
I have identified the plant and equipment in the attached copy of the depreciation schedu is requested. *	le for which co	ompensatior
□Yes □No		
Applicants must confirm they have identified the plant and equipment for which compensations.	ation is reque	sted before
I agree to the Department arranging for a valuer from the Valuer-General Victoria to visit a Departmental officer, to undertake an independent valuation of all the eligible non-fully equipment for which compensation is requested. *		
□Yes		

Component 3: Employee statutory redundancy costs

Please complete this section if you are an employing business

I will attach a spreadsheet detailing the employee statutory redundancy payments to be made to employees who are to be made redundant including:

Supporting documents checklist

Attachments may be emailed AFTER you have submitted the application to communityforestry@ecodev.vic.gov.au. Make sure that your attachments are of an acceptable file type (.doc, .docx, .xls, .xlsx, .ppt, .pptx, .pdf, .jpg, .jpeg). Each attachment must not exceed a maximum size of 10MB. Any emailed attachments must be received before the closing date/time. Please ensure you include your name and business name.

Α	СО	ру	of:

			Supplie	ed
•		rrent executed and dated Forest Produce Licence administered by ests,* or	□Yes	□No
•		rrent executed and dated Forest Produce Agreement or Timber Sale nent with VicForests including any relevant Deeds of Amendment,* or	□Yes	□No
•	schedu	tralian Taxation Office (ATO) compliant 2021-22 or 2022-23 depreciation le, including identification of plant and equipment for which compensation is ted (<i>If applying for Component 2</i>) *	□Yes	□No
•	A sprea	□Yes	□No	
	0	Employee starting date		
	0	Years of service		
	0	Hourly rate		
	0	Award		
	0	Redundancy pay weeks		
	0	Redundancy pay value *		

Please note: The applicant organisations previous performance in delivering state funded projects will also be taken into account in the assessment of this criterion. In submitting this application, the applicant organisation agree that some information may be shared with other state government agencies in order to seek clarification/alignment/performance issues.

Please check this box to confirm that you accept the above sta	tement. *
□Yes	

Declaration

That the business:

1	will	comply with the conditions of participation in the Package set out in these	□Yes	□No		
••	Guidelines *					
2.	consents to the Department sharing information with Australian and State government departments and agencies and the Australian Business Register for the purpose of verifying the information provided in the Application; *					
3.	understands that if the business chooses to participate in the Package and intends to make some or all of their workforce redundant, the business will be required to, from the date an application is submitted:		□Yes	□No		
	a.	provide employees with the opportunity to participate in an agreed program of pre- redundancy training, including onsite skills audit and/or verification and other Forestry Transition Worker Support Program activities, with the cost of any leave to be at no cost to the employee or the State; and				
	b.	provide access for the Department's worker support program staff to engage with employees regarding the Forestry Transition Worker Support Program, with the access to employees to be provided at no cost to the Department or employees; **				
4.		derstands that if the business is successful in the Package, the business will be juired to:	□Yes	□No		
	a.	enter into a grant agreement with the Department for the payment				
	b.	agree to the termination of the Timber Sale Agreement that they hold with VicForests on or before 29 March 2024 (applicable to non-contractor firewood customers holding a Timber Sales Agreement)				
	C.	meet all employee statutory entitlements of employees associated with redundancy due to this Package (applicable to an employing business)				
	d.	enter into an irrevocable Deed of Termination and Release with VicForests for the Timber Sale Agreement(s) for Forest Produce Agreement(s) held with VicForests (applicable to Timber Sale Agreement holders and Forest Produce Agreement holders)				
	e.	send correspondence to VicForests and sign a statutory declaration confirming they are surrendering their remaining allocation and relinquishing their Forest Produce Licence, and agree to not producing or processing material under a Forest Produce Licence(s) that they hold with VicForests after an agreement for a Community Forestry Support Package is reached to with the Department in accordance with the final pathway selected and agreed to with the Department				
	f.	identify how contractors will be paid the harvest and haulage component of the timber price in cases where there has been long-standing use of contractors for the harvest and delivery of timber for a sawmill purchasing timber through a Forest Produce Licence (if applicable)				
	g.	consent to VicForests sharing the applicant's Timber Sale Agreement, Forest Produce Agreement or Forest Produce Licence, and details of the volumes taken with the Department				
	h.	enable worker support payment redundancy top-ups to be calculated by the Worker Support Service by ensuring that full payroll and employment information is provided in writing for workers that are made redundant (this includes all information relating to start date; years of service with the business; annual salary				

meet all obligations relating to major workplace change in accordance with the relevant award or Enterprise Bargaining Agreement. *

made by the business to the worker; unused annual leave and statutory

entitlements paid) [If applicable]

and rates of pay; relevant Award; statutory redundancy payments made or to be

Declaration for Manual Application

I state that the information in this application and attachments are to the best of my knowledge true and correct.

I will notify DEECA of any changes to this information and any circumstances that may affect this application.

I am authorising a DEECA officer to submit an application on the DEECA Grants Online portal on my behalf.

I acknowledge the Privacy Collection Notice in the Introduction section of this application.

I understand that DEECA is subject to the Freedom Information Act 1982 and that if a Freedom of Information request is made, DEECA will consult with the applicant before any decision is made to release the application or supporting documentation.

I understand that this is an application only and may not necessarily result in funding approval.

I understand that if this application is successful, that funding will be subject to terms and conditions set out in the agreement with the Department.

I have read and understood the Community Forestry Support Package Program Guidelines *

You must accept the declaration prior to submitting your application

Name: *	 	
Signature:_	 	
Date: *		

- Assessment of your application will commence after the application has been entered on the DEECA Grants Online portal.
- Please ensure you have provided all the required information on this application before you submit it to a DEECA officer.
- For assistance with application guidelines or the application process phone 1800 318 812 or email: communityforestry@ecodev.vic.gov.au

For office use only:

П	าเร app	lication	was	compl	eted	on	behalf	ot	the	appl	licant	by	/:
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DEECA Officer Name: *		
Signature:		
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