

Farm Management Grants Scheme

Application Form

OFFICE USE ONLY
Client ID No:
Application No:

V2 1/7/17

Are you applying as a primary producer or a relative of the primary producer?

- Primary producer, please complete Section 1
- Relative of the primary producer, please complete Section 2

Section 1 - Primary producer applicant details

This section is to be completed by the primary producer seeking professional advice about the transfer of an interest in the primary production enterprise to a relative.

QRIDA Client ID (if known)

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Please select: <input type="radio"/> Sole Trader <input type="radio"/> Partnership <input type="radio"/> Individual <input type="radio"/> Company Directors	Title	Surname	Given Names	Date of Birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

<input type="radio"/> Company <input type="radio"/> Trust	Please list the company directors details above.
	Company name <input type="text"/> Trust name <input type="text"/>

If the Trustee is a Company, please provide the Company name and the Company directors' names in the boxes above.

Australian Business Number (ABN)

Industry Type (e.g. dairy cattle, sugar cane, grain)

Are you registered for GST? Yes No

Telephone No.	Fax No.	Mobile No.	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Road address of enterprise

Town/City State Postcode

Local Government Area/s

Postal address Please tick if same as road address

Postal name

Postal address

Town/City State Postcode

Primary producer eligibility (spend the majority of your labour on, and derive at least 50% of your income from your primary production enterprise)

Please provide an overview of the primary production enterprise (e.g. We are operating a 1000 ha property running 500 beef cattle located at [property location] and are intending to transfer a 50% share to our son and daughter-in-law):

Do you spend the majority of your labour on, and derive at least 50% of your income from your primary production enterprise? Yes No

Section 2 - Relative of primary producer applicant details

This section is to be completed by the relative of the primary producer seeking professional advice about the acquisition of an interest in the primary production enterprise.

QRIDA Client ID (if known)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Title	Surname	Given Names	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Australian Business Number (ABN) (if applicable)

Are you registered for GST? Yes No

Telephone No.	Fax No.	Mobile No.	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Road address			Postal address
<input type="text"/>			<input type="checkbox"/> Please tick if same as road address
<input type="text"/>			Postal name <input type="text"/>
<input type="text"/>			Postal address <input type="text"/>
Town/City <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Town/City <input type="text"/>
Local Government Area/s <input type="text"/>			State <input type="text"/>
			Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Relative of primary producer eligibility

Please detail how you are related to the primary producer (e.g. son/daughter of the primary producer):

Please provide an overview of the primary production enterprise that you are acquiring an interest in (e.g. acquiring a 50% share in the 1000 ha family property and 500 beef cattle located at [property location]):

Section 3 - Professional advice (to be completed by all applicants)

Have you already received the professional advice? Yes No, I am applying for pre-approval

If yes, was the professional advice received after 23 March 2017? Yes No

Please attach a copy of the invoice and receipt with this application.

If you are applying for pre-approval, please advise the anticipated date that you intend to seek professional advice:

Please attach a quotation with this application.

I confirm the eligible professional advice was / will be provided by a suitably qualified person who is:
Not related to the applicant and not employed by an entity owned or partially owned by the applicant Yes No

Section 4 - Payment details (to be completed by all applicants)

Please provide your bank details for payment of the grant by Electronic Funds Transfer:

Bank	Branch	BSB
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Account name	Account number	
<input type="text"/>	<input type="text"/>	

Section 5- Expenditure

Note: If you are registered for GST you are not eligible to receive a rebate on the GST component of any invoices submitted as part of your Farm Management Grant claim. You may be eligible to claim this GST component as part of your normal Business Activity Statement (BAS) submissions. Therefore if your business IS registered for GST then your claim amounts below must exclude any GST shown on your invoices. If your business IS NOT registered for GST, then your claim amounts below must include any GST shown on your submitted invoices.

Name of professional advisor:

Cost of professional advice that was or will be received	\$
Farm Management Grant claim amount (50% of the total cost) to a maximum of \$2,500	\$
LESS previously paid Farm Management Grant amounts in this financial year (a combined maximum of \$2,500 is allowable per applicant per financial year)	\$
Farm Management Grant amount now being claimed	\$

Section 6 - Declaration and authorisation

I declare that:

- the information provided in this application is correct;
- I/We have read and understood or where necessary sought clarification of the relevant Farm Management Grant Scheme Guidelines prior to lodging this application.

I understand that:

- QRIDA may request further relevant information from applicants to determine an application.
- deliberately giving false or misleading information is a serious offence under the Rural and Regional Adjustment Act 1994 and the Criminal Code and may lead to prosecution.
- any overpayment will be recovered by QRIDA.
- QRIDA does not assume any common-law duty of care towards applicants and will not be liable for any loss or damage however caused (including the negligence of QRIDA), suffered or incurred by applicants in connection with this scheme or any information provided by QRIDA in relation to this scheme and that the applicant retains sole responsibility for decisions taken in relation to the any eligible professional advice obtained.
- these Farm Management Grants may result in financial, taxation, legal or other implications. Applicants are advised to seek independent financial advice in regards to these implications before participating in the Scheme.

I hereby authorise QRIDA and any of its authorised representatives to:

- collect information that QRIDA or its authorised representatives considers to be necessary or appropriate in connection with this application, from: (i) any accountant, financial planner, legal adviser, solicitor, business consultant, supplier or other person named or identified in this application or any supporting documentation provided with, or in support of, this application; and (ii) any Commonwealth, State or local government agency or authority that QRIDA or its authorised representatives may consider relevant to this application, (each a Relevant Person); and
- disclose to any Relevant Person and to any contractor or agent of QRIDA involved in the assessment or processing of this application: (i) that I have made this application; (ii) information contained in this application or any supporting documentation provided with, or in support of, this application; (iii) information collected by QRIDA or its authorised representatives under paragraph (a) above; and (iv) information about any previous application I have made to, or financial assistance received from, QRIDA.

I authorise any Relevant Person to disclose to QRIDA and its authorised representatives such information as may be requested about me/us in connection with this application.

I certify that all of the information provided in the whole of this application is true and accurate and discloses our correct financial position.

Please ensure that all applicants sign below.

Applicant (1)
_____ Signature
_____ Print Name:
Date: ___/___/___

Applicant (2)
_____ Signature
_____ Print Name:
Date: ___/___/___

Applicant (3)
_____ Signature
_____ Print Name:
Date: ___/___/___

Applicant (4)
_____ Signature
_____ Print Name:
Date: ___/___/___

How did you learn about this assistance (please select)?

- | | | | |
|---|--|---|--|
| <input type="radio"/> QRIDA - Regional Area Manager | <input type="radio"/> Financial Counsellor | <input type="radio"/> Accountant | <input type="radio"/> Government Department |
| <input type="radio"/> QRIDA - Head Office | <input type="radio"/> Bank | <input type="radio"/> Industry Organisation | <input type="radio"/> Media (radio/newspapers) |

Privacy information

Personal information provided on this form or obtained from any Relevant Person may be used by QRIDA or state government agencies and their authorised representatives to assess your eligibility for the above scheme and in relation to the administration and management of the scheme or any assistance provided to you under the scheme. QRIDA may also use this information to research and develop its service, to collate statistical data or in some cases provide you with information on other QRIDA support programs. QRIDA may disclose your personal information in accordance with your Authorisation above. More information about our privacy policy is available on our website at www.qrida.qld.gov.au