Drought Preparedness Grants Application Form

Existing client ID No

OR new client to QRIDA

Fund code: DPG V1 19/12/2025

Information checklist The following information is required by QRIDA to assess your application Provided with this form: You can use your own templates or the templates available as detailed below **Farm Business Resilience Plan** A template is available at daf.qld.gov.au/drought-assist Farm Business Note: if using your own format for the Farm Business Resilience Plan it must comply with the Own format Resilience Plan requirements for a Farm Business Resilience Plan as outlined in the definition of a resilience plan template from the Guidelines available at grida.qld.gov.au/program/drought-preparedness-grants If applicable, please detail what Farm Business Resielience Program assisted you in completing your plan? Financial statements and tax return/s - The provision of financial statements and tax returns for the applicant and related entities are required so QRIDA can verify that you meet the Yes Primary Producer definition. Copy of quotes to verify costs of each drought preparedness activity Not applicable Yes **Supporting information** Planning approvals (please refer to Section 7) Not applicable Have you paid a deposit towards the project? If yes, what date was the deposit made? Yes Date: No **Proof of identification -** QRIDA requires adequate documentation to verify the identity of at least one owner/director of the business applying for the assistance. Please provide at least two ID documents from the list below: Australian passport International passport Yes Medicare card Australian drivers licence (please ensure both the front and back of the card is included) Note: If QRIDA is unable to verify your identity using the documents provided, you will be contacted to

Funding under Drought Relief Assistance Scheme (DRAS)

submit alternative forms of identification.

Section 1 - Applicant details

As part of the eligibility for Drought Preparedness Grants, you must not have received either a freight subsidy under the Drought Relief Assistance Scheme or the Emergency Water Infrastructure Rebate (EWIR) under the Drought Relief Assistance Scheme in the six month period before an application is made to QRIDA for assistance under this scheme. Please indicate:

I have not received a freight subsidy or Emergency Water Infrastructure Rebate (EWIR) under the Drought Relief Assistance Scheme in the six month period before this application is made to QRIDA for assistance under this scheme.

Please select the **Title** Surname **Given Names Date of Birth** borrowing entity: Sole trader **Partners** Individual trustees Company directors Please list the Company Director/'s details above Company Company name Trustee Individual (please provide the individual trustee/s details above) Company (please provide the Company name and the Company Director's details above) Trust Trust name



Section 1 - Appli	icant details (continເ	ıed)								
Trading name										
Industry type										
Applicant contact	name									
Landline	Fax	Mobile	Email ad	dress						
IMPORTANT: By ticking this box, you consent to QRIDA using your personal information to provide you with information (including, where permitted by law), by telephone (including by text or SMS or electronically) about this grant product, including the progress of your grant application, and if your application is successful. Please refer to the privacy statement on page 6 of this document.										
Road address of enterprise: Postal address of enterprise: Please tick if same as road address of enterprise.										
Town/city	State	Postcode	Town/city	State	Postcode					
Accountant			•							
Contact person		Tel	ephone	F	ax					
Firm		Em	nail							
Bank or financie	r									
person		Tel	Telephone Fa							
Bank / Financier name		Em	nail							
Branch										
Section 2 - Drou	ght preparedness									
As part of the con you are applying f	ditions to receive a Dro for in this grant must a	ought Preparedness Gran Iso be stated in your Farr	t, a Farm Business n Business Resilier	Resilience Plan is rence Plan.	equired. The activities that					
Please detail dr	ought preparedness s	trategies for your prop	erty.							
(If applicable, pled	ase provide current wate	r licenses (including water	licence number and	d megalitres)						
Section 3 - Project/activity summary										
Project/ activity Please provide a c		he type of project and inte	nded outcomes (ma	x. 150 words):						

Section 4 - Project activity milestones

Please identify the major activities you wish to undertake, the total cost for each, the timeframe for completion and the milestones you wish to achieve over the life of the project. Please note projects should commence within 90 days and should be completed with approved funding drawn within six months from entering into a letter of offer. An example project has been completed for your reference.

Example Project Activity Milestone											
Activity	Increase watering points to 2.5km distance across 8 paddocks										
Description	Put in infrastructure for the 8 troughs and water points in the paddocks 8 troughs 25km of poly pipe Install 8 solar pumps										
Total cost	Grant contribution \$20,000			B -4: -14 - 4: E	Start	t date	01/03/2022				
(Grant contribution is 25% up to \$50,000)	Applicant contribution \$60,000			Activity timeframe	End o	date	01/09/2022				
Project Activity Milesto	roject Activity Milestone One										
Activity											
Address project will take place on	Road address				L	.GA					
	Lot			Plan			rea ha)				
Description											
Total cost	Grant contributi	ion				Start	t date				
(Grant contribution is 25% up to \$50,000)	Applicant contrib				Activity timeframe	End date					
Project Activity Milesto	ne Two										
Activity											
Address project will take place on	Road address				L	.GA					
tune place on	Lot			Plan			rea ha)				
Description											
Total cost (Grant contribution is 25%	Grant contributi	ion					t date				
up to \$50,000)	Applicant contrib	licant contribution Activity timeframe En				End o	date				
Project Activity Milesto	ne Three										
Activity											
Address project will take place on	Road address					L	GA				
	Lot			Plan			rea ha)				
Description											
Total cost (Grant contribution is 25%	Grant contributi				Activity timeframe	Start	t date				
(Grant contribution is 25% up to \$50,000)	Applicant contrib	Applicant contribution Activity timeframe En				End o	date				

Section 5 - Project costings

Please provide a detailed list of the project costs. All amounts should be excluding GST. Itemised costs may include capital expenditure, plant and equipment, consumables used for the project etc. Please also provide full details of how the project will be funded. Applicants are reminded the maximum grant amount is \$50,000.

Please attach detailed project costs.

Note: the total cost of the proposal and total amount of funding required must be equal.

is not able to be secured, or any of your funding partners fail to make their contribution)?

Description of all project costs	Cost (\$)		Funding source	Amount (\$)
			Grant Funding requested	
			Applicant's contribution	
			Partnership funding	
			Other (please specify):	
			TOTAL (GST EXCL.)	
TOTAL (GST EXCL.)				1
Do you have contingency arrangements in place to	o cover any cost ove	erruns (inclu	ding if co-funding	Voc. A

If yes, please provide details of contingency arrangements:

Section 6 - Employment details

Full time Full time equivalent*

Yes

No

Number of existing employees (including owners, partners, directors, etc.)

After completion of project, number of proposed additional employees (if applicable)

*Calculating Full Time Equivalent

Full time work is 35 hours per week or more. If your business has casual or part time workers, calculate the number of hours worked by these employees and divide that total by 35 to determine full time equivalents. (For example, seven casual employees working 10 hours per week totalling 70 hours per week, equates to two full time employees).

Section 7 - Project delivery

Legislative regulatory issues and approvals

Please provide details of the current status of the project and any licenses or approvals required before the project can commence. If applicable, attach copies of approvals and/or project planning including feasibility studies, business and marketing plans and research documents.

Section 7 - Project delivery (continued)		
Project risks		
Please outline the key risks that the project we Consider risks including construction, financing, plan		
Governance and partnership arrangement	ts	
Detail all governance and partnership arrange and accountability). Outline the way the project will be organised include steering committees, advisory groups), proposed per government agencies (e.g. DAF, State Development)	ling key decision makers, partnership/collaborat ersonnel, key stakeholders (e.g. stakeholder grou	ion members, governance bodies (e.g.
Section 8 - Statistics		
Please indicate your average farm income (base) Farms with receipts greater than \$1 million	sed upon income in an average financial ye Farms with receipts between 200K and \$1 million	Farms with receipts less than \$200K

Section 9 - Statement of assets and liabilities

Statement of position as at date:

Assets (show present fair market value)	\$ Liabilities (current amount owing)	\$
Cash at Bank	Overdraft (Limit:\$)	
Term Deposits		
	Term loans	
Farm Properties		
1. Land ha @ \$ /ha=\$		
Buildings () \$	Other Loans (eg. Private Loans)	
2. Land ha @ \$ /ha=\$		
Buildings (
) \$		
3. Land ha @ \$ /ha=\$ Buildings (
) \$		
Livestock (show type):		
Livestock (show type):	Stock Loans/Pastoral House	
Plant and machinery	Hire Purchase, Leasing & Chattel Mortgage (transfer total from table below)	
Vehicles		
Crops (harvested, stored and unsold)	Entitlements Owing to Employees	
	Taxation Debt	
Accounts Receivable	Accounts Payable	
Debentures/Shares/Investments	Margin Loans	
Other Real Estate (show details)	Real Estate Loans (show details)	
Superannuation (current estimated value)	Personal Loans	
Other Assets (detail)	Credit Cards	
	Other Liabilities (detail)	
Total Assets	Total Liabilities	

Hire purchase and lease repayment schedule

The purchase and lease repayment schedule									
Item	Lender	Instalments					Lease residual		
		(a) Instalment amount	Frequency e.g. monthly/ yearly	(b) No. of payments remaining	Date of final payment	(c) Overdue payments (Arrears)	(d) Amount	Due date	Total owing (a x b + c + d)
Total owing (transfer total to 'Statement of Assets and Liabilities' above)									

Section 10 - Acknowledgements, consents and privacy statement

In the following sections, titled acknowledgements, consents and privacy statement QRIDA means Queensland Rural and Industry Development Authority.

Acknowledgements

I/We have read and understood the quidelines at grida.qld.qov.au for the Drought Preparedness Grant Scheme and have obtained clarification where needed.

I/We certify that:

- all of the information provided in the whole of this application is true and accurate and discloses my/our correct financial position; and to the extent this application or any information provided in relation to this application contains information of, or about, another person, I/we have the authorisation of that person to provide the information and for it to be used and disclosed in accordance with the above authorisations.

I/We are aware that it is an offence and that penalties may be applied under the Rural and Regional Adjustment Act 1994 (Qld) if any information provided in an application or any document provided in respect of an application is found to be false misleading or incomplete in a material manner.

I/We are aware that QRIDA is bound by the Public Records Act 2002 and are unable to return any documents forwarded as part of this application

Do you have, or have you had, any business dealings with QRIDA that could be considered an actual, potential or perceived conflict of interest with this application?

Yes

Nο

If Yes - please provide details of all your business dealings with QRIDA that may be considered an actual, potential or perceived conflict of interest:

I/We have read the Privacy Statement below and understand how personal information provided in my/our application may be used.

Consents

I/We authorise QRIDA and each of its authorised representatives to obtain or collect such information as QRIDA or an authorised representative considers to be necessary or appropriate in connection with this application or any aspect of the Scheme from:

- any accountant, solicitor, business consultant, bank, financier, supplier, processor, or other agent named or identified in this application or in supporting
- documentation provided with, or in support of, this application; and any Commonwealth, state or local government department, agency or authority that QRIDA or an authorised representative may consider relevant, (each a Relevant Person).

Without limiting the above, I/we 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 or any aspect of the Scheme.

I/We understand and agree that QRIDA and its authorised representatives will use information contained in or provided in relation to this application and my /our financial statements and personal taxation returns and other supporting information to determine if my/our business is eligible to receive a grant under the Scheme and in relation to the administration and management of the Scheme and any grant provided to me/us under the Scheme.

I/We authorise:

- QRIDA and each of its authorised representatives to disclose:

 - that I/we have made this application; information contained in this application or any supporting documentation provided with, or in support of, this application; information collected by QRIDA or an authorised representative from any Relevant Person; and information about any previous application I/we have made to, or financial assistance I/we have received from, QRIDA. (in each case, **Disclosable Information**) to any:
- Relevant Person or any contractor or agent of QRIDA, for purposes related to the assessment of this application or the administration and management of the Scheme or any grant provided to me/us under the Scheme, and for the purposes set out in the Privacy Statement; and any other, Queensland Government department or Commonwealth Government department, agency or authority, for policy planning;
- the use of Disclosable Information by any department, agency or authority or other person referred to in a) above for a purpose stated in a) above or any purpose set out in the Privacy Statement.

I/We agree to participate in follow up surveys regarding any grant provided under the Scheme or its outcomes, if requested.

I/We agree to QRIDA using your personal information to provide you with information (including, where permitted by law, by telephone (including by text or SMS or electronically) about this grant product.

Authority to disclose certain information to joint applicants -

I understand that if I fail to provide any information requested in this form or do not agree to any of the possible exchanges or uses detailed above my application may not be accepted by QRIDA.

Privacy statement

QRIDA may collect, use, and disclose the personal information provided via this form in accordance with the Information Privacy Act 2009 (Qld) and its privacy policy, available at grida.qld.gov.au/privacy. Personal information provided on, or in support of, this application by you or that is obtained from any Relevant Person, may be used by QRIDA and its authorised representatives to assess your eligibility for the Scheme and your application for the Scheme, and in relation to the administration and management of the Scheme or any grant provided to you under the Scheme. QRIDA may also use this information to provide you with information, goods or services, facilitate its internal business operations and fulfil legal obligations, research and develop its service, to collate statistical data, and otherwise where required or permitted by law. In some cases, QRIDA may use or disclose your personal information to provide you with information on other QRIDA programs or other support programs that may be relevant and of interest to you. QRIDA may disclose your personal information in accordance with the authorisations above and any department, agency, authority or other person to which such information is disclosed may use the information for the purposes stated in the authorisations. QRIDA may also disclose your personal information to its employees, contractors, related affiliates and third parties who assist it in operating its business and providing information, goods and services to you, or as otherwise required or authorised by law. Further information on these third parties is set out in the privacy policy. Some third parties may be located overseas and you agree to QRIDA disclosing your personal information to overseas entities to enable it to perform its functions and activities. Other than as set out in the authorisations above, QRIDA is not aware of any further disclosures of your personal information made by any recipient. More information about the way QRIDA uses, discloses, and secures your personal info QRIDA may collect, use, and disclose the personal information provided via this form in accordance with the Information Privacy Act 2009 (Qld) and its privacy policy, available at

In signing below, I/we are acknowledging and/or consenting to each of the matters indicated above:

Applicant	Signature	Name	Position	Date
One				
Two				
Three				
Four				

Further information

Did you engage with a QRIDA Regional Area Manager for this

application?

Who else assisted you with this application process?

Financial Counsellor Accountant Consultant QRIDA - Head Office

Yes

No

Other, please specify:

How did you find out about this assistance?

QRIDA Regional Area Manager QRIDA Head Office QRIDA Website Financial Counsellor

Newspaper advertisement Radio advertisement Social media Event (please specify below)

Prime Focus (QRIDA newsletter) Word of mouth Other, please specify:

How to apply

Please submit your completed application including all supporting documents to QRIDA by:

Post: GPO Box 211, Brisbane QLD 4001 Email: contact_us@qrida.qld.gov.au Fax: (07) 3032 0300

Enquiries

Further information on the program is available on the QRIDA website at qrida.qld.gov.au

If you need assistance with completing your application, or wish to speak to a Regional Area Manager, please contact QRIDA on 1800 623 946.