



**CARING
FOR
OUR
COUNTRY**

*Protecting and enhancing endangered
remnant vegetation in the north-east
Darling Downs*

A North East Downs Landcare Group
Caring for our Country project

Expression of interest (request for a site assessment)

I would like to express interest in participating in the NED Landcare endangered vegetation protection project.

Name								
Postal address						Postcode		
Phone				Mobile			Fax	
E-mail						ABN		
Property name				Trading name				
Property details – please write down the lots and plans of the property where the vegetation patch/es that you are nominating for assessment for this project are located (attach a separate page if there is not enough space below)								
Patch 1				Patch 2				
Shire (prior to amalgamation)				Shire (prior to amalgamation)				
Lot	Plan			Lot	Plan			
Are you currently receiving funding for managing the same vegetation patch/es? Yes <input type="checkbox"/> No <input type="checkbox"/>								
If yes, when does this funding expire?								
Is the vegetation you are proposing belong to one of the following categories? To be eligible, the vegetation must belong to a regional ecosystem linked to one of the four following endangered vegetation descriptions (tick a box)								
White box–yellow box gum grassy woodland		Brigalow		Semi-evergreen vine thicket		Queensland bluegrass		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

By signing this form you agree that:

1. You would like a field officer to undertake a site assessment of your nominated vegetation patch/es
2. You understand that participation is voluntary and that you can withdraw at any stage
3. You are the owner of this property or you are authorised to manage it
4. By requesting a site assessment you acknowledge that this is only one step in the process, and that there is no guarantee or obligation from North East Downs Landcare that you will receive funding for your proposed project, if you decide to submit a bid at a later stage

Signature _____ Date _____

Please return this form to: Peter Crawford, PO Box 199, Oakey 4401, or fax to 4691 2500

by Friday 30th October 2009