

Partnership Groups

Annual Works Program Form

Toowoomba Regional Council, Parks and Recreation Services Branch is requesting this form to be completed every financial year to outline a Partnership Group's proposed Annual Works Program(s) within Council controlled land (Bushland Parks). This form will require to be completed for each park where the Partnership Group proposes to undertake work.

No work is to be undertaken until an *Annual Works Program Form* has been approved by Parks and Recreation Services.

Section 1

1.1 Proponent Detail/s		
Financial Year: 2024-2025		
Name of Organisation: Friends of Escarpment Parks		
Name of Park Care Coordinator (if applicable): Jane Butler		
Address: 1248 Murphys Creek Rd.		
Postal Address (if different from above):		
Town / Suburb: Murphys Creek	Postcode: 4352	State: Q
Email address: jane.butler@westnet.com.au		

1.2 Location of proposed works	
Park Name:	Highfields Falls Park
Park Address:	Highfields
Whole of Park	Yes ☐ Sections of Park Only X (Please supply map of area/areas proposed – Council can assist)
Please provide a brief description of proposed activities?	Removal of invasive plant species Revegetation

Section 2

2.1 Invasive Plant Management
Targeted Pest Plant Species (Weeds of Priority from highest to lowest priority (1-10):
1. Privet
2. Lantana
3. Asparagus fern
4. Cats Claw creeper
5. Green Panic grass
6.
7.
8.
9.
10.
Others:
Please list herbicides and associated equipment for invasive plant control (chemicals, knapsacks, water containers, wetter, diesel) that your group may require for this financial year. We require 40L Glyphosate450 each year. The glyphosate comes in 20L containers. A larger chemical cabinet to fit a 20L container would be appreciated. We also use 15 plastic spray guns which need to be replaced each year. For all listed chemicals, please complete Weed Control Methodology table in Appendix 1.
How and where will ALL chemicals be stored during the year? 2x 20L containers are stored at another park in a chemical cabinet – Duggan Park. We fill up 5L containers when needed which fit in our chemical box. 15 plastic spray guns are kept in our chemical box.
Will motorised equipment be used on this site? Yes ☐ No ☒
If YES, are Association members trained in the use of this equipment? Yes ☐ No ☐
Details:_____

Section 3

3.1 Revegetation Details	
Will you be undertaking revegetation work that includes tree planting?	☒ X Yes ☐ No
How will you determine the selection of species that will be used to revegetate project site? (Please tick for selection) ☒ X Species Present ☒ X Member Knowledge ☐ Environmental Consultant advice ☒ X Queensland Government - Regional Ecosystem information.	
Please supply a list of Plant Species that are planned to be planted	Numbers
Gum trees	100
Wattles	100
Vine scrub trees	100
Sheokes	50
Grasses	200

Section 4

4.1 Miscellaneous	
Consumables (What additional consumables will your group require to undertake proposed works this financial year)? Personal Protective equipment (PPE) Gloves 5 pr Safety/Other: loppers	
Is vehicle access required into the park in order to undertake this work?	☐ Yes ☒ No
Details of Vehicle Access:	
If YES, does your group have access to an appropriate 4x4 vehicle (High and Low Range Transmission) and a driver that has been trained in 4x4 operations?	
☐ Yes ☐ No	
Will you require further support from Council during the course of this year? (Eg: Training)	

Section 5 – Project Budget

Please provide details of estimated budget for your project, **excluding GST**.
 You are required to submit your budget using the categories provided.

Estimated Budget Breakdown			
* Amount requested from this program	\$ 1600.00	Grants – not provided by Council	\$
		Total Estimated Expense Claim:	\$ 1600.00

I state that the information provided in this Annual Works Program form and attachments is to the best of my knowledge true and correct. I understand that this is an expression of interest only and may not necessarily result in funding approval.

Mark H. L.

Mark H. L.

Signed _____

Page 5 of 7

Section 7 – Works Program Completion Report

Project / Activity / Task What did your group do during the project period	Volunteer Effort How much time and effort did your group put into these activities		Achievements Describe outcomes achieved (eg area cleared of weeds, length of trail maintained, number of events held including participation rates)	Challenges What limited your achievements or what might or what might you do differently in future
	No. of Volunteers	Volunteer Hours per Activity		
Weeded/sprayed	10	9 to 12 Every Tuesday	Weeded and maintained cleared zones	
Replanted	10	9 to 12 Every Tuesday	Revegetate cleared zones	
TCC project	7	9.30 – 2.30 for 2 days.	Planted 350 plants	
Totals				

Report Submitted by: _____ (Name)

Position held (President/ Secretary): _____

_____ (Day) _____ (Month) _____ (Year)

Signed: _____

Appendix 1
Weed Control Methodology

<u>Weed Name</u>	<u>Herbicide Mix</u> (Please detail what you are mixing herbicide with i.e. water and/or wetter, diesel)	Mix Rate	Registered for this purpose in Qld? Yes/No	Application Method Basal Bark – BB Cut Stump – CS Foliar Spray- FS Stem Inject – SI Mechanical Removal Only – MR Other (Please Specify)	Application Equipment Knapsack QuikSpray Paint Brush Spray Bottle Applicator Hand Removal
Privet	glycosphateWater	50/50	Yes	SI	
Lantana	glycosphateWater	50/50	Yes	Cs	
Asparagus fern	glycosphateWater	50/50	Yes	Cs	
Cats Claw vine	glycosphateWater	50/50	Yes	Fs	
Green panic	glycosphateWater	50/50	Yes	Fs	