

Works prograPartnership 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 Toowoomba Inc		
Name of Park Care Coordinator (if applicable): Rob Brodribb		
Address:1a Nielsen Ct Middle Ridge		
Postal Address (if different from above):PO BOX 11362		
Town / Suburb:Centenary Heights	Postcode:4350	State:Qld
Email address:rwbrodribb@ozemail.com.au		

1.2 Location of proposed works	
Park Name:	Nielsen Park
Park Address:	Tarlinton St Middle Ridge
Whole of Park	Yes ☒ x Sections of Park Only ☐ (Please supply map of area/areas proposed – Council can assist)
Please provide a brief description of proposed activities?	Removal of invasive plants Maintenance of walking tracks revegetation

Section 2

2.1 Invasive Plant Management
Targeted Pest Plant Species (Weeds of Priority from highest to lowest priority (1-10):
1.pavonia
2.lantana
3.cobblers pegs
4.privet
5.Taiwan lily
6.african love grass
7.kikuyu
8.green panic
9.
10.
Others:
DRAFT
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. Glycosphate 5l Fluoxypr 2l 10l backpack sprayer 500ml squirty bottles For all listed chemicals, please complete Weed Control Methodolgy table in Appendix 1.
How and where will ALL chemicals be stored during the year? Chemical container Nielsen park container
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

[illegible]

Section 4

4.1 Miscellaneous	
Consumables (What additional consumables will your group require to undertake proposed works this financial year)? Personal Protective equipment (PPE) 5 pair gloves 5 pr safety glasses 4 long sleeved shirts 2 Bushmans spray 2 painbrush Safety/Other:	
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) Erection of 3 seat park seat in the Tarlington St extension in the middle of the park. Notice board for placement of educational material for the public eg plant list bird list information about FEP	

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	\$ 400	Grants – not provided by Council	\$
		Total Estimated Expense Claim:	\$

Section 6 – Project Approval Declaration

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.

Project
Brodribb

submitted

by:

T

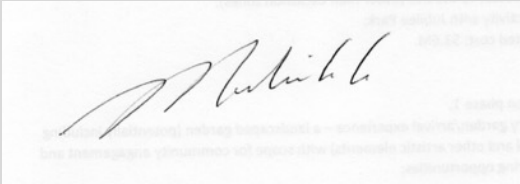
21 (Day)

2024 (Year)

nov (M)

FEP

On behalf of



Signed:

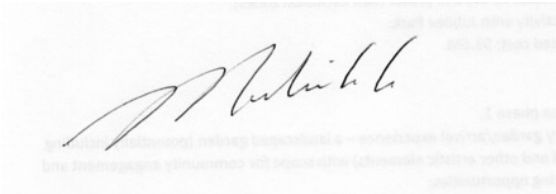
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Works Program endorsed by:

T R Brodribb (Name)

Position held (Secretary):

(Day) (Month) (Year)



Signed:

OFFICE USE ONLY

Project

☐ Approved

☐ Not Approved

Toowoomba Regional Council representative (Name)

Day Month Year.

Signed

Additional Approval Conditions/Comments:

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		
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
Pavonia	Glycosphate with water	1%	yes	Foliar spray	Knapsack 5l hand spray Hand removal
Lantanna	Fluoxypor and water	50%	yes	Cut stump	Pain brush hand removal
Privet	Glycosphate and water	50%	yes	Cut stump	Paint brush
Cobblers pegs	Glycosphate and water	1%	yes	Foliar spray	Knapsack 5l hand spray Manual removal

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