

# Works program 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

|                                                                       |           |        |
|-----------------------------------------------------------------------|-----------|--------|
| <b>1.1 Proponent Detail/s</b>                                         |           |        |
| Financial Year: <b>2024/25</b>                                        |           |        |
| Name of Organisation: <b>Friends of the Escarpment Parks</b>          |           |        |
| Name of Park Care Coordinator (if applicable): <b>David Heckscher</b> |           |        |
| Address:                                                              |           |        |
| Postal Address (if different from above):                             |           |        |
| Town / Suburb:                                                        | Postcode: | State: |
| Email address: <b>panorama.crescent.park@outlook.com</b>              |           |        |

|                                                            |                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.2 Location of proposed works</b>                      |                                                                                                                                                                                                                                                                                                                                                 |
| Park Name:                                                 | <b>Panorama Crescent Park</b>                                                                                                                                                                                                                                                                                                                   |
| Park Address:                                              | <b>Panorama Crescent, Prince Henry Heights</b>                                                                                                                                                                                                                                                                                                  |
| Whole of Park                                              | Yes <input type="checkbox"/><br>Sections of Park Only <b>X North, South and Central sections</b><br>(Please supply map of area/areas proposed – Council can assist)                                                                                                                                                                             |
| Please provide a brief description of proposed activities? | <ul style="list-style-type: none"> <li><b>Weeding – Removal of woody weeds, pest species and other weeds</b></li> <li><b>Mulching – to assist suppression of weeds in selected areas</b></li> <li><b>Revegetation – Natural regeneration following removal of competing weeds, Limited planting where tube stock supplied by TRC</b></li> </ul> |

## Section 2

|                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2.1 Invasive Plant Management</b>                                                                                                                                                                                                                                                                                                                                                                |
| Targeted Pest Plant Species (Weeds of Priority from highest to lowest priority (1-10):                                                                                                                                                                                                                                                                                                              |
| 1. Privet                                                                                                                                                                                                                                                                                                                                                                                           |
| 2. Lantana                                                                                                                                                                                                                                                                                                                                                                                          |
| 3. Celtis                                                                                                                                                                                                                                                                                                                                                                                           |
| 4. Asparagus fern                                                                                                                                                                                                                                                                                                                                                                                   |
| 5. Fleabane                                                                                                                                                                                                                                                                                                                                                                                         |
| 6. Green panic                                                                                                                                                                                                                                                                                                                                                                                      |
| 7. Cobblers pegs                                                                                                                                                                                                                                                                                                                                                                                    |
| 8. Creeping lantana                                                                                                                                                                                                                                                                                                                                                                                 |
| 9. Kikuyu                                                                                                                                                                                                                                                                                                                                                                                           |
| 10. Rhodes grass                                                                                                                                                                                                                                                                                                                                                                                    |
| Others: Nightshade, Thistle, Khaki weed                                                                                                                                                                                                                                                                                                                                                             |
| <p>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.</p> <p><b>Glyphosate</b><br/> <b>Fluroxypur</b><br/> <b>Squirty bottles</b><br/> <b>Wetting agent</b></p> <p>For all listed chemicals, please complete Weed Control Methodolgy table in Appendix 1.</p> |
| <p>How and where will <b>ALL</b> chemicals be stored during the year?</p> <p><b>In a secure area at coordinator's residence</b></p>                                                                                                                                                                                                                                                                 |
| Will motorised equipment be used on this site? Yes <input type="checkbox"/> No <b>X</b>                                                                                                                                                                                                                                                                                                             |
| If YES, are Association members trained in the use of this equipment? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                                                                                                                                                                                                                                                        |
| Details: _____                                                                                                                                                                                                                                                                                                                                                                                      |

## Section 3

[illegible]

## Section 4

|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>4.1 Miscellaneous</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |
| Consumables (What additional consumables will your group require to undertake proposed works this financial year)?<br><br>Personal Protective equipment (PPE)<br><b>Gloves</b><br><b>Insect repellent</b><br><br><br><br><br><br><br><br>Safety/Other:<br><b>Replacement hand tools</b><br><b>Rechargeable Battery Drill kit</b>                                                                                                 |                                                                        |
| Is vehicle access required into the park in order to undertake this work?                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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?                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No            |
| Will you require further support from Council during the course of this year? (E.g.: Training)<br><br><b>Mowing part of Northern sector</b><br><b>Maintenance of existing fire break</b><br><b>Hazard removal incl. dead trees, fallen branches</b><br><b>Fire management, including burning, removal of piles made by neighbours</b><br>Assistance in deterring neighbours from inappropriate planting and clearing of the park |                                                                        |

## 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 | \$ | Grants – not provided by Council      | \$        |
|                                      |    | <b>Total Estimated Expense Claim:</b> | <b>\$</b> |

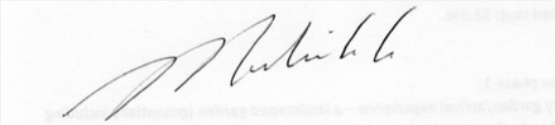
I state that the information provided in this Annual Works Program form and attachments is to the best of my knowledge true and correct. I understand that this is an expression of interest only and may not necessarily result in funding approval.

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Works Program endorsed by: \_\_\_\_\_ T R Brodribb \_\_ (Name)

Position held (Secretary): \_\_\_\_\_

\_\_\_\_\_ 12 \_\_\_\_\_ (Day) \_\_\_\_\_ 12 \_\_\_\_\_ (Month) \_\_\_\_\_ 2024 \_\_\_\_\_ (Year)



Signed: \_\_\_\_\_

**Additional Approval Conditions/Comments:**

## Section 7 – Works Program Completion Report

| Project /<br>Activity / Task<br><small>What did your group do during the project period</small> | Volunteer Effort<br><small>How much time and effort did your group put into these activities</small> |                                    | Achievements<br><small>Describe outcomes achieved (eg area cleared of weeds, length of trail maintained, number of events held including participation rates)</small> | Challenges<br><small>What limited your achievements or what might or what might you do differently in future</small> |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                                 | No. of<br>Volunteers                                                                                 | Volunteer<br>Hours per<br>Activity |                                                                                                                                                                       |                                                                                                                      |
|                                                                                                 |                                                                                                      |                                    |                                                                                                                                                                       |                                                                                                                      |
|                                                                                                 |                                                                                                      |                                    |                                                                                                                                                                       |                                                                                                                      |
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|                                                                                                 |                                                                                                      |                                    |                                                                                                                                                                       |                                                                                                                      |
| <b>Totals</b>                                                                                   |                                                                                                      |                                    |                                                                                                                                                                       |                                                                                                                      |

**Report Submitted by:**

\_\_\_\_\_  
(Name)

**Position held (President/ Secretary):**

\_\_\_\_\_

\_\_\_\_\_  
(Day)

\_\_\_\_\_  
(Month)

\_\_\_\_\_  
(Year)

**Signed:**

\_\_\_\_\_

**Appendix 1**  
**Weed Control Methodology**

| <b><u>Weed Name</u></b> | <b><u>Herbicide Mix</u></b><br><br>(Please detail what you are mixing herbicide with i.e. water and/or wetter, diesel) | <b>Mix Rate</b> | <b>Registered for this purpose in Qld?</b><br><br>Yes/No | <b>Application Method</b><br><br>Basal Bark – BB<br>Cut Stump – CS<br>Foliar Spray- FS<br>Stem Inject – SI<br>Mechanical Removal Only – MR<br>Other (Please Specify) | <b>Application Equipment</b><br><br>Knapsack<br>QuikSpray<br>Paint Brush<br>Spray Bottle<br>Applicator<br>Hand Removal |
|-------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Privet</b>           | <b>Water</b>                                                                                                           | <b>50%</b>      |                                                          | <b>SI, CS, MR</b>                                                                                                                                                    | <b>Hand removal, squirty bottle</b>                                                                                    |
| <b>Lantana</b>          | <b>Water</b>                                                                                                           | <b>1%</b>       |                                                          | <b>CS, FS</b>                                                                                                                                                        | <b>Squirty bottle, sprayer</b>                                                                                         |
| <b>Other weeds</b>      | <b>Water</b>                                                                                                           | <b>1%</b>       |                                                          | <b>MR, FS</b>                                                                                                                                                        | <b>Sprayer</b>                                                                                                         |
|                         |                                                                                                                        |                 |                                                          |                                                                                                                                                                      |                                                                                                                        |
|                         |                                                                                                                        |                 |                                                          |                                                                                                                                                                      |                                                                                                                        |
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