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): Karen Sams		
Address:Skyline Dr Blue Mtn Hts		
Postal Address (if different from above):PO BOX 11362		
Town / Suburb:Centenary Heights	Postcode:4350	State:Qld
Email address: samskaren@gmail.com		

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1.2 Location of proposed works	
Park Name:	Williams Pk
Park Address:	Cecil Cr Highfields
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

Section 2

2.1 Invasive Plant Management
Targeted Pest Plant Species (Weeds of Priority from highest to lowest priority (1-10):
1.climbing asparagus
2.lantana
3.cobblers pegs
4.privet
5.ochna
6.moth vine Araujia
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 Fluoxypor 2l 5l 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 Highfields falls container
Will motorised equipment be used on this site? **Yes** ☐ **No** ☐x
If YES, are Association members trained in the use of this equipment? **Yes** ☐ x **No** ☐ Details:_____

Section 3

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

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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: DRAFT	
Is vehicle access required into the park in order to undertake this work?	☐ Yes ☐x 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? Maintenece of walking tracks and steps. Removal of cut privet. Chainsaw felling of large privet	

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 submitted by: _____T Brodribb_____

_____21_____(Day) _____nov_____(M
_____2024_____(Year)

FEP

On behalf of _____

Signed:_____ ____ _____

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Works Program endorsed by:_____T R Brodribb__(Name)

Position held (Secretary): _____

_____18_____(Day) _____dec_____(Month) ___2024_____(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				

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Report Submitted by:
_____(Name)

Position held (President/ Secretary):
_____

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

Signed:
_____

Appendix 1
Weed Control Methodology

Weed Name	Herbicide Mix (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
asparagus	Glycosphate with water	1%	yes	Foliar spray	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
Moth vine	Fluoxypor and water	50%	yes	Cut stump	Spray bottle paint brush

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