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| Application Form  NSW Cattle Underpass Scheme Round 2 | | |
| Application for: ☐ Underpass ☐ Warning flashing lights and signs | | |
| **PART A – PRELIMINARY APPLICATION – First Stage** | | |
| ***Part A*** *to be submitted before the closing date for a conditional grant offer to be made. Information for* ***Part B*** *may also be provided at this point.*  *Please refer to the Program Guidelines prior to completing this form.* | | |
| **APPLICANT DETAILS** | | |
| Applicant name/s: | | |
| Applicant business/trading name: | | |
| Is the business a dairy farm? ☐ Yes ☐ No | | |
| Applicant ABN: | Registered for GST? ☐ Yes ☐ No | |
| Postal address: | | |
| Farm address: | | |
| Email: | | Phone:  Mobile: |
| Is the applicant/s the owner of the property? ☐ Yes ☐ No  *Most recent rates notice to be supplied to verify ownership*  If No, name and contact details of landowner/s Name:  *Please attach a letter from the landowner* Address:  *authorising these works and a copy of*  *their most recent rates notice* Phone: Mobile:  Email: | | |

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| **DETAILS OF PROPOSED UNDERPASS / WARNING FLASHING LIGHTS & SIGNS** | |
| GPS coordinates of proposed crossing site: | Name of road at proposed crossing site: |
| Road surface at proposed crossing site: | Speed limit at the proposed crossing site: |
| Name of local council: | |
| Estimated daily traffic volume at current crossing site: | Location of the traffic count if available: |
| Which agency provided this data? | Approximate dates the data was collected: |
| Head of stock crossing the road: | Frequency of crossing (per day and week): |
| Average time per crossing: | How many staff members are needed to assist with stock crossing? |
| Do your current and expected financial circumstances indicate you will be able to meet the balance of the costs associated with these works? ☐ Yes ☐ No | |

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| Please briefly describe:   1. The topography of the crossing site (e.g. on steep slope; distance from a crest or curve that restricts view of the crossing). 2. Any collisions or near-misses that have occurred at your crossing site in the past 3 years (when did they occur, what happened, were there injuries to people &/or stock?). This may be from your knowledge or provided by council or Transport for NSW (TfNSW) if the data is available. Please indicate the source. 3. Any other issues associated with the proposal.   **REQUIRED ATTACHMENTS FOR PART A**  ☐ Copy of most recent rates notice to prove ownership of property  ☐ Letter of permission from owner of land if not the applicant |

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| **PART B – FULL APPLICATION – Second Stage** | | | |
| ***Part B*** *to be submitted after a conditional grant offer has been received by applicant. Applicants may choose to submit Part B in full or in part when submitting Part A.* | | | |
| **QUOTES RECEIVED** | | | |
| **CONTRACTOR ONE DETAILS** | **CONTRACTOR TWO DETAILS (if applicable)** | | |
| Name: | Name: | | |
| ABN:  Registered for GST? Y / N | ABN:  Registered for GST? Y / N | | |
| Address: | Address: | | |
| Email: | Email: | | |
| Phone: | Phone: | | |
| Cost quoted by contractor 1, including GST:  Please attach copy of itemised quote showing GST | Cost quoted by contractor 2, including GST:  Please attach copy of itemised quote showing GST | | |
| GPS coordinates of confirmed underpass or 1st location of flashing warning sign:  GPS coordinates for 2nd location of flashing warning sign: | | | |
| Road Manager for road:  ☐ Local Council ☐ Transport for NSW  Have you contacted the road manager? ☐ Yes ☐ No | Do you have necessary approval or permits?  ☐ Yes ☐ No  Please attach a copy or indicate when they will be obtained (see next page) | | |
| **You must either commit to maintaining the proposed infrastructure or obtain written confirmation that the relevant road manager agrees to assume ownership of the asset and responsibility for its maintenance.**  Do you commit to maintaining the underpass or warning flashing lights and signs on completion of the construction as required by the road authority OR are you including written confirmation that the relevant road manager agrees to assume ownership of the asset and responsibility for its maintenance?  ☐ Yes, I commit to maintaining the underpass or warning flashing lights and signs on completion of the construction as required by the road authority  ☐ Yes, I am including written confirmation that the relevant road manager agrees to assume ownership of the asset and responsibility for its maintenance  ☐ No | | | |
| Proposed commencement date for construction: | | Proposed completion date for construction: | |
| **PART B - REQUIRED ATTACHMENTS and DECLARATION** | | | |
| |  | | --- | | ☐ Written confirmation that the relevant road manager agrees to assume ownership of the asset and responsibility for its maintenance – IF APPLICABLE | | ☐ Quotes from contractor/s & sub-contractor/s | | ☐ Documentation to authorise (or to indicate process to obtain has been initiated) from local council to undertake work **OR**  ☐ Documentation to authorise (or to indicate process to obtain has been initiated) from Transport for NSW to undertake work on state road | | ☐ Before You Dig correspondence | | ☐ Drawings if not standard | | ☐ Photos of the site | | | | |
| **Declaration:**  By submitting an application for a grant under the NSW Cattle Underpass Scheme, you agree the information contained in this application is true and correct and you agree to participate in good faith and cooperate fully in any activities supporting the evaluation, audit or inspection of the scheme, including participation in an evaluation survey or phone interview 12 months after the underpass has been installed. You agree to notify TfNSW of any changes to the information supplied, and any other circumstances arising that may affect this application. You acknowledge that you understand that TfNSW & NSW DPI are subject to the Government Information (Public Access) Act 2009 and that if a Freedom of Information request is made, TfNSW &/or NSW DPI will consult, where practicable, with the applicant before any decision is made to release the application or supporting documentation. | | | |
| Applicant name/s signature/s:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date:  Date:  Date:  Date: | |

After this form has been filled out, it can be submitted along with the necessary attachments through email to [CUPScheme@transport.nsw.gov.au](mailto:CUPScheme@transport.nsw.gov.au). The CUPS Program Coordinator can be contacted on mobile: 0436 400 945