# General information

The specific ***Fixing Country Truck Washes*** objectives are to:

* Improve the productivity of heavy vehicles by enhancing the capacity of truck wash facilities and livestock effluent disposal facilities;
* Improve biosecurity outcomes by cleaning out vehicles to minimise the risk of outbreaks; and
* Improve amenity for local communities.

Proposals should indicate clearly what evidence and data is being used to support claims where possible.

Local Government applicants can apply on behalf of a consortium that includes private sector or other organisations. Please refer to the Fixing Country Truck Washes Program Guidelines for more detail on requirements and how projects are assessed. Please contact [freight@transport.nsw.gov.au](mailto:freight@transport.nsw.gov.au) if you have any concerns.

Applicants are also required to complete the Benefit Cost Ratio Model provided by TfNSW and attach it to this application. The model is available here:

<http://freight.transport.nsw.gov.au/network/road/fixing-country-roads/truck-washes.html>

**BEFORE YOU START – COMPLETE THE ELIGIBILITY CHECKLIST**

If you answer NO to any question below the project is NOT eligible for funding

| 1. Are you a Local Council? | Choose Yes or No | |
| --- | --- | --- |
| 1. Do you or anyone in your consortium own or intend to own and operate a truck wash and/or livestock effluent disposal point? | Choose Yes or No | |
| 1. Is or will your truck and/or livestock effluent disposal point be open to all third parties? | Choose Yes or No | |
| 1. Does or will your truck and/or livestock effluent disposal point comply with the relevant EPA guidelines and conditions? | Choose Yes or No | |
| 1. Can you confirm ALL costs are for a project aimed at improving a truck wash and/or effluent disposal facility? | Choose Yes or No | |
| 1. Can you confirm that construction works will commence within six months of funding made available and be completed by 30 June 2019? *(Construction means – actual on ground works at the project site* *and/or the fabrication of major components off site.)* | Choose Yes or No |  |
| 1. Can you confirm the project is NOT for land acquisition, maintenance and/or ongoing repairs or solely planning and design? | Choose Yes or No |  |
| 1. If successful, can you confirm you will NOT start construction before finalising the terms of the funding agreement with the Department? | Choose Yes or No | |

## Project Details

Please provide GIS coordinates accurate to four decimal points.

|  |  |  |
| --- | --- | --- |
| Project Name |  | |
| Local Government Area |  | |
| Are you applying on behalf of a consortium? | Choose Yes or No | |
| If yes, which entities form the consortium? |  | |
| Road Name and Number |  |  |
| GIS Coordinates: Latitude in decimal degrees | (For example, -30.1234) |  |
| GIS Coordinates: Longitude in decimal degrees | (For example, 150.1234) |  |
| Project Scope |  | |
|  |  | |
|  |  | |
| Summary of Benefits Generated by The Project |  | |
|  |  | |
|  |  | |
| Total Project Cost (in full dollars amount) (i.e. X00,000, separated by comma, do not include $ sign) | (For example, X00,000) | |
| Fixing Country Truck Washes Funding Sought (i.e. X00,000, separated by comma, do not include $ sign) | (For example, X00,000) | |
| Proposed Start Date | DD/MM/YYYY | |
| Proposed Completion Date | DD/MM/YYYY | |

## Applicant Contact Details

Please provide contact details of the lead applicant. If the application is being prepared on behalf of a consortium, please attach a copy of the agreement authorising said organisation to act on their behalf after completing this form.

| **First Name** Choose an item. | Last Name |
| --- | --- |
|  |  |
| Position | Organisation |
|  |  |
| Telephone No. ( ) | Email |
|  |  |
| Postal Address | |
|  | |
|  | |

# Funding Profile

Please give an overview of the expected cash costs of the project as well as the different funding sources, including both confirmed and un-confirmed funding. Please include the monetary value of in-kind contributions in totals and state all values in full dollars amount separated by commas (i.e. X00,000, separated by comma, do not include $ sign).

Note that: The form will not tally totals, or correct errors for applicants. Please ensure your number formatting is correct prior to submission.

| Funding Source | 2016/17 | 2017/18 | 2018/19 |
| --- | --- | --- | --- |
| 1. Fixing Country Truck Washes Funding Sought in this Application | $ | $ | $ |
| 1. Industry or Private Sources | $ | $ | $ |
| 1. Council | $ | $ | $ |
| 1. Australian Government | $ | $ | $ |
| 1. State Government  (other than (a.) | $ | $ | $ |
| 1. Total Project Cost | **$** | **$** | **$** |

# Assessment Criteria

Proposals will be assessed and scored on the degree to which project provides a level of measurable benefits relative to other proposals and the quality of the evidence you provide to support the claims.

In the current situation, describe the significance of the location and current demand. The applicant is advised to attach evidence to support their description.

|  |  |  |
| --- | --- | --- |
| 1. What are the current traffic (in AADT) and/or freight volumes (in tonnage)? | Insert your comment here | |
| 1. What is the regional significance of the location in terms of industry? Please list major facilities within the area. | Insert your comment here | |
| 1. Is the current or proposed sites located on a route covered by a productivity scheme such as the livestock loading scheme? | Insert your comment here | |
| 1. If there is an existing truck wash facility and are there any restrictions on operating conditions e.g. hours of operation or restricted access imposed, what vehicles presently use the facility e.g. farmer vehicles, vehicles travelling to the local abattoir or grain silo? | Insert your comment here | |
| 1. List the closest alternate truck wash facilities. | Insert your comment here |  |
| 1. If there is an existing truck wash facility, what are the deficiencies with the existing facility? | Insert your comment here |  |
| 1. If there is no existing truck wash facility, why is a truck wash required? | Insert your comment here |  |

## Growth and Economic Benefits

Applicants are required to provide a detailed assessment of the benefits that the project would generate. The applicant is advised to attach evidence to support the expected economic and growth benefits generated by the project.

| Does the project: | **Yes/No** | **Comments** |
| --- | --- | --- |
| 1. Benefit certain commodity chains? | Choose Yes or No | Insert your comment here |
| 1. Result in, or trigger, any additional freight movements and/or volumes? | Choose Yes or No | Insert your comment here |
| 1. Reduce transport operating costs? | Choose Yes or No | Insert your comment here |
| 1. Reduce truck wash wait and/or wash times | Choose Yes or No | Insert your comment here |
| 1. Reduce distances travelled? | Choose Yes or No | Insert your comment here |
| 1. Have a positive impact on traffic volumes, *including reducing the number of empty movements?* | Choose Yes or No | Insert your comment here |
| 1. Result in a reduction in truck wash and/or livestock effluent disposal operating and/or maintenance costs? | Choose Yes or No | Insert your comment here |
| 1. Result in any other benefits not listed above? | Choose Yes or No | Insert your comment here |
| 1. Rely on other projects in order to be able to realise the expected benefits? | Choose Yes or No | Insert your comment here |
| 1. Have the Applicant completed the Benefit Cost Analysis Model? | Choose Yes or No | Insert your comment here |

## Productivity and Safety Benefits

Describe how the project will improve ‘whole of journey’ and safety. The applicant is advised to attach evidence to support the expected improvements in productivity and safety benefits generated by the project.

| Does the project: | **Yes/No** | **Comments** |
| --- | --- | --- |
| 1. Facilitate improvements in the ‘whole of journey’ for freight in the overall supply chain? | Choose Yes or No | Insert your comment here |
| 1. Result in improved safety and/or fatigue outcomes? | Choose Yes or No | Insert your comment here |
| 1. Benefit other non-freight road users? | Choose Yes or No | Insert your comment here |

## Biosecurity Benefits

Describe how the project will improve biosecurity, environmental and amenity outcomes. The applicant is advised to attach evidence to support the expected improvements in biosecurity generated by the project.

| Does the project result in: | **Yes/No** | **Comments** |
| --- | --- | --- |
| 1. Improved weed control? | Choose Yes or No | Insert your comment here |
| 1. Improved disease control? | Choose Yes or No | Insert your comment here |
| 1. Improvement in environmental performance? | Choose Yes or No | Insert your comment here |
| 1. Improved environmental amenity for the local community i.e. reduce animal waste spillage on roads? | Choose Yes or No | Insert your comment here |

## Strategic Alignment and Partnership

### 3.4.1 Strategic Alignment

| Does the project align with: | **Yes/No** | **Comments** |
| --- | --- | --- |
| 1. State Priorities? | Choose Yes or No | Insert your comment here |
| 1. Regional Priorities? | Choose Yes or No | Insert your comment here |
| 1. Council Priorities? | Choose Yes or No | Insert your comment here |
| 1. Industry Priorities? | Choose Yes or No | Insert your comment here |
| 1. National Priorities? | Choose Yes or No | Insert your comment here |

### 3.4.2 Partnership

| Where applicable, please indicate whether the Applicant has: | **Amount  (i.e. X00,000, separated by comma, do not include $ sign)** | **Please provide more detail on the nature, source of contributions and any conditions attached.** |
| --- | --- | --- |
| 1. Confirmed co-contribution(s) from industry or private sources | $ | Insert your comment here |
| 1. Confirmed co-contribution from Council(s)? | $ | Insert your comment here |
| 1. Confirmed funding from any Federal Program? | $ | Insert your comment here |
| 1. Applied or intends to apply for any Federal funding for the project? | $ | Insert your comment here |
| 1. Confirmed funding from any State Program for the project? | $ | Insert your comment here |
| 1. Applied, or intends to apply for, other State funding for the project, in addition to the amount asked for in the application? | $ | Insert your comment here |

## Deliverability and Affordability

### 3.5.1 Shovel Readiness

|  |  |
| --- | --- |
| 1. Are all the necessary approvals in place for this project to commence within six months of funding being made available? | Choose Yes or No |
| 1. If no, when would the anticipated start date be? | DD/MM/YYYY |
| 1. What planning and scoping has already been undertaken? | Insert your comment here |
| 1. What approvals are required for your project? What is the current status of these and what steps are being taken to obtain and manage these approvals? | Insert your comment here |

### 3.5.2 Risks

Have you identified and/or any potential risks or impediments which may impact on project commencement and completion?

| Does the project have risks associated with: | **Yes/No** | **Comments** |
| --- | --- | --- |
| 1. Funding and Contributions | Choose Yes or No | Insert your comment here |
| 1. Construction (including pre-construction activities) | Choose Yes or No | Insert your comment here |
| 1. Project Scope | Choose Yes or No | Insert your comment here |
| 1. Approvals (environmental, cultural, development approvals, other planning) | Choose Yes or No | Insert your comment here |
| 1. Compliance with POEO Act (including post-construction) | Choose Yes or No | Insert your comment here |
| 1. Compliance with Building Codes and the OHS Accreditation Scheme | Choose Yes or No | Insert your comment here |
| 1. Contracting | Choose Yes or No | Insert your comment here |

### 3.5.3 Further Background on Costs

Project costs are required to assist with the assessment and management of project. Please fill in cost (full dollar amount) against each category in the Capex sheet in Benefit Cost Ratio Model provided by TfNSW.

|  |  |
| --- | --- |
| Project Cost Category | **Comments** |
| 1. What methodology was used to determine costs? (E.g. similar objects, first principles, tender) | Insert your comment here |
| 1. Have you received independent advice in preparing these costs? | Insert your comment here |
| 1. Please confirm the level of confidence of cost estimates from Low (1) to High (5) and state the reason why? | Insert your comment here |
| 1. List factors that you consider would lead to a material change to original cost estimates. | Insert your comment here |

### 3.5.4 Previous Expenditure

|  |  |
| --- | --- |
| 1. Has any previous expenditure been made on the project? | Choose Yes or No |
| 1. If yes, please state the value expended to date (in full dollars amount) | Insert your comment here |
| 1. If yes, please describe the scope and nature of expenditure | Insert your comment here |

### 3.5.5 Milestones

|  | Milestone Description | **Milestone Date** | **Percent of Project Completed** | **Amount proposed to be spent per milestone  (2016-17 dollars)** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| 1. | Insert milestone here | DD/MM/YYYY | 0% | $0 | Insert your comment here |
| 2. | Insert milestone here | DD/MM/YYYY | 0% | $0 | Insert your comment here |
| 3. | Insert milestone here | DD/MM/YYYY | 0% | $0 | Insert your comment here |
| 4. | Insert milestone here | DD/MM/YYYY | 0% | $0 | Insert your comment here |
| 5. | Insert milestone here | DD/MM/YYYY | 0% | $0 | Insert your comment here |

# Declaration

I certify that the information provided in and supporting this application is true and correct and that I am legally authorised to sign this application for and on behalf of the applicant(s).

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Organisation |  |
| Date | DD/MM/YYYY |
| Signed |  |

### Applicants have the option to upload supporting documents. All file types are accepted, however PDFs are preferred for text based documents.

**Recommended attachments:**

• A completed Benefit Cost Ratio Model in the excel template provided by TfNSW (Mandatory)

<http://freight.transport.nsw.gov.au/network/road/fixing-country-roads/truck-washes.html>

• Evidence of Authorisation where the application is being prepared on behalf of a consortium that includes private sector or other organisations i.e. the authorisation to act on their behalf in preparing and submitting this application.

• Evidence of co-contribution(s)

• Evidence of supporting cost estimates

• Evidence to support arguments made for each of the assessment criteria

• Other supporting documentation such as map