State Emergency Service

SES Non-Recurrent Subsidy Program

2018-2019 Application Form

OFFICE USE ONLY			
Date Application Received	Eligibility Assessment	☐ Pass	☐ Fail
Application Number	RM Priority		

Applications must be lodged electronically by Thursday 30 November 2017

Before completing this application form, refer to the Funding Guidelines available from the SES Website (www.ses.qld.gov.au) or QFES Grants (QFES.Grants @gfes.qld.gov.au).

Applicant Information:

- 1. Complete <u>one</u> application per subsidy sought. Do not apply for multiple subsidies on the same application.
- 2. Prioritise your applications from 1 onwards (1,2,3,... with 1 being the highest priority) if you are submitting more than one application.
- 3. Consult your respective Local Controller when developing your application.
- 4. Answer each question in the space provided. Write "NA" if a question does not apply.
- 5. Stipulate all prices as GST exclusive.
- 6. Provide any further details you feel are applicable on a separate sheet. Reference and attach any further details with the application form.
- 7. QFES Grants will provide Applicants with a number for each application. Refer to this application number in all correspondence/queries.

P: 3635 1575 / E: QFES.Grants@qfes.qld.gov.au







Section 1 A	Applicant Details				
Name of Local Government					
ABN					
Street Address					
Postal Address					
Contact Officer		Position	on		
Phone (bus)		Phone	e (mob)		
Email address					
Section 2 F	Project Details				
Category	☐ Accommodation ☐ V	ehicle	Project F	Priority (highest = 1)	
SES Group/Unit					
Project title					
Executive Summ What is the back words maximum)	ground behind the project? Are there any sp	ecific even	ts/issues?	What will the funding l	be used for? (200

Section 3 Funding Details

Provide all funding details for the project. All costs are to be <u>GST exclusive</u>.

For more information relating to funding, refer to the Project Requirements section of the Funding Guidelines.

Funding Sources		Accommodation	V	/ehicle			
		\$ (GST Excl.)	\$ (GST Excl.)			
SES Non-Recurrent Subsidy Program for being sought	unding						
Local Government contribution (i.e., loans, revenue, contribution etc.)							
Other State contributions Provide details below (1)							
Other contributions e.g. insurance payor Provide details below (2)	ut						
Vehicle trade-in price Provide details below (3)							
TOTAL COST (GST Exclusive)							
	<u> </u>						
Details (1)							
Details (2)							
Details (3)							
Who will manage and pay for the ongoing operational and maintenance support costs of the project? (100 words maximum):							
Funding from other Organisation/Program							
Aside from the Funding Details table above, has any financial support for the project been applied for or received from any other Organisation or Government Program? (If yes , complete below table)							
Program/Organisation name	Conditions						

Section 4A Facility Details

Complete this section for Accommodation Subsidies only.

Any attachment/s supporting your application should be referenced below and securely attached with this application. Supporting documentation can include approved building plans, quotes and/or drawings of the proposed accommodation, project timetables including the proposed completion date, copies of valuation certificates etc.

General
What is the project trying to achieve and what are the benefits of the project? Take into consideration the facilities use current condition, access to other facilities and any other information to support the funding being sought. If the facility will be shared with other non-SES activities, provide details of the percentage of use (200 words maximum).

Building fit-outs

If completing a building fit-out, list the items to be purchased and their approximate costs, below. Attach photographs, plans and quotes to the application where applicable.

Item	Quantity	Cost (Excl. GST)

Section 4B Vehicle Details

Complete this section for Vehicle Subsidies only

Provide	details	of a	all	current	vehicles	allocated	to the	corresponding	SES	Unit:
1 101140	actans	OI C	<i>A</i> 11	Odifolit	VCITIOICO	anodated	to tile	Corresponding		OT III.

SES Group	Registration #	Description/type			
* Please attach a separate list if	all vehicles do not fit in th	e above table.			
	1 1				
Current vehicle (vehicle to be	replaced)	Model			
Year of manufacture		Odometer reading			
Registration		Trade in value			
Replacement vehicle					
Make		Model			
Year of manufacture		Odometer reading			
What are the accommodation entions/plans for the new vehicle?					
What are the accommodation options/plans for the new vehicle?					

Section 5 Activity Details

<u>It is recommended that this Section is completed by the relevant Local Controller</u>
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History			
Has the SES Group/Unit been involved in an emergency or disaster activity	y in the last 2 years?	☐ Yes	☐ No
If yes , what was the emergency/disaster and how was the Group involved?	? (100 words maximum)		
What type of emergencies and/or natural disasters is the Area susceptible	le to? How often do the emu	organcias/	disastors
occur and what is the impact on the community (e.g. loss of life, property da		_	uisasiers
Current Activity Note: Information provided in this section will be verified by Queensland Fire and El	Emergency Services		
How many active members does the SES Group/Unit currently have?			
What is the current frequency of training/meetings?			
What type of training has been planned for the next 6-12 months?			
How is this training relevant to your SES Group/Unit?			

Section 6 Terms and Conditions

If a funding application is successful, your organisation agrees to the following SES Non-Recurrent Subsidy terms and conditions:

- QFES will provide a funding agreement to the applicant upon formal notification of funding approval. The Applicant will sign the Funding Agreement provided and will be bound by the terms and conditions outlined herein and in the Funding Guidelines.
- 2. The subsidy will be used solely for the purpose it was given and the project will commence within three (3) months of notification of approval of the project.
- 3. Where the subsidy will extend over 12 months from the time of approval notification, a written request for an extension will be sought and agreed in writing (refer *Funding Guidelines*, subsection *Variations*).
- Should Queensland Fire and Emergency Services (QFES) not receive the variation request by 30 April 2018 or a Completion Certificate and supporting documentation by 30 June 2018, the funding for the project will be forfeited.
- If an extension is requested and approved, the applicant must adhere to the most recent approved *Funding Guidelines* current at the time of finalising the subsidy.
- Should the applicant undertake the project contrary to what is agreed upon under the program, QFES will cancel approval for funding and any associated funds.
- The receipt and expenditure of the subsidy will be identified separately within the applicants accounting records so that at all times the subsidy is identifiable and ascertainable.
- 8. The project, or any component of the project forming part of the application, will not be started before QFES

- provides a formal notification of subsidy approval. If, for any reason, the project is to be started before the notification, an officer from the organisation will contact QFES before the project starts. The organisation must receive written approval from QFES before proceeding (refer Funding Guidelines Section Project Requirements).
- It is the responsibility of the organisation to ensure adequate insurance cover for the project, excluding the Comprehensive and Compulsory Third Party (CTP) Insurances for dedicated SES vehicles, which is covered by QFES.
- 10. The organisation will acknowledge the contribution of QFES (refer *Funding Guidelines*, subsection, *Funding Acknowledgement*).
- All invoices and/or relevant documentation will be submitted in support of the claim for payment of the subsidy (refer Funding Guidelines, subsection Payment of Funds).
- Any special conditions that are attached to the subsidy will be met.
- All relevant records of the subsidy will be kept for a period of seven (7) years, and will be made available for audit at any time.
- 14. Goods and Services Tax (refer *Funding Guidelines*, subsection *Application of GST*). GST will be payable on the subsidy.
- 15. Failure to accord with these terms and conditions, Funding Guidelines or to comply with the purpose of funding could result in the termination or reimbursement of subsidy (refer Funding Guidelines).

Section 7 Applicant Declaration

I have read and agree to the terms and conditions set out in this Application Form and in the *Funding Guidelines* and agree that by signing this document that I will adhere to these terms and conditions. I declare that all information given in this application, including any attachments, is true and correct, and give permission to QFES to contact any persons or organisations in the processing of this application.

I authorise Queensland Fire and Emergency Services to release information in this application (excluding personal information) for non-commercial public information purposes.

I have the duly delegated authority to submit this application on behalf of the Chief Executive Officer and Chief Financial Officer.

Declaration Officer					
Title		First Name		Last Name	
Ph		Mobile		Email	

By checking this box I hereby agree to the above declaration

APPLICATION CHECKLIST						
Prio	r to sul	bmitting your application, please ensure	you have completed the following checks:			
	I have	thoroughly read the Funding Guidelines and und	erstand the application requirements.			
	I have	completed all required fields.				
	The pr	oject is yet to be started.				
	The fu	nding amounts are correct, eligible and GST exc	lusive.			
	The Ap	oplication is supported by the Chief Executive Of	icer (CEO), or duly authorised delegate.			
	The Ap	oplication is supported by the Chief Financial Offi	cer (CFO), or duly authorised delegate.			
	The Ap	oplicant Declaration is complete.				
		oplication has been lodged in Microsoft Word form	mat via email to QFES.Grants@qfes.qld.gov.au by Thursday			
	Suppo	rting documentation has been clearly identified a	nd attached to the Application.			
	☐ The application was developed in consultation with the respective Local Controller.					
Loca	al Contr	roller				
Nam	e					
Supp	oorted	☐ Yes ☐ No				
Date)					
Com	ments:					