

VARIATION REQUEST

Request to vary approved grant

Return completed form to SES Grants by **30 April 2024**

- Refer to your copy of the *original application* when completing this form.
- Complete this document if seeking a variation to your agreement.
- Include copies of any relevant documentation when submitting (not mandatory).

ID Number	Local Government	SES Unit/Group	Grant Amount excl GST
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Project Title

Variation	Facility	Vehicle
Project Scope	Describe:	
Completion Date	Original date:	Revised:
Other	Describe:	

Reason for Variation (Please provide a detailed description)
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DECLARATION

- I declare that the information provided in this form is true and correct.
- I declare that I have the duly delegated authority to submit this variation on behalf of the Chief Executive Officer and Nominated Officer.

Declaration Officer

By checking this box I hereby agree to the above declaration

Title	First Name	Last Name
Date	Position	
Ph	Mobile	Email

QFES USE ONLY

Accepted and Approved	Yes	No & reason
Title	First Name	Last Name
Date	Position	Signature

SES Grants: **P**: 3635 3854 / **E**: SES.Grants@QFES.qld.gov.au