State Emergency Service



2024-2025

SES SUPPORT GRANT

Application Form

| OFFICE USE | ONLY | | | |
|---------------------------|------|------------------------|------|------------|
| Date Application Received | | Eligibility Assessment | Pass | Ineligible |
| Application Number | | RD Priority | | |

Applications must be lodged electronically by **07**-December 2023 EXTENDED to midnight Thursday 21 December 2023.

Before completing this application form, refer to the Funding Guidelines available from the QFES SES Website or contact: SES Grants (SES. Grants@qfes.qld.gov.au) for a copy.

APPLICANT INSTRUCTIONS

- 1. Complete **one** application per grant sought. **Do not** apply for multiple grants on the same application, you must submit each grant on separate application forms.
- 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 SES Local Controller when developing your application.
- 4. Answer each question in the space provided. Write "N/A" 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. (Details and supporting documents assist the assessment committee.)
- 7. SES Grants will issue Applicants with an ID number for each application. Once issued please refer to this application ID number in *all correspondence/queries* throughout process and project.

For further information contact SES Grants: T: 3635 3506 / E: SES.Grants@qfes.qld.gov.au

*Please complete and submit form in editable PDF format







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| Section 1 | Applicant Detail | S | *MUST comp | lete every field in Sections 1 & 2 |
|--|------------------------------------|-----------------------|-----------------------|------------------------------------|
| Name of Local Govern | nment | | | |
| ABN | | | | |
| Street Address | | | | |
| Postal Address | | | | |
| 1 st Contact officer | | | Positio | n |
| Email | | | Phone/ | Mobile |
| 2 nd Contact officer | | | Position | 1 |
| Email | | | Phone/ | Mobile |
| Council generic phone | | | Council | email |
| NOTE: Please supply both conto | act officers and council generic e | email addresses | | |
| Previous and/or Open SES Supp Grant Applications? | port | Round <i>eg</i> 22-23 | Acquitted? Acquitted? | |
| *You may apply if you have an | open grant. Assessment comm | nittee considers each | applications on c | a case by case basis. |
| Section 2 | Project Details | | | |
| Category | Facility | Vehic | le | Project Priority (highest = 1) |
| SES Group/Unit | | | | |
| Project title | | | | |
| Executive Summary: >1 | What is the hackground | I hehind the nro | iect? | |

Executive Summary: >What is the background behind the project?

> Are there any specific events/issues; and what will the funding be used for?

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Section 3 Funding Details

Provide all funding details for the project. All costs are to be GST exclusive.

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

Funding Sources Facility Vehicle \$ (GST Excl.) \$ (GST Excl.)

SES Support Grant funding being requested

Local Government contribution (i.e., loans, revenue, contribution)

* If <u>no</u> contribution: MUST submit letter (refer page 13 Funding Guidelines-Special Funding)

Other State contributions

Provide details below (1)

Other contributions eq Insurance Payout

Provide details below (2)

Vehicle trade-in / auction estimate price

(Attach copy eg. red book online, dealer etc) Provide further details below (3)

TOTAL PROJECT COST (GST Exclusive)

NOTE: *No Project Management fees to be included

Details (1) Other State contribution

Details (2) Other contribution

Details (3) Trade in/Auction

Any additional comments in relation to above Funding Details:

Who will manage and pay for the ongoing operational and maintenance support costs of the project?

Funding from other Organisation

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)

Program/Organisation Name Amount Conditions

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Section 4A Facility Details

Complete this section for Facility Grants only.

Any attachment/s supporting your application should be referenced below and <u>attached</u> with this application. *Supporting documentation* can include photographs, approved building plans, quotes and/or drawings of the proposed facility, 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.

Building fit-outs

If completing a building fit-out, you must list the items to be purchased and their costs below.

*If not sufficient space please attach an additional list - Is an additional list attached? Yes No

Item Quantity Cost (Excl. GST)

| SES SUPPORT | | | | | |
|-------------|---------|------------|------|------------------|-----|
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| Section | ΛD | Vahi | اماء | Dataila |
|---------|----|------|------|----------|
| Section | ДΚ | veni | CIP | IJETAIIS |

| Complete this section for Vehicle G | Grants only | | |
|---|----------------------------------|---------------------------|--|
| Vehicle Stocktake | and CEC wahinla? | | |
| Does the SES Group have a designate Provide details of all current vehicles | | anding SES Unit: | |
| | | | |
| SES Group | Registration # | Description/type | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| * Please attach a separate list if all vehic | cles do not fit in the above t | able. | |
| Current vehicle (vehicle to be replac | red) | | |
| Make | | Model | |
| Year of manufacture | | Odometer reading | |
| Registration | | Trade in value | |
| *Enter trade in/auction value at Sec | tion 3 & <u>attach</u> online or | dealer valuation/estimate | |
| | | | |
| Replacement vehicle | | | |
| Make | | Model | |
| Year of manufacture | | Odometer reading | |
| What are the facility options/plans for | the new vehicle? | | |

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Section 5 Activity Details

| It is recommended that this Section is completed by th | he relevant SES Local Controller |
|--|----------------------------------|
|--|----------------------------------|

History

| Has the SES Group/Unit been involved in an emerg | ency or disaster activity in the last 2 years? |
|--|--|
|--|--|

Yes

If yes, what was the emergency/disaster and how was the Group involved?

What type of emergencies and/or natural disasters is the Area susceptible to? How often do the emergencies/ disasters occur and what is the impact on the community (e.g. loss of life, property damage etc.)?

Current Activity

Note: Information provided in this section will be verified by Queensland Fire and 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?

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APPLICATION CHECKLIST

Comments:

I have thoroughly read the Funding Guidelines and understand the application requirements. I have completed all required fields. The project is not yet started. (page 9 Funding Guidelines '...grants will not be provided retrospectively...') I have checked the funding amounts and they are correct, eligible and **GST exclusive**. I have considered whether I need to attach a Special Consideration or Special Funding Arrangement letter (page 13 Funding Guidelines) The Application is supported by the Chief Executive Officer (CEO) or Chief Financial Officer (CFO), or duly authorised delegate. The Applicant Declaration is complete. The Application is being lodged in Editable PDF format. *email to SES.Grants@qfes.qld.gov.au by 30 November 2023 Supporting documentation (quotes, plans etc) have been clearly identified and attached to the submission. The application was developed in consultation with the respective SES Local Controller. (Local Controller to complete below) Local Controller Name Phone Supported Yes Date **Email**

Prior to submitting your application, please ensure you have completed the following checks:

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Section 6 Terms and Conditions

If a funding application is successful, your organisation agrees to the following SES Support Grant 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 grant will be used solely for the purpose it was given and the project will commence from 1 July 2024 and be completed by 30 June 2025.
- 3. Where the grant 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 2025 or a *Certificate of Satisfactory Completion* (Acquittal report) and supporting documentation by 30 June 2025, the funding for the project may 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 grant.
- 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 grant will be identified separately within the applicants' accounting records so that at all times the grant is identifiable and ascertainable.
- The project, or any component of the project forming part of the application, will not be started before QFES provides a

- formal notification of grant approval. If, for any reason, the project is to be started before the notification, an officer from the organisation will contact SES Grants before the project starts. The organisation must receive written approval from QFES before proceeding (refer *Funding Guidelines* Section 'Project Requirements & Building Your Application').
- 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.
- The organisation will acknowledge the contribution of QFES (refer to *Funding Guidelines*, subsection 'Funding Acknowledgement').
- All invoices and/or relevant documentation will be submitted in support of the claim for payment of the grant (refer *Funding Guidelines*, subsection 'Payment of Funds').
- Any special conditions that are attached to the grant will be met.
- All relevant records of the grant will be kept for a period of seven (7) years and will be made available for audit at any time.
- Goods and Services Tax (refer Funding Guidelines, subsection Application of GST). The grant payment to council is excluding GST.
- 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 grant (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 <u>Funding Guidelines</u> 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 | | |
| Position | | | | | | |
| By checking this box, I hereby agree to the above declaration | | | | | | |