Variation Request Form

This form is to be used by Councils that have received approvals under the Department of Local Government, Racing and Multicultural Affairs (the Department) funding program when seeking:

* extension of time
* change of scope
* expansion of scope
* additional funds

This form is to be submitted as per sections 4.1.17 and 4.1.18 of the Funding Deed of Agreement which states **an application must be submitted at least two months prior** to the Funding Period End Date and before the proposed changes occur.

Submitted requests are subject to the Department’s approval.

|  |
| --- |
| **COUNCIL DETAILS** |
| Council: |       |
| Contact officer: |       | Contact number: |       |
| Position: |       | Contact email: |       |

|  |
| --- |
| **PROJECT DETAILS** |
| Program title: | The Indigenous Councils Critical Infrastructure Program (ICCIP) |
| Project title: |       |
| Project number: |       |
| Current approved completion date: |       | Percentage of project completed to date: (%) |       |
| Approved funding: ($) (as per the Formal Advice of Funding Approval) |       |
| Project components completed to date: |       |
| Project components yet to be completed: |       |

## Extension of Time

|  |
| --- |
| **REQUEST FOR AN EXTENSION OF TIME** |
| Please provide reason/s project will not be completed by the current completion date: |       |
| Proposed new completion date:  |       |
| Has a prior variation been sought/approved for this project? | Yes [ ] No [ ]   | Sought [ ]  | Date:       |
| Approved [ ]   | Date:       |
| Not approved [ ]  | Date:       |
| Does the date of this application fall less than two (2) months before the Funding Period End Date? | Yes [ ] No [ ]   |
| What is the reason for not applying in accordance with the Funding Deed of Agreement?  |       |
| What are the consequences if this extension is not granted? |       |

## Change or Expansion of Scope

|  |
| --- |
| **REQUEST TO CHANGE OR EXPAND THE PROJECT SCOPE**  |
| Detail the proposed changes to the approved works for the project: |       |
| Provide justification for proposed change of scope: |       |
| Has a prior variation been sought/approved for this project? | Yes [ ] No [ ]   | Sought [ ]  | Date:       |
| Approved [ ]   | Date:       |
| Not approved [ ]  | Date:       |
| Does the date of this application fall less than two (2) months before the Funding Period End Date? | Yes [ ] No [ ]   |
| What is the reason for not applying in accordance with the Funding Deed of Agreement?  |       |
| What are the consequences if this change of scope is not granted? |       |

## Additional Subsidy

|  |
| --- |
| **REQUEST FOR ADDITIONAL FUNDS** |
| What is the revised estimated final cost of the project? ($) |       |
| What is the new proposed subsidy amount? ($) |       |
| Provide details why the estimated final cost has increased: |       |
| Has a prior variation been sought/approved for this project? | Yes [ ] No [ ]   | Sought [ ]  | Date:       |
| Approved [ ]   | Date:       |
| Not approved [ ]  | Date:       |
| Does the date of this application fall less than two (2) months before the Funding Period End Date? | Yes [ ] No [ ]   |
| What is the reason for not applying in accordance with the Funding Deed of Agreement?  |       |
| What are the consequences if this request is not granted? |       |

**Statement of commitment**

 [ ]  In signing this request for variation application, the Council commits to:

* completing the project to the revised final cost detailed in this application, and/or
* completing the project with the revised works as detailed in this application, and/or
* completing the project detailed in this application by the proposed extension date, and
* submitting the final claim for subsidy to the department within 30 days of the proposed extension date.

 [ ]  The Council understands that:

* if this application is not approved, the project must be completed within the current scope, timeframe and budget.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signed by** **Chief Executive Officer or formal delegate** |  | **Date** |
|  |
| **Name:**       | **Position:**       |

Please email this form to: ICCIP@dlgrma.qld.gov.au