



# VARIATION REQUEST

## Request to vary approved grant

Return completed form to SES Grants by **30 April 2025** (if extending the completion date for round 2024-25 approved grant)

- 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 supporting documentation when submitting (not mandatory).

<b>ID Number</b>	<b>Local Government</b>	<b>SES Unit/Group</b>	<b>Grant Amount</b> excl GST
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### Project Title

<b>Variation</b>	<input type="checkbox"/> Facility	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Project Scope	Describe:	
<input type="checkbox"/> Completion Date	Original date:	Revised date: _____
<input type="checkbox"/> Other	Describe:	

### Reason for Variation (Please provide a detailed description)

### 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