

Variation request

Use this form to lodge a formal request to vary an approved grant. When completing this form, make sure you follow the instructions below:

- Check this is the correct form for your funding round. The documents are updated each round.
- Refer to your copy of the original application and the funding guidelines when completing this form.
- Return this completed form to SES Grants via grants@ses.qld.gov.au.
- The form must be returned by 2 months before the completion date.

Project details			
Project ID number		Local government	
Grant contribution amount (GST excl)		SES group/unit	
Project title			

Variation details

Variation type	Description of request	
<input type="checkbox"/> Project scope		
<input type="checkbox"/> Completion date	Original date:	Revised date:
<input type="checkbox"/> Other		
Reason for variation request: Please provide a detailed description.		
Number of previously submitted variations		

DECLARATION

I declare that:

- the information provided in this form is true and correct
 - I have the duly delegated authority to submit this variation on behalf of the Chief Executive Officer and nominated officer.
- ☐ By checking this box, I hereby agree to the above declaration.

Name		Position	
Date		Contact number	

Email	
Signature	

Authorised SES variation request approver			
Is this variation request approved?		<input type="checkbox"/> Yes	
<input type="checkbox"/> No. Explain the reason below:			
Name		Position	
Date		Contact number	
Email			
Signature			

