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Useful VESEP Application Information

VESEP Program Details

The Volunteer Emergency Services Equipment Program (VESEP) is an annual program funded by the Victorian Government, which provides grants to local volunteer emergency services groups for operational equipment, vehicles and appliances, and minor facility improvements.

- VESEP offers grants of up to \$150,000 (excluding GST).
- Funding is only available for the financial year in which it is awarded.
- VESEP will fund \$2 for every \$1 contributed by the group.
- A co-contribution by the group is a mandatory condition of the program.
- You must attach quotations, specifications, photographs and any other material in support of your application.

VESEP Application Close Date

The VESEP Applications close: 4pm Friday, 14 June 2024

Late applications will not be accepted

How to Apply

VESEP applications will only be accepted by submitting this form.

All questions marked with an asterisk must be completed to enable this form to be submitted.

Once you have completed the form you must select the 'Review and Submit' tab.

When you have finalised your application and all the required fields have been completed, select the **'Submit'** tab at the top of the form to submit your application.

Upon submission of your application, you will receive an email confirmation and a copy of your application for your records.

If you do not receive the confirmation email please contact us at emvgrants@justice.vic.gov.au.

VESEP Eligibility and Funding Criteria

To be eligible to apply for a grant, an emergency services volunteer group must be listed as an Agency under the State Emergency Management Plan, have in the past two years performed a role, or discharged a responsibility of an emergency services agency (as defined in the *Emergency Management Act 1986*), with their authorisation, or be able to demonstrate a history of provision of emergency services in Victoria.

Applications must meet the VESEP funding criteria. This includes:

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- The asset will enhance operational capability
- The group has the appropriate resources to house, operate and maintain the asset
- The asset will provide a net community benefit
- Funding for the asset has not been received under another program
- The group must meet their matched funding formula contribution
- The group can demonstrate that the make and model of all equipment meets agency standards

Additionally:

- Eligible applicants may only apply for one grant (single application)
- The project must begin on or after the start of the funding allocation
- Funding should be fully expended by the end of 2024-25 financial year.

The Victorian Government encourages where possible and appropriate that grant recipients source their purchases from local businesses (Victorian or Australian).

VESEP will **not** fund:

- core budget requirements
- recurrent expenditure such as maintenance, operating costs associated with assets
- projects currently in progress
- project overspends.

Assessment of your Application

The VESEP Assessment Panel will review and prioritise your application.

Funding recommendations will be forwarded to the Minister for Emergency Services for approval.

Notification of Outcomes

After the formal assessment process is complete, all applicants will be notified in writing of the outcome of their application.

A list of successful grants will be available on EMV's website.

Need more Help?

Please contact us at emvgrants@justice.vic.gov.au.

Applicant Details

* indicates a required field

Organisation Name *						
Australian Business						
Number (ABN) *	The ABN provided will be used to look up the following information. Click Lookup above to check that you have					
	entered the ABN correctly.					
	Information from the Australian Business Register ABN Entity name					
	ABN status Entity type Goods & Services Tax (GST)					
	DGR Endorsed					
	ATO Charity Type	More information				
	ACNC Registration					
	Tax Concessions Main business location Must be an ABN.					
Disease sale at assess LCA						
Please select youre LGA from the drop down list	If your project covers no	ro than and I CA places calcut Other and				
*	If your project covers more than one LGA please select Other and list all the relevant LGAs. If you are unsure which LGA you are					
		th the <u>Know Your Council</u> website using stances where the organisation's head				
	office is applying please	select the LGA specific to the projects				
	location.					
Contact Details						
Contact Betains						
Contact Name *	First Name	Last Name				
	This will be the primary of	contact in relation to this application				
Position *						
Postal Address *	Address					
	Address Line 1. Suburb/T	own, State/Province, and Postcode are				
	required.	, , , , , , , , , , , , , , , , , , , ,				
Contact Number *						
Contact Number						

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	Must be an Australian phone number. Include (03) for land line numbers
Contact Email *	
	Must be an email address.
Eligibility Criteria	
Confirm how your organisatio	n meets the eligibility criteria for VESEP. *
Word count:	
Must be no more than 300 words.	
Attach any supporting docum Attach a file:	entation
For example, a letter from an emerge sector.	ency services agency confirming role in emergency services
Project Details	
* indicates a required field	
Select the type of project you Operational Equipment Minor Facility Improvements Vehicles and Appliances Select all relevant types for your gran	
Provide a short project descri	ption *
Word count: Provide a short description of what the	ne grant will be used for (100 words recommended).
	sation's head office is submitting applications for list the priority ranking of this application.
For example, Priority 1 of 10	
B : . B	

Project Budget

If you are **registered** for GST, you should **not include GST** in the budget table below. Where applicable, EMV will pay the grant amount plus GST.

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If you are **not registered** for GST, please ensure that the budget table below covers the total cost of your items **including GST** where applicable.

Description of Items to purch	iase	lotal cost of item
		\$
		\$
		\$
Provide details of what you are seek	ing to buy with	n Must be a dollar amount.
the grant.		
Total Expenditure	\$	
	т	amount is calculated.
	,	should match your response to Total Project Cost
	below.	should match your response to rotal Project Cost
	DCIOW.	
Current Americant Democrated *		
Grant Amount Requested *		
\$		
Must be a dollar amount.		
What is the total financial support yo	ou are requesti	ing in this application?
Applicant's Contribution *		
\$		
Must be a dollar amount.		
What is the total co-contribution tha	t your organisa	ation will make towards this project.
	, ,	
Total Project Cost *		
\$		
Must be a dollar amount.	-2 This amount	should match the calculated amount in the Total
Expenditure field above.	L: THIS afficult	Should mater the calculated amount in the Total
Experiarca rela above.		
Permits		
remits		
	_	
Do you require building or pl	anning pern	
○ Yes		○ No
Have you obtained your plan	ning permit	(s)? *
○ Yes	J .	○ No
		and the state of t
Upload permit(s) or relevant	aocuments	*
Attach a file:		

When do you expect to obtain your building/planning permit(s)? *
Must be a date.
Supporting information *
Provide any further details regarding your building/planning permits.
Justification for Funding Requested
Explain why the funding and project are needed. *
For example, describe how the project will enhance operational capability. Supporting documents can be attached below.
Provide details on how the organisation's volunteers and the broader community will benefit from the project. *
Describe what resources the organisation has in place to house, operate and maintain the equipment for its operational lifetime. *
manitum the equipment for its operational meanie.
For example resources could include: people in place to operate the equipment. The required training
or certifications have been obtained. There is somewhere to store the equipment. The organisation has resources to cover any ongoing costs to store and/or maintain the equipment.
Do you expect to receive funding for the same project from another program? * O Yes No
"Another program" may include any other local, state or Commonwealth government grant program. This does NOT include the matched contribution from your organisation.
What is the name of the other program and how much funding will you receive? *

Please confirm that your organisation is able to meet the matched funding contribution requirement. *
○ Yes ○ No
If this application is successful, your organisation is expected to contribute \$1 for each \$2 of VESEP grant funding. For example, to receive a grant of \$100,000 your matched contribution would be a minimum of \$50,000, to fund a project with a total cost of \$150,000.
Generally, an application is ineligible for VESEP funding where the applicant is not able to contribute the matched funding required.
However, EMV may take into consideration any significant factors relating to an organisation's ability to meet this requirement when reviewing the eligibility of your application.
Provide an explanation for why your organisation is requesting special access to the program. *
Any additional documents supporting your claim for special consideration can be attached at the end of the application form.
Confirm the amount of funding the organisation is able to contribute. *
\$
Must be a dollar amount. This amount should already be included in the budget section on the previous page. Please update the budget section if it differs from the amount you indicate here.
Please upload any additional evidence to support consideration of your request. Attach a file:
Supporting Documentation
Attach quote(s) to support the funding requested * Attach a file:
Recommended size no bigger than 5MB per file. Maximum of 25MB
Attach any further documents to support your VESEP application Attach a file:
e.g. Letters of support, business case documents. Recommended size no bigger than 5MB per file. Maximum of 25MB
Please provide any other comments regarding your application

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Declaration

* indicates a required field

By submitting this application form I declare that:

- the information provided in this form and attachments are, to the best of my knowledge, true and correct.
- the applicant matched funding contribution detailed in the Budget section is available for the project in the 2024-25 year.
- I understand any omission or false statement may result in the rejection of the application or withholding of any funds already approved.
- I understand the Department of Justice and Community Safety, Emergency Management Victoria, or its agent, may check any of the statements for the purpose of assessing this application, and I agree to provide any additional information requested.
- I understand this is an application only and may not result in funding approval.
- This application is endorsed by the organisation's Chief Executive Officer or equivalent.

Please fill in the details of the Chief Executive Officer or authorised officer as a sign they endorse this application.

Name of Authorising	Title	First Name	Last Name		
Officer *					
_					
Position *					
Phone Number *					
	Must be an Australian phone number. Include (03) for land line numbers				
Date *					
	Must be a date.				