

# 2026-27 VESEP Volunteer Marine Search and Rescue Application Form

## Form Preview

### 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.

- The 2026-27 VESEP offers grants of up to \$250,000 (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 Thursday, 11 June 2026.**

**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](mailto:emvgrants@justice.vic.gov.au).**

#### VESEP Funding Criteria

Applications must meet the VESEP funding criteria. This includes:

- 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

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- 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:

- The project must begin on or after the start of the funding allocation
- Funding should be fully expended by the end of the 2026-27 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 Panel and your agency 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 also be available on [EMV's website](#)

## Need more Help?

Please contact us at [emvgrants@justice.vic.gov.au](mailto:emvgrants@justice.vic.gov.au).

## Applicant Details

\* indicates a required field

**Unit Name \***

## Contact Details

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**Name \***

First Name

Last Name

This should be the primary contact for the application

**Position \***

**Postal Address \***

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**Contact Number \***

Must be an Australian phone number.  
Include (03) for land line numbers

**Contact Email \***

Must be an email address.

**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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Local Government Area (LGA)

**Please select your LGA from the drop-down list \***

If you are unsure which LGA you are located in, you can search the [Know Your Council](#) website using your street address.

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### Project Details

\* indicates a required field

Select the type of project you wish to fund \*

- Operational Equipment
- Minor Facility Improvements
- Vehicles, Appliances, Vessels
- Statewide Initiative

Select all relevant types for your grant application.

Provide a short project description \*

Provide a short description of what the grant will be used for (100 words recommended).

### 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.

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 purchase	Total cost of item
	\$
	\$
	\$
Provide details of the project expenses.	Must be a whole dollar amount (no cents).

Total Expenditure

This number/amount is calculated.

This amount should match your response to Total Project Cost below.

Grant Amount Requested \*

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Applicant's Contribution \*

Must be a dollar amount.

What is the total co-contribution that your unit will make towards this project.

Total Project Cost \*

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\$

Must be a dollar amount.

What is the total cost of your project? This amount should match the calculated amount in the Total Expenditure field above.

### Permits

**Do you require building or planning permit(s)? \***

Yes

No

**Have you obtained your planning permit(s)? \***

Yes

No

**Upload permit(s) or relevant documents \***

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 is needed. Detail the benefit to your organisation and the community. \***

For example, describe how the project will enhance operational capability. Supporting documents can be attached below.

**Describe what resources the Unit has in place to house, operate and maintain the equipment. \***

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For example resources could include: people in place to operate the equipment. The required training or certificates have been obtained. There is somewhere to store the equipment. The Unit 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? \***

- Yes  No

"Another program" may include any other local, state or Commonwealth government grant program. This does NOT include the matched contribution from your unit.

**What is the name of the other program and how much funding will you receive? \***

**Please confirm that the Unit is able to meet the matched funding contribution requirement. \***

- Yes  No

If this application is successful, the Unit 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 matching funding required.

However, consideration may be given to any significant factors relating to the unit's ability to meet this requirement when reviewing the eligibility of your application.

**Provide an explanation for why your unit is requesting special access to the program. \***

Any additional documents supporting your claim of financial hardship can be attached at the end of the application form.

**Confirm the amount of funding the unit 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:

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### 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**

### 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 2026-27 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 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 an appropriate senior member of the unit or equivalent authority.

**Please fill in the details of the senior member or authorised officer as a sign they endorse this application.**

**Name of Unit Manager or Authorising Person \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

**Phone Number \***

Must be an Australian phone number.  
Include (03) for land line numbers

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**Date \***

Must be a date.