**Natural Disaster Financial Assistance for local councils**

Approval Form for eligibility determination of an Essential public asset or assets anticipated to cost over $1 million

## Overview

One of these forms needs to be filled out by local councils depending on whether the estimated cost of damage is less than or greater than $1 million:

* To determine eligibility of a damaged asset that is estimated as costing less than $1 million to restore, which is not listed in the *Assets generally considered Eligible table* at the top of page 2 of the guidance on the ***Reinstatement of essential public assets guidance for local councils* (complete Form 1)**; or
* For any assets that are estimated to cost in excess of $1 million to restore following damage sustained as a result of a natural disaster, in order for the Commonwealth to determine eligibility of the expenditure **(complete Form 2)**.

For any queries relating to the eligibility of salaries and wages, please contact the NDFA Team on   
(03) 9651 2327 or email ndfa@dtf.vic.gov.au.

When the form is complete, please email to: *ndfa@dtf.vic.gov.au*.

## Checklist

The following checklist should be used as a guide to ensure that relevant information has been included and that the instructions have been followed.

🞎 Each question in this template has been answered and example text deleted.

🞎 Any supporting evidence and documents are attached (if applicable).

## FORM 1: Determination of the eligibility of an asset costing less than $1 million or relief or recovery measure

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| **PART 1 – APPLICATION INFORMATION** | |
| **Date of application** | To be filled out by the local council.  DD Month YYYY |
| **Eligible disaster details** | **To be filled out by the Department of Treasury and Finance**  **Event name:** ^Name of event e.g. Southern Central Flooding March 2012^  **Event date:** ^Date or approximate ranges when the event occurred^  **AGRN:** ^Australian Government Reference Number^ |
| **Lodging *State*** | Victoria |
| **Lodging Agency** | Primary agency for disaster recovery matters |
| **Authorising officer** | Name, position and contact details |
| **Please note that the information in this Form will be made available to NDRRA Stakeholders Group members through the external user secure portal** | |
| **PART 2 – DETAILS OF PROPOSED RECOVERY MEASURE OR ASSET RESTORATION PROJECT** | |
| **Details of the responsible *State*/Territory agency or local government associated with the proposed measure** | To be filled out by the local council. |
| **Description of proposed measure/asset to be repaired** | To be filled out by the local council.  Provide a description of the proposed measure or asset restoration project.  NOTE: Please include as much detail as possible. Attachments may be used. |
| **Description of why the measure is needed or damage to asset** | To be filled out by the local council.  Provide a statement as to why the assistance measure or asset restoration project is required. |
| **Cost** | To be filled out by the local council.  Please include the actual/estimated cost associated with the proposed measure or asset restoration project and identify which financial year the cost will be incurred. |
| **PART 3 – ASSET OWNERSHIP DETAILS (This part is applicable to eligibility queries associated with the restoration or replacement of *essential public assets* and must be completed if applicable)** | |
| **Undertaking name** | To be filled out by the local council.  Please outline who owns the asset proposed for restoration or replacement. |
| **Does the owner meet the *eligible undertaking* requirements under clause 1.1** | This is not applicable for a local council. |
| **PART 4 – STATE/TERRITORY ASSESSMENT** | |
| **Relevant NDRRA Determination Category & clause/sub-clause** | To be filled out by the Department of Treasury and Finance  Please identify which clause of the NDRRA Determination 2017 the *state* considers the activity to fall under. |
| **How the proposed measure or restoration project accords with the *determination*?** | To be filled out by the Department of Treasury and Finance  Please provide a statement as to why the *state* believes that the measure is eligible and accords with the *determination.*  *NOTE: Consideration must be given to the requirements of the relevant clause and the general principles for assistance under clause 3. For example, if a proposed measure is a CDO activity under clause 5.3.1.(k) it is necessary to address each sub-clause under 5.3.44.* |
| **PART 5 – FURTHER INFORMATION** | |
| **Any further relevant information** | To be filled out by the local council.  Please include any other relevant information regarding the proposed measure or asset restoration project. |

**EMA Assessment**

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## FORM 2 – Notification of restoration or replacement of an essential public asset that is estimated to cost $1 million or more

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| **PART 1 – APPLICATION INFORMATION** | |
| **Date of application** | To be filled out by the local council.  DD Month YYYY |
| **Eligible disaster details** | To be filled out by the Department of Treasury and Finance.  **Event name:** ^Name of event e.g. Southern Central Flooding March 2012^  **Event date:** ^Date or approximate ranges when the event occurred^  **AGRN:** ^Australian Government Reference Number^ |
| **Lodging *state*** | Victoria |
| **Lodging agency** | Department of Treasury and Finance |
| **PART 2 – DETAILS OF THE ESSENTIAL PUBLIC ASSET** | |
| **Name of *eligible undertaking*** | To be filled out by the local council.  ^Name of the entity who owns the asset^ |
| **Name and location of EPA** | To be filled out by the local council.  ^Name of the asset, including a map of where it is located^ |
| **Public Infrastructure Type** | To be filled out by the local council.  🞎 Health 🞎 Transport  🞎 Justice 🞎 Education  🞎 Welfare 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If it is a *transport* or public infrastructure asset, please provide a description of why the asset is a necessary part of the *state’s* infrastructure and integral to the normal functioning of a community** | To be filled out by the local council.  ^If yes, please provide details of the type of *transport* or *public infrastructure* asset it is i.e. road, road infrastructure (including footpaths, bike lanes, pedestrian bridges), bridges, tunnels and culverts and how the asset is a necessary part of the state’s infrastructure and integral to the normal functioning of a community^ |
| **If Other, please provide a description of why the asset is a necessary part of the *state’s* infrastructure and integral to the normal functioning of a community** | To be filled out by the local council.  ^Please provide a brief description outlining how the asset is a necessary part of the state’s infrastructure and integral to the normal functioning of a community^ |
| **PART 3 – DETAILS OF THE PROJECT** | |
| **Is the estimated total cost of the project $1 million or more?** | To be filled out by the local council.  🞎 Yes ^If the estimated cost is under $1 million there is no need to seek Commonwealth agreement^ |
| **Agreement sought for** | 🞎 Replacement 🞎 Restoration |
| **Proposed project start date** | To be filled out by the local council.  ^dd/mm/yyyy^ |
| **Proposed project finish date** | To be filled out by the local council.  ^dd/mm/yyyy^ |
| **Scope of project** | To be filled out by the local council.  ^Brief description of the scope of the restoration or replacement works to be completed^ |
| ***State*/territory contact officer details** | To be filled out by the Department of Treasury and Finance.  **Name:** ^Full name of the contact officer^  **Title:** ^Job title of contact officer^  **Email address:** ^Email address of the contact officer^  **Phone number:** ^Contact phone no. incl area code, of the contact officer^ |
| **Commonwealth agreement (to be completed by the Commonwealth Department of Home Affairs)** | To be filled out by the Commonwealth.  **Name**: ^Full name of Commonwealth approving officer^  **Title:** ^Job title of Commonwealth approving officer^  **Email address:** ^email address of the Commonwealth approving officer^  **Phone number:** ^contact phone no. including area code of the contact officer^  Approved/Not approved (please circle)  **Signature:**  **Date:** / /  *[Please note that:*  *1. Only those costs associated with restoring or replacing the essential public asset(s) in the activated local government area(s) for this event are eligible to be claimed for reimbursement under the NDRRA Determination 2017,*  *2. Only eligible costs associated with restoring or replacing the essential public asset(s) to its pre-disaster standard (in accordance with current building and engineering standards as per Guideline 1 of the NDRRA Determination 2017) can be claimed for reimbursement, and*  *3. Commonwealth agreement does not deem all associated project costs as being eligible for reimbursement under the NDRRA—just that the asset(s) identified satisfy the definition of an essential public asset under the NDRRA. In addition, this agreement does not preclude the Commonwealth from identifying ineligible costs upon completion and acquittal of the project.]* |