Expression of Interest form

New South Wales
State Emergency Management Committee

2026-27 Emergency Management Committee Funding Program Expression of Interest

This application and supporting documentation are to be submitted to exercises@premiersdepartment.nsw.gov.au

1. Committee		
2. Contact Officer Details *Please nominate a contact person to liaise on behalf of the LEMC/REMC on all correspondence and invoicing matters*		
Name:		
Region:		
Agency/Organisation:		
Position:		
Phone Number/s:	Work: Mobile:	
Email Address:		
Vendor Account Details		
Vendor Account Name:		
Vendor BSB:		
Vendor Account Number:		
3. Proposal details		
Lead agency:		
Agencies involved:		
Location:		
Venue:		
Dates:		
Duration:		
3a. Complete for Exercises Only		
Level:	☐ Regional	☐ Local
Exercise Priority Area: *(Other exercises may be approved at the discretion of the Premier's Department)*	☐ Coastal Erosion	☐ Renewable Energy
	☐ Power Outage	☐ Disability
	☐ Tsunami	☐ Heatwave
	☐ Spontaneous Volunteers	☐ Major Evacuation Centre
	☐ Other, please specify:	
Exercise style:	☐ Discussion	☐ Functional
Exercise name:		
3b. Complete for other planning and preparedness activities only *Please provide details if other activity selected*		
Activity	☐ Local Evacuation Planning ☐ Disability Evacuation Planning	

	☐ Aboriginal Community Planning ☐ Emergency Risk Assessments ☐ Development of consequence management guide (CMG) Other
What are the outcomes for the activity?	
How does the activity address LEMC/REMC functions and/or SEMC priorities?	
4.Endorsement *Endorsement must be provided by the LEMC/REMC Chair*	
Committee Name:	
Chair Name:	
Chair Signature:	
Date:	

5. Budget estimate

Please provide a break down as to what the funds will be used for - refer to the list of eligible costs.

Type of cost	Description	Amount (ex. GST)
	Funding requested total (ex. GST)	

Do you require an external facilitator to run the exercise? ☐ Yes ☐ No