



# New South Wales State Emergency Management Committee

## 2025-26 Emergency Management Exercise Program Expression of Interest

This application and supporting documentation are to be submitted to [Exercises@premiersdepartment.nsw.gov.au](mailto: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:		

### Proposal Details

Level:	<input type="checkbox"/> Regional	<input type="checkbox"/> Local
Exercise Priority Area: (Other exercises may be approved at the discretion of the Premier's Department)	<input type="checkbox"/> Regional Major Evacuation Centres	<input type="checkbox"/> Disability Inclusive EM
	<input type="checkbox"/> Power Outage	<input type="checkbox"/> Other, please specify:
Exercise style:	<input type="checkbox"/> Discussion	<input type="checkbox"/> Functional
Exercise name:		
Lead agency:		
Agencies involved:		
Location:		
Venue:		
Dates:		
Duration:		

### 3. Proposal Endorsement

Endorsement must be provided by the LEMC/REMC Chair

Committee Name:	
Chair Name:	
Chair Signature:	
Date:	

**4. 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