

## 2025/2026 Rescue Exercise Program Application

This application and any supporting documentation is to be submitted to <a href="mailto:Exercises@premiersdepartment.nsw.gov.au">Exercises@premiersdepartment.nsw.gov.au</a>

1. Title of Proposal		
2. Lead Agency/Committee		
3. Contact Officer Details		
Please nominate a contact person to	o liaise on behalf of the LRC/RRG	C/Agency on all correspondence and invoicing matters
Name:		
Agency/Organisation:		
Position:		
Phone Number/s:	Work:	Mobile:
Email Address:		
4. Proposal Overview		
5. Proposal Aim		
C. Propodat / tim		
6. Program Objective/Outcomes		
7. Alignment with the Assessment	t Criteria	
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## OFFICIAL

Proposal Details								
Level:		□ Regional				□ Local		
Exercise style (where applicable):		☐ Discussion ☐ Functional			□ Field			
Agencies involved: List all participating agencies				,				
Location:								
Venue:								
Dates:								
Duration:								
8. Proposal Support								
Agency/Committee Name:								
R-TAC Member/Chair Name:								
R-TAC Member/Chair Signatu	ıre:							
Date:								
9. Co-contributions								
Agency/Organisation	Des	Description			Е	Estimated Value		
10. Budget estimate								
Item	Des	scription			С	Cost		
Funding requested total (ex. GST)								
Will you be engaging external professional services to deliver your proposal?*  *If yes, care should be taken to ensure copyright does not remain with the provider and the resulting collateral is able to be shared with all SEMC agencies.						□ Yes	□No	