Please refer to the South Australian Government’s *Local Government Disaster Assistance Guidelines* and supporting material when completing this form. The Guidelines are available on the Department of Treasury and Finance’s website.

Note more than one claim can be submitted by a council if required. Each submitted form should be appropriately numbered.

**Section 1: Applicant Details**

1. **Council**

|  |
| --- |
|  |

1. **Address**

|  |
| --- |
|  |

1. **Primary Contact**

|  |
| --- |
| Name of Officer  Position  Phone  Email |

1. **Chief Executive Sign-Off**

|  |
| --- |
| Signature  Name  Date |

1. **Claim Reference**

|  |
| --- |
| *As provided by DTF following initial claim assessment*  *For multiple claims add letters to end of reference (e.g. 111a, 111b, 111c, etc.)* |

**Section 2: Summary of Final Damages Assessment**

1. **Finalised Expenditure Requirement(s)**

|  |  |
| --- | --- |
| Eligible Measure | Claimable Expenditure $ |
| *Emergency Works/Immediate Reconstruction of Essential Public Asset ‑  Actual Expense* |  |
| *Reconstruction of Essential Public Asset – Estimated Expense (Market Response)* |  |
| *Counter Disaster Operations – Actual Expense* |  |
| *Community Recovery Fund Activities* |  |
| Total |  |

**Section 3: Reconstruction of Essential Public Asset(s) – Pre-Disaster Standard**

Only complete if applicable.

1. **Emergency Works**

|  |
| --- |
| *Provide description of emergency works and temporary repairs undertaken to make assets safe and/or restore partial function (description should include location of activities undertaken).* ***Works must have been completed within 3 months of gaining access to the site following the event.*** |

1. **Immediate reconstruction**

|  |
| --- |
| *Provide details of immediate reconstruction works completed with reference to the Form 1 damage assessment.* ***Works must have been completed within 3 months of gaining access to the site following the event.*** |

1. **Estimated reconstruction cost**

|  |
| --- |
| *Provide details of the market price to restore assets to their pre disaster condition with reference to the Form 1 damage assessment. Where the proposed treatment differs from the damage assessment provide further details.*  *Identify expected timing of expenditure and completion date for each project.*  *Note the need to incorporate proposals for acknowledging Commonwealth Government and State Government assistance.* |

1. **Procurement Analysis**

|  |
| --- |
| *Detail procurement process undertaken, proponent details (work schedule, estimated costs), selection of preferred contractor and rationale for selecting a preferred contractor (if applicable).*  *State and detail the rationale for selection of the preferred contractor.* |

1. **Other Funding Sources – Capital Works Budget**

|  |
| --- |
| $XX *Identify any amount in the current Capital Works Budget allocated for works on the damaged essential public asset that are in excess of the minimum asset reconstruction amount of $10 000.* |

1. **Other Funding Sources – Insurance Recoveries**

|  |
| --- |
| $XX *Identify amount and detail commercial insurance arrangements. Where the asset is uninsured, insert N/A and refer to the cost-effectiveness evaluation of insurance options detailed in the preliminary assessment (Form 1).* |

Attach procurement documentation and contractor quotations.

Attach internal council calculations for undertaking the required works (if applicable).

Attach details of the current Capital Works Budget and insurance policies (if applicable).

**Section 4: Counter Disaster Operations**

Only complete if applicable.

1. **Identified Required Eligible Counter Disaster Operations**

|  |
| --- |
| *Finalise preliminary assessment information.* |

1. **Delivery of Counter Disaster Operations**

|  |
| --- |
| *Finalise preliminary assessment information.* |

1. **Expenditure Requirement**

|  |
| --- |
| *$XX.* |

1. **Other Funding Sources – Capital Works and/or Operating Budgets**

|  |
| --- |
| *$X., Identify any amount in the current Capital Works Budget or any other operating budget that was set aside for activities closely associated with the counter disaster operations.* |

1. **Claimable Expenses**

|  |
| --- |
| *Item 15 Expenditure Requirement less*  *Item 16 Other sources of funding* |

**Section 5: Community Recovery Fund**

Only complete if applicable.

1. **Assessment of the Severity of Community Impacts**

|  |
| --- |
| *Finalise preliminary assessment information.* |

1. **Objectives of a Proposed Community Recovery Fund**

|  |
| --- |
| *Finalise preliminary assessment information.* |

1. **Proposed Community Recovery Fund Governance Arrangements**

|  |
| --- |
| *Finalise preliminary assessment information.* |

1. **Proposed Community Recovery Fund Activities**

|  |
| --- |
| *Finalise preliminary assessment information.* |

1. **Delivery of Community Recovery Fund Activities**

|  |
| --- |
| *Finalise preliminary assessment information.* |

1. **Expenditure Requirement**

|  |
| --- |
| *$XX. Attach detailed calculations, e.g. unit of measures, unit rate, overheads and quantity estimates used in estimate. Identify which financial year the expenses will be incurred.* |

1. **Other Funding Sources – Operating Budgets**

|  |
| --- |
| *$XX., Identify any amount in the current Operating Budget that was set aside for activities closely associated with the community recovery fund activities.* |

1. **Claimable Expenses**

|  |
| --- |
| *Item 23 Expenditure Requirement less*  *Item 24 Other sources of funding* |