Essential Property Maintenance Package
PRE-APPROVAL OF ELIGIBLE PROJECT APPLICATION

Please include all required signatures and documents with this application form.

Name of Proprietor:		
Proprietor contact number:	**Proprietor Email:**	
School name & MoE No.:	**EPMP Funding available:**	
What category is the project?		
Priority One Tick ☐	**Priority Two Tick ☐**	**Priority Three Tick ☐**
Health and Safety	**Essential Infrastructure**	**Quality Learning Environments**
Provide description of project, how fits priority category and why top priority:		
Age of school: is this applicable to area that is new or rebuilt after 2014? Yes ☐ No ☐		
School viability: is the school at risk of closing, merging, or relocating within 5 years? Yes☐ No ☐		
Estimated cost of project (Excl GST): $		
Indicate if proprietor funds required to top up EPMP funding? **Yes Tick ☐ Amount: $**		
Indicate if the project can be delivered within 24 month timeframe from funding release?		
Yes Tick ☐	**No Tick ☐**	
Comments if No:		

Documentation included:		
Estimate of project costs	Include scope and estimate for work to be undertaken	**Estimate included Tick ☐**
Estimate of project timeframe	Include estimate for timeframe of work to be undertaken	**Estimate included Tick ☐**
If end of life replacement or minor SPG increase please provide evidence still within SPG (if applicable).	Indicate still within SPG (if applicable).	**Evidence included Tick ☐**

Declaration:		
School Board acceptance of proposed project **Or** attached signed memo	Signed by Principal and Presiding Member of School Board	Name: Signed: Date:
		Name: Signed: Date:

Declaration:		
Overall signoff by Proprietor *Signed attestation by Proprietor that:* • *this project is the highest priority as set out in the EPMP guidelines* • *they commit to meeting proposed timeframe (within their control)*	Signed by Proprietor or Proprietor's Agent Signed by Proprietor or Proprietor's Agent	Name: Signed: Date: Name: Signed: Date:

FOR OFFICIAL USE ONLY: PROJECT ELIGIBILITY APPROVAL

PROJECT ID:	Date received:	
Documents	**Notes**	**Y/N**
Project scope fits priority category?		
Estimates received and reviewed?		
Can the project meet timeframe?		
Scan and save documents in school file		
APPROVAL TO PROCEED TO FUNDING RELEASE PROCESS	**Name:** **Signed:** **Date:**	