



Community Planning Program

SEED FUNDING -VARIATION FORM

This form should be completed in full by a community coordinator receiving Seed funding from Golden Plains Shire Council who wishes to vary aspects of their project, project plan or Funding Agreement once the Funding Agreement has been signed.

The applicant should make contact with Golden Plains Shire Council directly to discuss the significance of the proposed variation.

The form should be completed, and any variation approved in writing by Golden Plains Shire Council prior to the applicant making changes to their project. Failure to do so could result in further funding for the project not being available, either in part or in full.

For Enquiries:

Email: communityplanning@gplains.vic.gov.au

Phone: (03) 5220 7111

Project Details	
Project Title:	
Reference Number:	
Organisation Name:	
Contact Person:	
Phone:	
Email:	

Reason for Variation
What is the reason you are seeking a variation?
What is the impact from this Variation (please tick all applicable):
a. <input type="checkbox"/> Activities
b. <input type="checkbox"/> Completion Date
c. <input type="checkbox"/> Budget (Reallocation/reduction of budget only)
d. <input type="checkbox"/> Outcomes
e. <input type="checkbox"/> Other



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Please complete applicable section/s below.

a) Activities - Details of Variation(s)

Please describe the proposed variation(s) and impact on the Activities:

Current Activities:

Proposed New Activities:

Impact of Variation on Overall Project:

b) Completion Date – Details of Variation(s)

Please describe the proposed variation(s) and impact on the Completion Date:

Current Completion Date:

Proposed New Completion Date:

Impact of Variation on Overall Project:

c) Budget – Details of Variation(s)

Please describe the proposed variation(s) and impact on the Budget:

Current Budget:

Proposed New Budget:

Impact of Variation on Overall Project:

d) Outcomes – Details of variation(s)

Please describe the proposed variation(s) and impact on the Outcomes:

Current Outcomes:

Proposed New Outcomes:

Impact of Variation on Overall Project:



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e) Other – Details of variation(s)

Please describe if there are variation(s) to any other aspects of the project:

Name:

Signature:

Date:

OFFICE USE ONLY

Authorised Not Authorised

Authoriser Name:

Date: