
# NATURAL DISASTER RELIEF AND RECOVERY ARRANGEMENTS

# *(As per the NDRRA Determination 2017)*

# ATTACHMENT H – ELIGIBILITY ENQUIRY FORM

This Form has been designed to assist the *department* to assess the eligibility of relief and recovery activities under the *Natural Disaster Relief and Recovery Arrangements* (NDRRA) as outlined in the *determination*.

Please note that this form may also be used for eligibility queries regarding *essential public assets*, noting that *states* may also use Attachment C: Essential Public Assets Approval Form.

In completing the Form, it is important to include as much information as possible. Some of the information requested in the Form is for the purpose of establishing context and will not influence decisions regarding eligibility under the *determination*. Please note the *department* may seek additional information as required for assessment.

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| **PART 1 – APPLICATION INFORMATION** |
| **Date of application** | DD Month YYYY |
| **Eligible disaster details** | **Event name:** ^Name of event e.g. Southern Central Flooding March 2012^**Event date:** ^Date or approximate ranges when the event occurred^**AGRN:** ^Australian Government Reference Number^ |
| **Lodging *State*** | ^Name of the *state* or territory submitting the eligibility form^ |
| **Lodging Agency** | Primary agency for disaster recovery matters |
| **Authorising officer** | Name, position and contact details |
| **Please note that the information in this Form will be made available to NDRRA Stakeholders Group members through the external user secure portal**  |
| **PART 2 – DETAILS OF PROPOSED RECOVERY MEASURE OR ASSET RESTORATION PROJECT** |
| **Details of the responsible *State*/Territory agency or local government associated with the proposed measure** | Identify the *State*/Territory agency or local government, undertaking the proposed measure or asset restoration project. |
| **Description of proposed measure/asset to be repaired** | Provide a description of the proposed measure or asset restoration project.NOTE: Please include as much detail as possible. Attachments may be used. |
| **Description of why the measure is needed or damage to asset** | Provide a statement as to why the assistance measure or asset restoration project is required. |
| **Cost** | Please include the actual/estimated cost associated with the proposed measure or asset restoration project and identify which financial year the cost will be incurred. |
| **PART 3 – ASSET OWNERSHIP DETAILS (This part is applicable to eligibility queries associated with the restoration or replacement of *essential public assets* and must be completed if applicable)** |
| **Undertaking name** | Please outline who owns the asset proposed for restoration or replacement. |
| **Does the owner meet the *eligible undertaking* requirements under clause 1.1** | Please include necessary information to demonstrate that the entity is an *eligible undertaking* under 1.1 in respect of the asset proposed for restoration or replacement. Please ensure a statement is made against each part of the definition of an *eligible undertaking* under 1.1.An eligible undertaking is a body that: * is one of the following:
* a department or other agency of a *state* government, or
* established by or under *state* legislation for public purposes (for example, a local government), and
* provides services free of charge or at a rate that is 50 per cent or less of the cost to provide those services.
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| **PART 4 – STATE/TERRITORY ASSESSMENT** |
| **Relevant NDRRA Determination Category & clause/sub-clause** | Please identify which clause of the NDRRA Determination 2017 the *state* considers the activity to fall under.  |
| **How the proposed measure or restoration project accords with the *determination*?** | Please provide a statement as to why the *state* believes that the measure is eligible and accords with the *determination.* *NOTE: Consideration must be given to the requirements of the relevant clause and the general principles for assistance under clause 3. For example, if a proposed measure is a CDO activity under clause 5.3.1.(k) it is necessary to address each sub-clause under 5.3.44.* |
| **PART 5 – FURTHER INFORMATION** |
| **Any further relevant information** | Please include any other relevant information regarding the proposed measure or asset restoration project.  |

**EMA Assessment**

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| **Authorisation** |
| **Action Officer:** | [insert action officer name]Disaster Recovery Branch | 02 6141 XXXX |
| **Authorised by:** | **Name**: ^Full name of Commonwealth approving officer^ **Title:** ^Job title of Commonwealth approving officer^**Email address:** ^email address of the Commonwealth approving officer^**Phone number:** ^contact phone no. including area code of the contact officer^Approved/Not approved (please circle)**Signature:**  **Date:** / /  | 02 6141 XXXX |
| **Issued:** | [insert date] |  |