

Carryovers, variation and cost pressures

Form Preview

Project Details

* indicates a required field

Purpose of this form

If you have an approved project with the RTTA you can apply to change it using this form. The change, or variation, does not take effect until it has been approved by the Minister for Road Safety and you have received a funding outcome letter.

This form can be used if you need to do one of the following:

1. Apply to carry over or realign funds.
2. Increase your budget from funding shortfalls.
3. Changes to the scope of your program.
4. Changes to the timeframes of the project.

If you are unsure if this is the correct form, please [contact](#) the Commission for assistance.

Project details

Project details

Project Title *

RTTA Project ID *

FY project commenced *

FY of project completion *

Submission cycle

☐ Budget

☐ Mid-Year Review

☐ Other:

Project manager details

Name *

First Name

Last Name

Organisation *

Organisation Name

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Request type

Please make sure you select the correct request type.

- A **carryover** is asking for unspent funding to be carried over into the new financial year. Funding dedicated to salaries **cannot** be carried over.
- A **reflow** is when you need to move operational funding to salaried funding or vice versa.

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- A **cost pressure** is a needed increase to current funding. These increases usually include CPI or wage indexation, or unexpected costs resulting from delays in delivery. Without this increase you are unable to deliver your program.
- A **variation** is used when you want to expand your existing program in some way, whether to meet demand, to change your scope, to implement feedback from monitoring activities or to act on lessons learned.

Are you requesting a carryover? *

- ☐ Yes
☐ No

Do you require cost pressure funding? *

- ☐ Yes
☐ No

Are you requesting a realignment of funds? *

- ☐ Yes
☐ No

Are you requesting a variation to program? *

- ☐ Yes
☐ No

Project Budget

Provide your current approved budget as per your latest funding outcome letter.

Cost type	Year 1	Year 2	Year 3	Year 4	Total
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This question is read only.	This number/amount is calculated.

Carryovers

* indicates a required field

Why is the carryover needed?

Why do you require a carryover? Provide a detailed explanation as to why it was not spent, and how you plan to spend it in the next FY on top of your already allocated forward estimates. *

Word count:

Must be no more than 250 words.

Carryover amount

Amount to be carried over *

Must be a dollar amount.

New project budget with carryover

Input your new budget showing how the carryover will be spent.

FY 1 will be the financial year that you underspent your funds in.

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Cost type	FY 1	FY 2	FY 3	FY 4	Total
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.

Realignment of funding

* indicates a required field

Total amount

Amount to be reflowed: *

Must be a dollar amount.

Confirm the year of your FY 1 for reflow table *

e.g. 2025-26

New project budget with realignment

Provide your new budget showing how the money will be realigned across your cost types

Cost type	FY 1	FY 2	FY 3	FY 4	Total
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.

Cost Pressures

* indicates a required field

Detailing the cost pressures

Total increase to your budget to address cost pressures *

Must be a dollar amount.

Why is an increase in funding needed? *

Word count:

Must be no more than 200 words.

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Detail what cost pressures you are facing, and what risks your project faces if the funding is not approved.

What will an increase in budget fund? *

Word count:

Must be no more than 200 words.

New proposed budget with cost pressures

If you have also requested a carryover (or other change) **do not** include these changes in this table. This table should **only** include increase in funding from cost pressures.

Cost type	FY 1	FY 2	FY 3	FY 4	Total
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.

Project variations

* indicates a required field

Understanding your variation

The following variations may be required for your project:

- 1.Budget variation to support program expansion or to meet program demand. A budget variation will usually require a scope variation and schedule variation as well.
- 2.Scope variation is required when your approved scope changes. For example, if you want to purchase software that was not in your original scope or expand to include new technology. Scope variation often occurs in conjunction with budget variation or carryover requests.
- 3.Schedule variation is required when your program has been delayed and you have had to push your milestones forward.
- 4.Other references all other variations. This may include regulatory, contract or design variations.

What kind of variation do you require? Select all that apply. *

- ☐ Budget variation ☐ Schedule variation
☐ Scope variation ☐ Other:

Why do you need a variation? *

Does your variation include funding of new FTEs? *

- ☐ Yes ☐ No

You need to justify why the variation is required.
Set the problem and provide the justification.

Proposed new budget including variation

If you have applied for other funding changes (e.g. carryovers) **do not** include them in this table.

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Cost type	FY 1	FY 2	FY 3	FY 4	Total
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.

New FTE

If you require new staffing for your project, please upload an excel spreadsheet that details the following:

- 1.Your current funded positions including title, levels, number of positions (e.g. if you have 2x program coordinators) and the salaries (combined yearly cost)
- 2.Your new resources including title, levels, number of positions and the combined salaries.
- 3.Label each with either baseline (already funded) or new.

RTTA funded positions

Attach a file:

What will the funding be used for?

What will the new funding be used for? *

Be specific. For example if you are asking for more funding for program expansion, explain exactly what the funding will be used for and how it will improve road safety.

Scope variation

Provide your new project scope *

List format is acceptable. Include any expansions or limitations to your scope.

Schedule variations

Provide a new timeline for your project delivery. Include start and completion dates for timeframes. *

Other variations

Detail what other variations are required for your project. *

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Statement of declaration

* indicates a required field

Statement of certification

As the authorising person on behalf of the applying organisation I can declare that:

- I have read and understood the RTTA funding guidelines and certify the application is complete, accurate and all claims have been made truthfully.
- I declare this application has the endorsement from my organisation's Chief Financial Officer (or equivalent) from my organisation (insert details including name, email and contact number for CFO below).
- I declare my organisation and project meet all eligibility requirements.
- I declare the CFO agrees that monies detailed above will be spent for the purpose and within the limits approved by the Minister for Road Safety, and in accordance with section 13(6) of the Road Safety Council Act 2002.
- I declare the CFO agrees that monies will be expended in accordance with requirements of the Financial Management Act 2006.

Declaration *

☐ Yes, I agree the above statements are true and correct

Chief Finance Officer (or equivalent) details

Chief Finance Officer (or equivalent) Name *

First Name

Last Name

Authorised person details

Name of authorised person *

First Name

Last Name

Email *

Must be an email address.

Date of declaration *

Must be a date.

Phone Number *

Must be an Australian phone number.

Date endorsed by CFO *

Must be a date.

Attach CFOs endorsement of application *

Attach a file:

