

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:

Primary contact details

Name *

First Name

Last Name

This is usually the project manager

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 **realignment** 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.

You are able to use this form to apply for multiple requests, for example a scope variation and cost pressure funding.

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.	Must be a dollar amount.	

Confirm your FY1 in above project budget table *

e.g. 2025-26

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. *

Carryover amount

Amount to be carried over *

Must be a dollar amount.

Confirm the year of your FY 1 for carryover table *

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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.

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.

Detailed Budget

As part of your application you are required to provide a detailed budget that details how you are planning to expend this funding in addition to your baseline funding.

This should be provided in an excel table and include Expenditure Category (capital and recurrent), Expenditure Type and Amount.

The table does not need to be complex but does need to be detailed.

Detailed expenditure *

Attach a file:

Realignment of funding

* indicates a required field

Total amount

Confirm the year of your FY 1 for realignment table *

e.g. 2025-26

Amount to be realigned: *

Must be a dollar amount.

Is this realignment permanent? *

☐ Yes ☐ No

Will this realignment create new FTEs? *

☐ Yes ☐ No

New project budget with realignment

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

For this to work you should have **two** entries per realignment.

For example, if you are moving operational to salary your table would be entered:

- Cost Type (**operational**), dollar amounts would show -\$125,000 in each financial year.
- Cost Type (salary) will show \$125,000 in each financial year.

The funding should cancel itself out if executed correctly.

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If you would find it easier, you may upload an excel table below rather than completing this table; however, it is mandatory a budget table is provided.

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 Budget

If you would like to provide an excel table demonstrating budget realignment rather than completing above table, please upload below.

Realignment table

Attach a file:

New Full Time Equivalents (FTE)

If you are requesting new FTE's, you must provide an excel table containing 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.
- 4.Whether the FTE is permanent, or temporary. If temporary, length of employment.

How much will your FTE cap need to be raised by? *

Must be a number.

Applies to government agencies only.

FTE Realignment Table *

Attach a file:

Please provide a clear justification as to why new FTEs are required. *

Cost Pressures

* indicates a required field

Detailing the cost pressures

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Total increase to your budget to address cost pressures *

Must be a dollar amount.

Are you requesting new FTE as part of cost pressures? *

☐ Yes ☐ No

Why is an increase in funding needed? *

Word count:

Must be no more than 200 words.

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.

Detailed Budget

As part of your application, you are required to provide a detailed budget that details proposed expenditure across the life of your project.

This should be provided in an excel table and include Expenditure Category (capital and recurrent), Expenditure Type and Amount.

The table does not need to be complex but does need to be detailed.

File upload *

Attach a file:

New Full Time Equivalents (FTE)

If you are requesting new FTE's, you must provide an excel table containing the following:

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- 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.
- 4.Whether the FTE is permanent, or temporary. If temporary, length of employment.

New FTEs table *

Attach a file:

Please provide a clear justification as to why new FTEs are required. *

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

Does your variation include funding of new FTEs? *

- ☐ Yes ☐ No

Total financial increase requested

This number/amount is calculated.

Why do you need a variation? *

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

Options analysis

To support appropriate decision-making to ensure resources and funding are being directed to the best course of action you are required to undertake an options analysis.

Your options analysis should include a **minimum** of a business-as-usual option and two realistic alternative options.

Things to consider:

- 1.What alternative options could address the problem you have identified?
- 2.What are the main costs and benefits of alternative options?
- 3.Who will benefit?
- 4.What is the preferred option and why?

Option	Benefits	Disadvantages	Cost
			Must be a dollar amount.

Proposed new budget including variation

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

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.

Detailed Budget

As part of your application, you are required to provide a detailed budget that details proposed expenditure across the life of your project.

This should be provided in an excel table and include Expenditure Category (capital and recurrent), Expenditure Type and Amount.

The table does not need to be complex but does need to be detailed.

File upload *

Attach a file:

New FTE

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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.
4. Whether the FTE is permanent, or temporary. If temporary, length of employment.

RTTA funded positions *

Attach a file:

How much will your FTE cap need to be raised by?

Must be a number.

Only applicable to government agencies

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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Final budget

* indicates a required field

This section is **ONLY** applicable if you have submitted for multiple types of variation (i.e. realignment and cost pressure, or variation and carryover).

To avoid confusion, you are required to provide a **final** budget that provides clarity for your request. This is in case only **one** of your requests is approved and we need surety the correct amount is being approved.

Please upload an excel table that illustrates the following budget lines across the forward estimates:

1. Current budget
2. Variation/carry over/realignment/cost pressure budget line (only input budget lines you are applying for - i.e. provide a cost pressure line, and a variation line if these are the two you are applying for).
3. **Total new budget (combine your figures to demonstrate how the funding will fall).**

If you require assistance, or would like clarity, please [email the Commission](#) for an example template.

Final budget upload *

Attach a file:

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 *

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

Chief Finance Officer (or equivalent) details

Authorised person details

Chief Finance Officer (or equivalent) Name *		Name of authorised person *	
First Name	Last Name	First Name	Last Name

Email *	Date of declaration *
Must be an email address.	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: