**EXERCISE PROPOSAL**

Insert name of Exercise

**Template note**: This template is scalable for large-scale multi-agency Exercises and small-scale single agency Exercises. It has been adapted from the ANZCTC exercise proposal template and should be further adapted to the scale of your exercise.

**Template use instructions:** All text displayed in blue is to provide assistance to the author and should be deleted before publishing. *Delete all instructions and sections that are not relevant to the proposed Exercise.* Authors should format their input in black colour font. *All text displayed in red is for detail to be inserted. Leave a field blank or delete if not relevant. Add space as required.*

*Refer to pages 16 – 22 of the Guideline*

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| **PROPOSAL SUMMARY** | | | | |
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| **Title of Exercise** | | | | |
| *Name of your proposed exercise* | | | | |
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| **Lead Agency** | | | | |
| *Name of the lead agency* | | | | |
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| **Sponsor** | | | | |
| *Name of the agency representative providing funding and / or final approval for the exercise* | | | | |
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| **Executive Summary** | | | | |
| *Provide a summary on what the exercise is to achieve. Who is the target audience?* | | | | |
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| **Costings** | | | | |
| **Cost for 20##-##FY** | $0.00 | | | |
| **Indicative costs for multi‑year project**  *Leave blank if not applicable* | 20##-##FY: | $0.00 | | |
| 20##-##FY: | $0.00 | | |
| **Core funding**  *If requested* | Yes / No  Amount: $0.00  *Define: Annual, Biannual, Biennial* | | | |
| **External impact** | *What impact will the exercise have within your agency e.g. overtime, and what impact will it have externally e.g. effects on traffic, neighbours etc.* | | | |
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| **PROPOSAL CONTACT AND ATTACHMENTS** | | | | |
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| **Contact Officer** *Contact details of person best able to articulate the specifics of this proposal* | | | | |
| **Name** |  | | | |
| **Agency** |  | | | |
| **Position** |  | | | |
| **Phone Number** | Work: | | Mobile: | |
| **Email Address** |  | | | |
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| **Attachments** | | | | |
| *List the title of all attachments to this proposal*  Attachment A – xxx  Attachment B – xxx | | | | |
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| **SECTION 1 – IDENTIFICATION OF THE CAPABILITY GAP** | | | | |
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| **1.1 – New Exercise or an enhancement to a previously agreed activity?** | | | | |
| This Exercise is a new project | | | |  |
| This Exercise is not a new project but enhances a previously agreed activity | | | |  |
| This Exercise is a new project and enhances a previously agreed activity | | | |  |
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| **1.2 – Related Projects and/or Previously Agreed Activity/ies (if applicable)** | | | | |
| *Are there any related projects or previously approved initiatives or activities that relate or support this proposal?* | | | | |
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| **1.3 – Exercise Need / Capability Gap** | | | | |
| *Provide a summary of the need to conduct the exercise* | | | | |
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| **1.4 – Gap Analysis** | | | | |
| *Provide a description of the gap that exists surrounding the need of your exercise. Using the drop down box select the likelihood, consequences and risk of an actual event that you intend on exercising occurring.* ***Place cursor over the field and click to display drop down list.*** | | | | |
| **Likelihood:** | **Select Likelihood** | | | |
| **Consequence:** | **Select Consequence** | | | |
| **Risk Rating:** | **Select Risk Rating** | | | |
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| **1.5 – Expected Outcomes** | | | | |
| *Will the exercise improve gaps relating to the need, if so, how likely what will the consequences be and will a residual risk remain?* ***Place cursor over the field and click to display drop down list.*** | | | | |
| **Likelihood:** | **Select Likelihood** | | | |
| **Consequence:** | **Select Consequence** | | | |
| **Residual Risk Rating:** | **Select Residual Risk Rating** | | | |
| **SECTION 2 – EXERCISE PLAN** | | | | |
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| **2.1 – State Emergency Management Core Capability** | | | | |
| *Describe the State Emergency Management Core Capability(ies) to be exercised* | | | | |
| **2.2 – Exercise Aim** | | | | |
| *The exercise aim is a statement of intent that gives direction to what will or is desired to be achieved by the exercise. There should only be 1 aim statement and it can be as generic or as specific as required to meet the needs of the exercise. Refer to page 17 of the Guidelines.* | | | | |
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| **2.3 Exercise Objectives** | | | | |
| *Objectives must be SMART, capability-based (using the State Emergency Management Capability Framework) and linked back to the exercise aim. Refer to page 18 of the Guidelines.* | | | | |
| **2.4 – Exercise Scope** | | | | |
| *What is included and excluded? Refer to page 19 of the Guidelines.* | | | | |
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| **2.5 –Exercise Style** | | | | |
| *What is the Exercise style - Discussion, Functional or Field. Refer to page 20 of the Guidelines* | | | | |
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| **2.6 – Governance**  *List the parties who will form the governance structure for the Exercise. Refer to page 20 of the Guideline.* | | | | |
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| **Party**  (Person, position or group) | **Governance Role** | **Point of Contact** |
|  | Exercise Sponsor |  |
|  | Exercise Director |  |
|  | Exercise Steering Committee / Planning Team |  |

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| **2.7 – Exercise Participation** | | | | |
| *Who is participating in the Exercise?* | | | | |
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| **2.8 – Other Stakeholders** | | | | |
| *Are there any other relevant stakeholders?* | | | | |
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| **2.9 – Exercise Location** | | | | |
| *Where is the exercise planned to take place?* | | | | |
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| **2.10 – Exercise Schedule** | | | | |
| **Proposed Exercise Dates:** *If there are particular dates when the Exercise should or should not be conducted, please provide details.* | | | | |
| **Key Exercise Milestones:** *Insert details of milestones in the development, conduct and post-Exercise / evaluation stages. Please note the milestones will be used to determine the payment schedule*  ***Planning* Stage:**   * Payment on commencement: Date: MM/YY - $0.00 * Milestone #: milestone description - Date: MM/YY - $0.00   **Conduct Stage:**   * Milestone #: milestone description - Date: MM/YY - $0.00   **Post-Exercise / Evaluation Stage:**   * Milestone #: milestone description - Date: MM/YY - $0.00 | | | | |
| **Can any stage/s for 20##-##FY be brought forward to the 20##-##FY:** | | | Yes / No:  *Define which stage(s)* | |
| **Multi-year projects – future stages:** *Delete blank for single year proposals* | | | | |
| **20##-##FY** | * Stage #: Stage description - Date: MM/YY - $0.00 * Stage #: Stage description - Date: MM/YY - $0.00 | | | |
| **20##-##FY** | * Stage #: Stage description - Date: MM/YY - $0.00 * Stage #: Stage description - Date: MM/YY - $0.00 | | | |
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| **2.11 – Resources** | | | | |
| *What resources will be required to conduct the exercise?* | | | | |
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| **2.12 – Exercise Risk Management** | | | | |
| *Will the exercise require a specific risk management plan? What do you foresee as possible issues that will prevent successful completion of the exercise? Refer to template 2.16* | | | | |
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| **2.13 – Breakdown of Budget - 20##-##FY** insert the first funding year | | | | |
| Use budget calculator to determine budget requirements | | | | |
| **Item** | | **Details** | | **Budget Estimate** (ex-GST) |
| ***Planning*** | | | | |
| *Meeting (venue, catering, resources)* | |  | |  |
| *Training (ExMan & Capability)* | |  | |  |
| *Travel (flights, accommodation, travel allowance)* | |  | |  |
| *Logistics* | |  | |  |
| *External agency involvement* | |  | |  |
| *Other funding streams* | |  | |  |
| **Conduct** | | | | |
| *Logistics (venue, catering, resources)* | |  | |  |
| *Training* | |  | |  |
| *Travel (flights, accommodation, travel allowance)* | |  | |  |
| *Information Technology & Communications* | |  | |  |
| *Exercise Control (venue/s, catering, resources)* | |  | |  |
| *Role players* | |  | |  |
| *Consumables* | |  | |  |
| *Support activities e.g. Discussion Exercise* | |  | |  |
| *Overtime* | |  | |  |
| *External agency involvement* | |  | |  |
| *Other* | |  | |  |
| ***Post-Exercise / Evaluation*** | | | | |
| *Meeting (venue, catering, resources, consumables)* | |  | |  |
| *Travel (flights, accommodation, travel allowance)* | |  | |  |
| *External agency involvement* | |  | |  |
| *Reporting (resolution / validation process)* | |  | |  |
|  | | Total: | | $0.00 |
|  | | | | |
| **2.14 – Workplace Health & Safety** | | | | |
| *Any foreseen workplace health and safety issues? Refer to template 2.16* | | | | |
| **SECTION 3 – EVALUATION & REPORTING** | | | | |
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| **3.1 – Evaluation Strategy** | | | | |
| *Briefly, describe how you intend to evaluate the outcomes of the exercise? Refer to page 22 of the Guidelines* | | | | |
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| **3.2 – Reporting Schedule** | | | | |
| *Describe who will be reporting and scheduled timelines* | | | | |
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