

# Agricultural Show Development Grants Program 2024-25

## Form Preview

### Eligibility

\* indicates a required field

#### Introduction

The Tasmanian Government has extended the successful Agricultural Show Development Grants Program (the Program) for a further three years (2024/25 until 2027/28) so that agricultural shows can continue to bring together regional communities.

#### IMPORTANT

Before completing this form, please read the **Agricultural Show Development Grants Program 2024-25 [Guidelines](#)** as they will help you to prepare your application. The Guidelines can be downloaded from the Department of Premier and Cabinet website.

Applications must be received by **2:00 pm on Friday, 22 November 2024**. Late applications will not be accepted.

Applications cannot be assessed unless they are complete and all requested information has been provided.

Please call Community Grants on 1800 204 224 if you have any questions or require any assistance with the application process.

**It is intended that applicants will be advised of the outcomes of their application by 22 December 2024.**

#### Confirmation of Eligibility

**I confirm, as an authorised representative of the organisation, that:**

- I have read and understand the program Guidelines,
- I am able to demonstrate alignment between the project and the aims of this program, and
- the project is located in Tasmania and has not already commenced or been completed.

**I also confirm that the organisation meets all of the following criteria:**

Applicants must be:

- A show society which conducts an annual agricultural show,
- an incorporated organisation, and
- proposing to hold an agriculture show in 2024-25 and/or 2025-26.

**Please select below: \***

☐ Yes

☐ No

You must confirm that all statements above are true and correct.

### Contact Details

# Agricultural Show Development Grants Program 2024-25

## Form Preview

\* indicates a required field

### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. For more information, go to [Tasmanian Government Personal Information Protection \(www.tas.gov.au\)](http://www.tas.gov.au).

Please note by submitting this application form you:

- are agreeing to allow Department of Premier and Cabinet to share your information for the purposes of assessing your grant application, and
- acknowledge that some information in relation to this grant such as the recipient's name, funding purpose, amount, location and any other details the department may consider appropriate will be made public as part of a fair and transparent process when disbursing public funds.

### Applicant Organisation Details

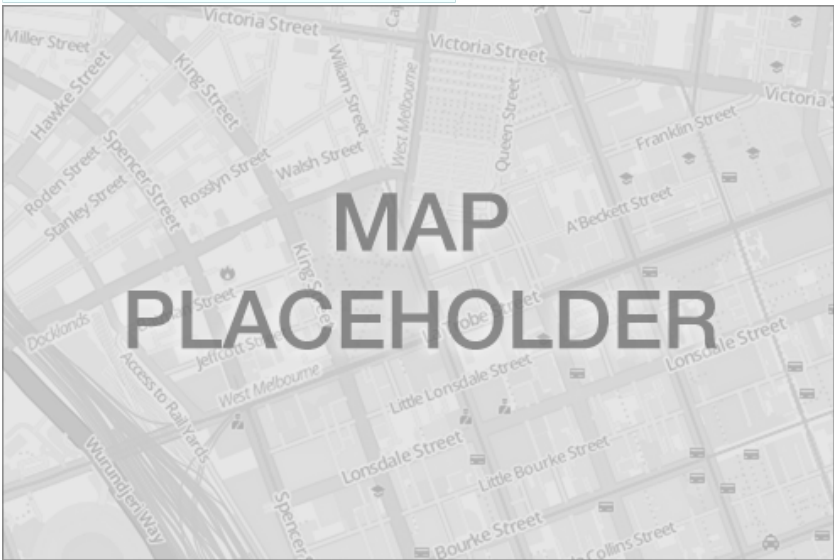
#### **Applicant organisation name \***

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

#### **Applicant Primary Address (this should be your organisations physical address) \***

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

#### **Primary contact person \***

Title

First Name

Last Name

# Agricultural Show Development Grants Program 2024-25

## Form Preview

This is the person we will correspond with about this grant

### Position held in organisation \*

e.g. Manager, Board Member, Fundraising Coordinator

### Primary phone number \*

Must be an Australian phone number.

### Primary contact person's email address \*

This is the address we will use to correspond with you about this grant.

## Alternative Contact

Please add in an alternative contact if desired (not mandatory), or alternatively at least a generic e-mail address that your organisation can be contacted on in times of primary contact absences.

### Organisation Alternative Contact

Title	First Name	Last Name
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Position

Position within this organisation

### Alternative Contact Email

Must be an email address.

generic email address preferred - ie 'info@org..'

### Alternative Contact Phone Number

Must be an Australian phone number.

## Organisation Details

\* indicates a required field

### Organisation ABN \*

# Agricultural Show Development Grants Program 2024-25

## Form Preview

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## Organisation Bank Details

Please provide a bank account for the organisation that you wish to receive the funds if your organisation is successful in the assessment process.

Please note that providing the organisation bank details does not automatically mean that your organisation will be successful in receiving the grant.

### Organisation Bank Account \*

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

## Project Details

\* indicates a required field

### Name of Project \*

Must be no more than 20 words.

Provide a name for your project, event, activity or program, your title should be short but descriptive

### Please provide a brief description of the project(s) for which you are seeking funds \*

# Agricultural Show Development Grants Program 2024-25

## Form Preview

Word count:

Must be no more than 100 words.

Be descriptive, but succinct.

### Total Amount Requested

**Total Amount Requested \***

\$

What is the total financial support you are requesting in this application? Must be no more than \$20,000

**Do you have Public Liability Insurance? \***

☐ Yes

☐ No

**Upload copy of Public Liability Insurance if applicable**

Attach a file:

### Partial Funding

In case of oversubscribed applications, are you willing to accept a lower amount of funding to produce some benefit towards your requirements?

If you select no to partial funding then this may result in your organisation receiving the full amount of funding requested or nil funding.

**Would you be willing to accept partial funding towards your project? \***

☐ Yes

☐ No

### Partial Funding

You have selected "Yes" to accept Partial Funding. What is the minimum amount that is acceptable for your organisation to produce some benefit towards your requirements?

**Minimum Amount Required \***

\$

Must be a dollar amount and no more than 20000.

### Organisation Annual Report/Financials

To demonstrate your sustainability, resilience, and organisational continuity, you must attach a copy of your most recent annual report, AGM tabled financials and/or audited financials

**Attachments \***

Attach a file:

Copy of Annual Report/AGM tabled financials and/or audited financials

# Agricultural Show Development Grants Program 2024-25

## Form Preview

### Start/Finish Dates

What are your anticipated project start and end dates?

Anticipated start date \*

Must be a date and no earlier than 22/11/2024.  
If unknown, provide your best estimate

Anticipated end date \*

Must be a date and no later than 31/12/2025.  
If unknown, provide your best estimate

### Assessment Criteria

\* indicates a required field

#### Assessment Criteria

All applications will be assessed against the below criteria.

#### Criterion 1 (50%)

##### **Demonstrated Need**

- How will the project support the operation of the annual agricultural show into the future?

##### **Criterion 1: Please describe the demonstrated need \***

##### **Optional - Please attach any supporting documentation for Criterion 1**

Attach a file:

#### Criteria 2 - Value for Money (20%)

*Please outline your project budget in the expenditure tables below, you can add as many lines as you need by clicking the '**Add More**' button.*

*Approximate details only are required.*

*Maximum grant amount is \$20,000.*

*However, expenditure in this table may exceed \$20,000 if internal funding is being provided for some costs.*

# Agricultural Show Development Grants Program 2024-25

## Form Preview

Expenditure Description	Expenditure Amount	Quote Upload
	Must be a dollar amount.	

Budget Total

**Total Expenditure Amount**

\$

This number/amount is calculated.

Criterion 3 (30%)

**Organisational capacity to deliver the project**

- How will the project be supported by your organisation to deliver on, and realise the anticipated operational benefits?

**Criterion 3: Please describe your organisations capacity to deliver the project \***

**Optional - Please add any supporting documentation for Criterion 3**

Attach a file:

Other Supporting Documentation

More rows can be added if required. Supporting documents such as Letter of Support, letters to confirm other funding sources etc.

What other support will you need in order to successfully carry out this project?	Is this support confirmed?	Attach supporting documentation if required.
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Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy,		

# Agricultural Show Development Grants Program 2024-25

## Form Preview

permission from land/site owner  
and other types of support.

## Certification and Feedback

\* indicates a required field

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

### Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how you found the online application process:**

☐ Very Easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very Difficult

**How many minutes in total did it take you to complete this application? \***



# Agricultural Show Development Grants Program 2024-25

## Form Preview

Must be a number.

Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

### Ineligible Application

Your application is ineligible

Your response to the 'Confirmation of Eligibility' question indicates that you are not eligible to apply for this grant.

Should you wish to discuss the eligibility for this program please **contact Community Grants on 1800 204 224.**

Please note that you may SUBMIT this application form however, unless you are able to confirm your eligibility on page 1 of this application form, your application will be deemed ineligible and will not be considered for funding.

**Thank you for taking the time to review and consider this program.**