Application Form - CSF - Gambling Harm Minimisation Grants Program 2026

Form Preview

About the Program

The Gambling Harm Minimisation Grants Program 2026 (the Grants Program) is funded through the Community Support Fund which supports gambling harm minimisation purposes, such as:

- Support services and programs
- Early intervention and preventative initiatives
- Research
- Community development projects

In 2026, the Grants Program is:

- Providing funding of up to $125,000 (GST exclusive)
- For eligible organisations to deliver projects to minimise the impacts of gambling harm through prevention, early intervention and/or gambling harm reduction initiatives

Organisations may only submit one application to the Grants Program.

Other Community Support Fund Opportunity - Community Participation Grants Program 2026

Organisations may also submit one application to the Community Participation Grants Program 2026, which is also funded through the Community Support Fund.

The total funding pool available under the Gambling Harm Minimisation Grant Program 2026 and the Community Participation Grants Program 2026 is $1 million.

About Gambling Harm

Gambling harm is the negative impacts from someone's gambling, including impacts to mental and physical health, relationships, and finances.

Harms can range from minor to severe. The level of gambling participation or losses for someone to experience different levels of harm is dependent on personal circumstances and can vary between gamblers.

Gambling harm impacts more than just the individual gambler. It is estimated that harm from one person's gambling can negatively affect between five to ten other people.

We also know that people experiencing harm are more likely to experience other issues in their life. People at moderate to high risk of gambling harm were also at higher risk of alcohol-related harm, reported higher rates of smoking and substance use, and were at higher levels of psychological distress.

About the Community Support Fund The Community Support Fund is primarily funded through a percentage of the profits of electronic gaming machines (EGMs or pokies) in Tasmanian hotels, clubs, and casinos.

The Community Support Fund is described in Section 151A of the *Gaming Control Act 1993* and this Grants Program is delivered in line with the Regulations.

If you have any questions about this program, please contact gambling@dpac.tas.gov.au or (03) 6270 5824.

Personal Information Agreements

Our pledge to you

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).

What you are agreeing to by submitting your Application:

- You allow Department of Premier and Cabinet to share your information for the purposes of assessing your grant application
- You 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
- You acknowledge that your application and any supporting documents will be retained and managed under the *Archives Act 1983 (Tas)*
- You acknowledge that some information may be accessible under the *Right to Information Act 2009* and that your organisation would be consulted as part of that process.

Your Application Checklist

- Read the Program Guidelines to help you prepare your application
- Use the Help Guide for Applicants and Applicant Frequently Asked Questions (FAQ's)
- When you log into SmartyGrants, you are on a timed session. This timer is 20 minutes. **Please save regularly (at least every 10-15 minutes) to make sure you don't lose your progress. When you move to a new page, progress is automatically saved.**
- Track how long it takes you to do the application - we'll ask you that at the end.
- **This program closes at time and date.** Late applications will not be accepted.
- If you have any difficulties with your application, contact us before the closing time.
- During the assessment process the department may ask for further information to support or clarify an application. This information must be provided within **3 working days**. If you can't, this may mean the application won't be assessed.
- We're here to help - contact gambling@dpac.tas.gov.au or call (03) 6270 5824.

CHECKLIST:

- Public Liability Insurance certificate (current)
- Authorised Person approval by the closing date
- (if relevant) Auspice Letter of Agreement and bank details
- Project Workplan

Declaring our Eligiblity

* indicates a required field

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

- **I have read and understand the Program Guidelines,**
- **Our organisation is one of the following:**
  - A local government authority (council)
  - An Incorporated not-for-profit organisation
  - A not-for-profit company, registered under company law
  - An Aboriginal organisation
  - An unincorporated organisation, auspiced by one of the eligible organisations listed above.
- **We have:**
  - A Tasmanian presence as a community-based organisation and the ability to deliver activities in Tasmania
  - No perceived or actual conflicts of interest that would impact the delivery of the project
  - Appropriate Public Liability Insurance, which will be included in our application
  - Either a currently active Australian Business Number (ABN), or, if eligible, a Statement by Supplier Form.
- **And that the project, including any event or activity that we will run will be:**
  - Undertaken in Tasmania
  - Aim to minimise the impacts of gambling harm through harm prevention or reduction
  - Different to core business or existing programs
  - Alcohol and drug free
  - Supportive of vulnerable groups and/or communities, including vulnerable people, children and youth
  - Inclusive and accessible for anyone attending – including Aboriginal people, culturally and linguistically diverse communities, and people with disabilities
  - Compliant with Work Health and Safety legislation and all other relevant legislation, regulations licenses, permits, approvals or your employing someone with skills requiring qualifications
  - Free to attend, but can be ticketed to help with managing attendees and evaluation.

NOTES:

Eligible organisations who are successfully awarded a grant are required to hold and maintain appropriate public liability insurance.

Applicants with outstanding reporting or acquittal obligations for other Department of Premier and Cabinet grants may still apply and be successful in being awarded a grant, but will not receive funding under this Program until the current obligations are met.

Please select below: *
○ Yes ○ No
You must confirm that all statements above are true and correct.

Our Primary and Alternate Contacts Details

* indicates a required field

About SmartyFile

SmartyFile is a secure online system that allows organisations to store key information, contacts and documents in one place. If you have a SmartyFile account, you may be able to use information stored there to pre-fill parts of this application, helping to reduce duplication and save time.

SmartyFile and SmartyGrants are both provided by Our Community to support applicants. Using SmartyFile is optional and is not required to apply for this grant.

Organisation Primary Contact Details

A person that may be contacted in regard to this grant e.g. CEO, Treasurer, Finance Officer, Executive Assistant etc.

Primary Contact Person *
First Name Last Name

This is the first person we will contact during the lifecycle of the grant.

Position Held in Organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary Phone Number *

Must be an Australian phone number.

Primary Email Address *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Alternative Contact *
First Name Last Name

In addition to the applicant or primary contact.

Position *

Phone Number - Alternative Contact *

Must be an Australian phone number.
In addition to the applicant or primary contact.

Email - Additional Contact *

Must be an email address.
generic organisation email preferred, ie info@organisation.org

About our Organisation

* indicates a required field

Does your organisation have an ABN? *

○ Yes ○ No

Our Organisation DOES have an Australian Business Number (ABN)

* indicates a required field

Enter your organisations ABN *

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	More information
ACNC Registration	
Tax Concessions	

Main Business Location

Must be an ABN.

My organisation does NOT have an ABN

* indicates a required field

Statement by Supplier

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application.

Download the form from the ATO.

If you cannot meet either the ABN or Statement by Supplier Form requirements, contact us at grants@dpac.tas.gov.au to talk about your options to be considered an eligible applicant.

Please upload completed Statement of Supplier Form: *
Attach a file:

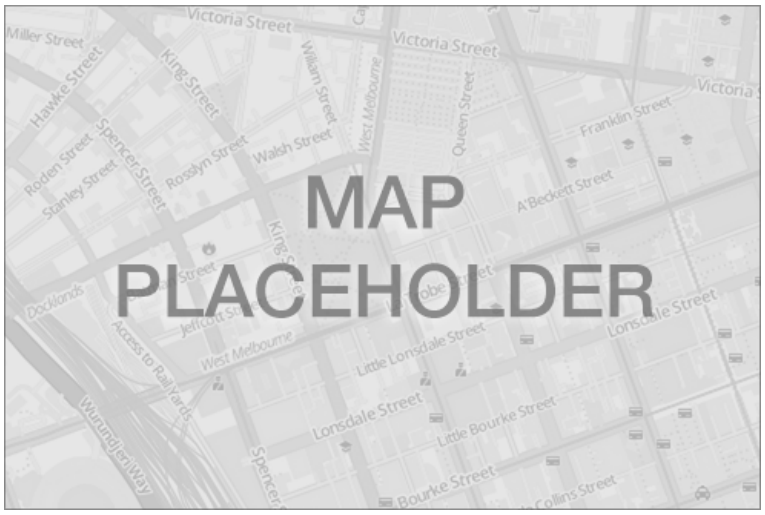
My Organisation's Details

* indicates a required field

Organisation Name *
Organisation Name

Please use your organisation's full legal 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.

Organisation Primary Address *
Address



Select "can't find your address" to manually enter your Primary Address

Are you a recipient of a current DPAC grant? *

○ Yes ○ No

Will you have an Auspice Arrangement as part of your application? *

○ Yes
○ No

We WILL have an Auspice Arrangement

* indicates a required field

Auspice Arrangement

Auspice agreements are often used to help unincorporated community organisations access funding for their activities. An auspice agreement is a legally binding contract.The ‘auspicee’ will be carrying out the project ‘under the auspices of’ the incorporated organisation – the ‘auspicor’.The auspicor enters into the Grant Deed or Grant Agreement and receives the project funding for the auspicee.

Please provide a **letter of agreement from the Auspicor** and **a copy of their Public Liability Insurance** to confirm the arrangement between both parties to carry out this project.

Auspice Organisation Name *

use their legal business name, not a trading name (unless they are the same).

Auspice Position

Auspice Primary Address
Address

Auspicor Organisation
Organisation Name

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

Auspice Primary Phone Number

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

Must be an Australian phone number.

Auspice Primary Email

Must be an email address.

Letter of Agreement *
Attach a file:

25 MB limit

My Organisation's Bank Details

* indicates a required field

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.

If being auspiced, please provide the Auspicor's bank details.

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

Applicant Primary Bank Account *
Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Providing Our Public Liability Insurance

* indicates a required field

Your organisation must have current and appropriate Public Liability Insurance to cover the event planned. Please provide a copy of this certificate of currency below.

If you are being Auspiced, you can attach a copy of their insurance certificate.

Upload files *

Attach a file:

Reminder to Save Progress

When you log into SmartyGrants, you are on a timed session. This timer is 20 minutes.

While filling out a form, you can reset the timer with any of the following actions:

1. Selecting the **Save Progress** button (save and continue working on the form),
2. Selecting the **Save and Close** button (save and then close the form),
3. Selecting on either the **Previous Page** or **Next Page** button (navigate through the form, automatically saves your progress).

Please save regularly (at least every 10-15 minutes) to make sure you don't lose your progress.

About Our Project

* indicates a required field

Project Title *

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

Please provide a brief overview of your project *

Word count:
Must be no more than 120 words.
In your response, please address these 3 sections: 1.Our project is to: [briefly describe what you will do] 2.The grant will contribute to: [purchase of goods/services, works, activity, program or function] 3.This will contribute to: [the intended benefit(s)/outcome(s) or change(s) that align with the Program's outcomes, benefits or changes]. EXAMPLE: Our project is to upgrade the community hall kitchen. The grant will contribute to the purchase of new kitchen equipment and associated installation works. This will contribute to a safer, more accessible and functional facility for community groups and local residents.

Anticipated Start Date *

Must be a date and no earlier than 1/12/2026.

Project End Date *

Must be a date and no later than 31/12/2027.

New Section

Who are your target group(s)? *
☐ Aborginal Tasmanians
☐ Veterans
☐ People employed in gambling venues
☐ Men aged 18 to 35
☐ Young Tasmanians under 18 and their parents or carers
☐ People with lived experience of disability, chronic illness, or mental health conditions
☐ Carers of people with disabilities or significant health needs
☐ People who frequently consume non-prescribed substances or alcohol
☐ Victim survivors of family violence.
☐ People who may experience higher levels of impulsivity, including those taking dopamine agonist medications
☐ Older Tasmanians experiencing isolation or elder abuse
☐ Other:

Which vulnerable communities does your project target? *
☐ Communities with relatively high levels of gambling expenditure
☐ Communities in low socio-economic areas
☐ Communities in rural or remote areas
☐ Communities facing higher levels of distress or social isolation
☐ Culturally and linguistically diverse (CALD) communities
☐ Communities with low levels of health
☐ Other:

At least 1 choice must be selected.
Select all that apply

At least 1 choice must be selected.
Select all that apply

Closing the Gap: Identifying how many Aboriginal people your activity reaches

How many Aboriginal people would your activity include? *
- ☐ 0-20
- ☐ 21-50
- ☐ 51+
- ☐ Not sure

Project Reach

Project Location

☐ Statewide	☐ Derwent Valley	☐ Huon Valley	☐ Northern Midlands
☐ Break O'Day	☐ Devonport CIty	☐ Kentish	☐ Sorell
☐ Brighton	☐ Dorset	☐ King Island	☐ Southern Midlands
☐ Burnie City	☐ Flinders	☐ Kingborough	☐ Tasman
☐ Central Coast	☐ George Town	☐ Latrobe	☐ Waratah-Wynyard
☐ Central Highlands	☐ Glamorgan-Spring Bay	☐ Launceston City	☐ West Coast
☐ Circular Head	☐ Glenorchy City	☐ Meander Valley	☐ West Tamar
☐ Clarence City	☐ Hobart City		

Assessment Criteria and Criterion 1 Response

* indicates a required field

Please note that meeting all eligibility criteria does not automatically mean that a grant will be approved.

Each criterion is weighted , and assessment will be based on the level of detail and evidence provided by the applicant against the following criteria.

You can upload supporting documentation or evidence to support your answers.

Assessment criteria:

1. Demonstrated need within your target group or community (20%)
2. Expected outcomes delivered to your target group or community (30%)
3. Evidence of your organisation's ability to deliver your project (30%)
4. Value for money (20%)

Criterion 1: Demonstrated need within your target group or community (20%)

Please tell us:

- **Your evidence** to support that there is a need for the project within your target group(s) or community
- **Who** your project will assist/support
- **Why** your target group or community needs assistance/support to prevent or reduce gambling harm through this project
- **How** the project fills a gap that is not covered by available services

Criterion 1: *

check if word/character limit applies.

Optional - Supporting Document C1
Attach a file:

25 MB per file upload limit

Criterion 2 - Expected outcomes delivered to your target group or community (30%)

* indicates a required field

Please tell us:

- **Your proposed outcomes** for your target group or community
- **How** your project will prevent, or reduce to gambling harm for your target group or community
- **How** you will measure whether the project is having an impact on gambling harm for the target group / community
- **How** you will sustain project outcomes following the completion of your project
- **How** you will evaluate the success of your project

Criterion 2: *

Word count:
Must be no more than 1000 words.
check if word/character limit required.

Optional - Supporting Document C2
Attach a file:

Criterion 3 - Evidence of your organisation's ability to deliver your project (30%)

* indicates a required field

Please provide us with:

- **A detailed project workplan** (excluding a budget) that includes a plan to communicate and engage with your project's target group/community
- Your organisation's experience in working with your target group or community
- Your organisation's experience and expertise in delivering similar projects, including any relevant examples

The assessment may also consider the outcomes and effectiveness of previous DPAC grant projects delivered by your organisation.

Criterion 3: *

Word count:
Must be no more than 1000 words.

Required - Project Workplan *
Attach a file:

A minimum of 1 file must be attached.
25 MB per file upload limit

Criterion 4 -Value for money (20%)

* indicates a required field

*Please outline your detailed and realistic project budget that clearly links with your project plan in the table below, you can add as many lines as you need by clicking the '**Add More**' button.*

Please refer to the Program Guidelines for ineligible items.

If you believe you have a special case for costs that aren't usually covered, please upload additional information to explain why you are including these costs as part of your application.

Goods and Service Tax (GST)

- To help with understanding GST for your application, visit the Community Grants GST Fact Sheet
- If you **ARE** registered for GST
    - Please put the GST-exclusive amount on each line

- If you **ARE NOT** registered for GST
  - You can either:
    - provide the GST inclusive line item cost on each line, OR
    - add a separate line at the end that accounts for all GST costs, so its clear what the full GST amount is, and whether that GST will be fully or partially requested from the grant.
  - Check if receiving the grant would make your organisation reach or exceed the GST threshold (see ATO contact below)
- Applicants should contact the Australian Taxation Office (ATO) on 13 28 66 or www.ato.gov.au for any advice or clarification on GST.

Quotes

- Please upload quotes for anything you need to buy from another business
- Quotes from Tasmanian suppliers are encouraged

Expenditure Line Item Description (short)	Full line Item Cost (excluding GST)	Amount Requested for grant funding (GST excluded)	Quotes
	Must be a dollar amount.	Must be a dollar amount.	

Budget Totals

Total Amount Requested *

This number/amount is calculated.
(check if validation required) What is the total financial support you are requesting in this application?

Total Project Cost *

This number/amount is calculated.
What is the total budgeted cost (dollars) of your project?

Supporting Documentation
Attach a file:

25 MB per file upload limit

Could your project, activity or event go ahead with partial funding? *

○ Yes ○ No ○ Not Applicable

Partial Funding Details

Minimum Amount Required *

Must be a dollar amount and no more than 2499.

How would being provided the partially funded amount affect the project? *

Supporting Documentation

Other Supporting Documentation - General

Please provide any other supporting documentation you feel might support your application
Attach a file:

25MB limit

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 *

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 *

Must be an Australian 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

This is the last step before submitting your application.

Before you review, save 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? *

Must be a number.
Estimate in minutes i.e. 1 hour = 60

How could we make the application process/form better?

Ineligible Application

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 Services on (03) 6270 5824.**

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.

Application Ineligible - Confirmation is Required

Your application is ineligible

Your response of 'No' to the 'Certification' of your application question indicates that you are not eligible to apply for this grant and you are declaring that the information provided in the application is not true and correct, and/or you are not accepting the terms and conditions of the grant program.

Please note that you may SUBMIT this application form however, unless you select 'Yes' to the application 'Confirmation' question, your application will be deemed ineligible and will not be considered for funding.

Should you wish to discuss your application please **contact Community Grants on 1800 204 224.**

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