

2024-25 Community Support Fund (CSF) Small Grants Program Form Preview

About the program

* indicates a required field

About the Community Support Fund (CSF) Grants Program

The Community Support Fund (CSF) is primarily funded through a percentage of the profits from electronic gaming machines (EGMs or pokies) in Tasmanian hotels and clubs. The CSF is described in *Section 151* of the *Gaming Control Act 1993*.

In line with the Regulations, the CSF Small Grants Round provides opportunities for community organisations to apply for funding for projects or equipment that support preventing and reducing gambling harm in their communities.

The CSF Small Grants Round is managed by the Gambling Support Program (GSP) within the Department of Premier and Cabinet (DPAC).

Grants of up to \$25,000 (plus GST) are available through the CSF Small Grants Round.

Eligible Organisations

For your organisation to be eligible, it must be an incorporated not-for-profit community organisation.

If your organisation is not incorporated, you may consider partnering with an incorporated charity or not-for-profit organisation to receive, distribute and report against the funding on your behalf.

In-Eligible Organisations

The following entities are **not** eligible to apply for funding under this Program:

- Australian Government agencies
- Tasmanian Government agencies
- Local Government authorities (Councils)
- Schools or colleges (government or private)
- Political parties
- Sports or recreation clubs
- Individuals and/or sole traders
- For-profit organisations and businesses.

Funding Restrictions

Core or ongoing programs or activities will not be funded. However, costs to enhance or expand existing core or ongoing programs or activities will be considered.

Similarly, operational costs (e.g. administration costs) that benefit your organisation will not be funded. However, operational costs that directly benefit your clients or community will be considered.

Other Projects that will not be funded include:

- Projects that are the same as projects or programs that are already available to your target community or groups.

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- Projects that have already commenced or have been completed.
- Top-up or replacement payments for existing services.
- Retrospective payments or deficit funding.
- Repayment of loans or debts.
- Donations, gifts, fundraising and/or prizes.
- Projects involving privately-owned places or places on private property or that produce a private benefit to a business or person.

Confirmation

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/event is located in Tasmania and has not already commenced or been completed.

I also confirm that the organisation:

- is incorporated and not-for-profit, and
- does not owe any reports or money to the Department of Premier and Cabinet as a result of previous funding or grants, and
- has the appropriate type and level of insurance for the activities that are the subject of this grant, and

Please select below: *

Yes

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

Contact Details

* 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*.

Please note by submitting this application form you:

- are agreeing to allow the 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 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

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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 ABN

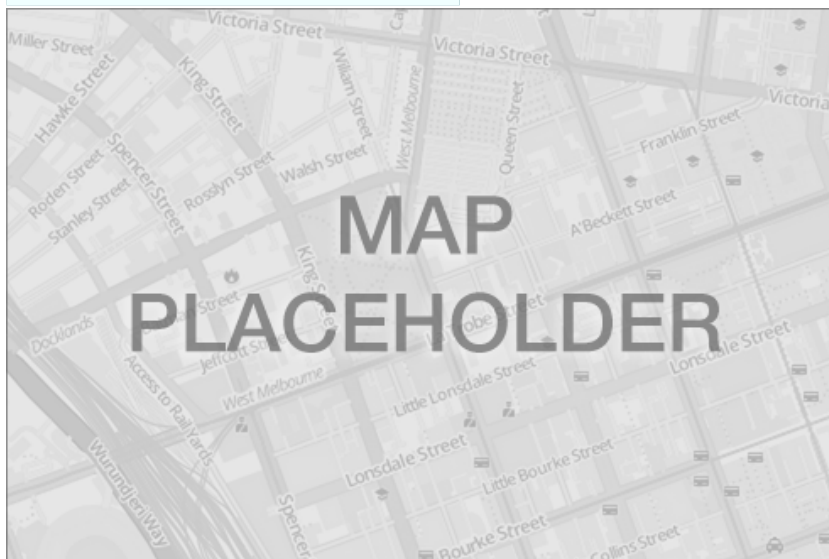
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

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.

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

Address



Any, but at least one field is required.

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

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Which Local Government Area(s) will your project or activity target? *

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

If your project or activity will occur in more than one location, please select all locations involved or Statewide if applicable.

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 Details *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Application's Primary Contact

This is the designated contact we will correspond with regarding this grant.

Primary contact person *

Title First Name Last Name

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Primary contact person's email address *

Alternative Contact

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Please add in an alternative contact, 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Project Details

* indicates a required field

Eligible Projects

Projects that are different to core business are eligible for funding.

Projects that the organisation normally delivers (e.g. funding for existing programs) and ongoing operational costs can not be funded by the CSF grants.

Projects that enhance or expand core business are eligible for funding.

Project Details

Is this Project different to your core business? *

Yes No

Core Business

Does your project enhance or expand on your core business?

Yes No

Core Business

How does your project enhance or expand your core business? *

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This Project is Ineligible for Funding

Projects that the organisation normally delivers (e.g. funding for existing programs) and ongoing operational costs cannot be funded by the CSF grants.

Partnerships

Are you partnering with another organisation to deliver this project? *

- Yes No

Partner Details

Please provide information on your partner organisation including a key contact, the organisation's expertise, their experience in delivering similar work and role in this project

*

Please attach evidence of an agreement to work together in delivering the grant project. *

Attach a file:

Target Groups

Examples of vulnerable groups and communities include:

What is your main funding focus? *

- Communities or groups with high levels of gambling expenditure and/or gambling harm
- Communities or groups in low socio-economic areas.
- Communities or groups in rural or remote areas.
- Young or older people who face complex barriers and needs
- Culturally and linguistically diverse (CALD) communities.
- People with disabilities or significant health needs (including mental health)
- Communities with low levels of health and/or financial literacy
- Communities addressing issues of Family violence, social isolation, alcohol or drugs
- Other:

Select all that apply.

Grant Amount

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Project Title *

Short project description *

Provide a short description (100 words recommended) of your project - what are you out to do?

Total Amount Requested *

Must be a whole dollar amount (no cents) and no more than 25000.

Would you consider Partial Funding of this Project? *

Yes

No

Partial Funding Amount

If only Partial Funding is available for your project - what is the minimum funding required to obtain some benefit towards your project outcomes?

Minimum Amount Required *

Must be a dollar amount and no more than 25000.

Please outline what aspects of your grant request you are willing to source alternative funding or remove or adjust to fit within the lower funding limit? *

Project Dates

Anticipated Project Start Date *

Must be a date.

Expected Project End Date *

Must be a date.

Assessment Criteria

* indicates a required field

Criteria Weighting

- Supporting Preventing or Reducing Gambling Harm - 40%
- Outcomes - 40%
- Value for Money - 20%

Criterion 1: Supporting Preventing or Reducing Gambling Harm - 40%

- Does your project support preventing or reducing gambling harm?
 - It may address gambling harm directly (describe purchase or activity)
 - It may address the potential risk factors for harmful gambling (describe which risk factors)
 - It may address harms associated with harmful gambling (describe which harms)
- Which vulnerable groups and/or communities does your project benefit?

Criterion 1 - Response *

Supporting Prevent or Reducing Gambling Harm - Other supporting information

Attach a file:

Any other relevant supporting information.

Criterion 2: Outcomes - 40%

Describe your proposed outcomes for your target group or community. In response to this criterion, please include:

- How your project will prevent, intervene, or respond to gambling harm for your target group or community
- How you will measure whether your project is having an impact on gambling harm for your target group or community
- The plan for how the outcomes of your project will be sustained on the completion of the project funding
- How you will evaluate the success of your project.

Criterion 2: Response *

Optional - Supporting Document Criterion 2

Attach a file:

Any other relevant supporting information.

Criterion 3: Value for Money - 20%

- A project budget including quotes for all external purchases, you can add as many lines as you need by clicking the '**Add More**' button.

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- A description of how your organisation will manage any immediate or ongoing costs associated with the project (e.g. consumables, insurance).

All sources of funding for the project must be included in the application.

Expenditure Description	Expenditure Amount	Expenditure Type	Quotes

Optional - Supporting Document Criterion 3

Attach a file:

Any other relevant supporting information.

Will this project have any ongoing costs beyond the grant funding period *

- Yes No

Please describe how your organisation will manage any immediate or ongoing costs associated with the project (e.g. consumables, insurance) *

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)

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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.

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? *

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.