Carers 2026-27 Application Form
Form Preview

About the Program

The Tasmanian Government acknowledges the vital role and significant contribution of unpaid carers to the health, wellbeing and security of their family members and friends who need support and assistance.

We also recognise that carers needs are just as vital.

To celebrate and promote the contribution of carers to their communities, the Tasmanian Government is providing $22,000 in 2026-27 for a Carers Small Grants Program (the Grants Program).

The Grants Program will provide grants of up to $2,500 (GST exclusive) to eligible organisations for projects that make a meaningful contribution to the recognition, health and wellbeing of carers.

Applications should demonstrate how your project will achieve one or more of the outcomes:

- Carers feel recognised, valued and supported
- Carers experience improved health and wellbeing
- Carers gain practical skills, resources or supports
- Carers build connections with other carers in their communities.

You are encouraged to engage with carers in the design of your project.

The Grants Program will prioritise projects that provide practical or lasting benefits for carers.

Projects delivered during National Carers Week can help attract local media attention and increase reach in the community.

If you have any questions about this program, please contact carers.actionplan@dpac.tas.gov.au or 03 6232 7059.

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),* and
- 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.

Application Checklist

Completing your Application

- 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.**
- Track how long it takes you to do the application - we'll ask you that at the end.
- **This program closes at 2pm, Tuesday 25 August 2026.** 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 carers.actionplan@dpac.tas.gov.au or call 03 6232 7059.

CHECKLIST:

- Public Liability Insurance Certificate (current)
- Authorised Person approval by the closing date
- Auspicor Details (if applicable):
    - Letter of Agreement
    - Bank Details
    - Public Liability Insurance Certificate (current)

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,
- **The organisation is either:**
    -
        - A local government authority (council)
        - Incorporated not-for-profit organisations

- Not-for-profit companies registered under company law
- Aboriginal organisation
- Unincorporated organisations auspiced by an eligible organisation

- **And must 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
- **And that the project, event or activity that we will run will be:**
  - Alcohol and drug free;
  - Safe for vulnerable people safe; including child 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; and
  - 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 will be required to provide a copy of the organisation's public liability insurance as part of this application.

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

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 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's Details

* indicates a required field

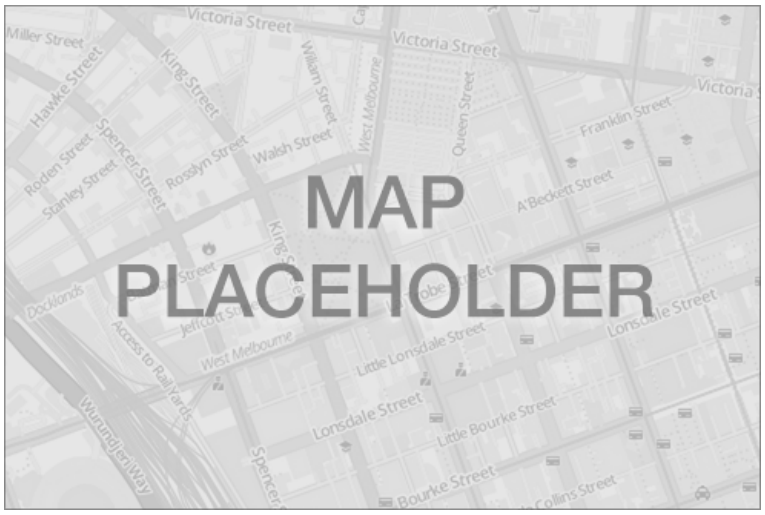
Organisation Details

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

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

Auspicor Organisation
Organisation Name

Auspice Primary Address
Address

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 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 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 their 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, event or activity *

Word count:

Must be no more than 100 words.
This is meant to be a brief summary of what the grant will enable you to do, who it benefits and what will the outcomes be.

Dates

Anticipated Start Date *

Must be a date and between 22/9/2026 and 29/6/2027.

Project End Date *

Must be a date and between 22/9/2026 and 30/6/2027.

Description

Which outcome(s) does your project aim to address? *(select the matching numbers below)*

1. Carers feel recognised, valued and supported
2. Carers experience improved health and wellbeing
3. Carers gain practical skills, resources or supports
4. Carers build connections with other carers in their communities.

Your selection: *
☐ 1 ☐ 2 ☐ 3 ☐ 4
see question above before using this.

Event, Activity or 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

Assessment Criteria

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.

Criteria

What that means

Weighting

Project merit and outcomes

- The project is clearly described and achievable
- The project addresses one or more of the following outcomes:

    - Carers feel recognised, valued and supported;
    - Carers experience improved health and wellbeing;
    - Carers gain practical skills, resources or supports; and
    - Carers build connections with other carers in their communities
- The project responds to an identified need for carers
- The project will deliver meaningful, practical or lasting benefits for carers

70%

Capability and value for money

- Your organisation has the experience, resources and capacity to deliver the project
- The proposed budget is reasonable and appropriate for the activities being delivered
- The project can be completed within the required timeframe

30%

Criterion 1: Project merit and outcomes (70%)

- A clear description of your project and the activities you will deliver
- How your project will contribute to one or more of the outcomes
- The need for the project and how you identified this need
- Any lasting benefits the project will deliver for carers

Criterion 1: *

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

Optional - Supporting Document
Attach a file:

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

Criterion 2 (page 1 of 2) - Capability and value for money (30%)

* indicates a required field

Tell us how

- Your organisation has the experience, resources and capacity to deliver the project.
- The project can be completed within the required timeframe.

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 2 (page 2 of 2) - The proposed budget is reasonable and appropriate for the activities being delivered

* indicates a required field

Budget

*Please outline your project budget 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.

If you have quotes that match the amount requested, please upload them.

Quotes from Tasmanian suppliers are encouraged.

Expenditure Type	Expenditure Line Item	Full Line Item Cost (GST exclusive amount)	Cost Requested to be covered by Grant Funds (GST exclusive)	Quote or Evidence of Cost
If you are not registered for GST, include a separate line item for the GST payable on the costs covered by this funding request. This will help ensure you request the full amount you need from this grant, including any GST you cannot claim back.		Must be a dollar amount.	Must be a whole dollar amount (no cents).	

Other:				
Other:				
Other:				
Other:				

Budget Totals

Total Project Expenditure Amount *

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

Total Amount Requested *

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

Confirm Total Amount Requested

Must be a whole dollar amount (no cents) and no more than 2500.
What is the total financial support you are requesting in this application?

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 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 Services on 03 6232 7059 or carers.actionplan@dpac.tas.gov.au .**

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.