Introduction

* indicates a required field

Purpose

The *Isolated Communities Resilience Grant* will provide funds to Tasmanian local governments to purchase physical resources and equipment that will be pre-positioned in communities at risk of becoming isolated during an emergency. Establishing a sense of safety and security and meeting practical needs after an emergency will help to reduce initial distress in isolated communities and supports long-term recovery.

The purpose of this grant is to provide funding for assets to support communities which may become isolated during emergencies and be unable to access primary evacuation centres.

The target outcomes are:

- Tasmania has sufficient evacuation resources to meet the basic needs of isolated communities in a disaster.
- Evacuation resources are strategically located in line with risk-based priorities.
- The negative impacts of disasters on isolated communities are reduced through the provision of resources that can establish electricity and communication channels.

Funding Arrangements

Grants of between $5,000 and $40,000 are available per isolated community for the purchase of physical resources and equipment which support community disaster resilience; such as:

- Storage facilities
- Batteries and solar panels
- Generators
- Charging devices
- Emergency lighting
- Radios
- Mobile reception booster
- Other assets which may provide for a community's basic needs while isolated

Current, formal quotations for all requested items and/or services must be submitted with the application.

Applications are encouraged, where possible, to use local Tasmanian suppliers.

Funding is provided on a one-off basis. There will be no additional funding for maintenance or replacement of assets.

Guidelines

For further details, please access the guidelines associated with this program here.

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 this application and the aims of this program, and

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

Applicants must:

- be a local government authority (council); and
- have signed the LGAT Protocol for Inter-Council Emergency Management Resource Sharing 2018, or commit to sign the protocol during the project period; and
- be responsible for all costs associated with storing, maintaining and replacing the resources and equipment; and
- list all funded assets in the Department of Premier and Cabinet's Recovery Resources Asset Register, and keep the register up to date.

Please select below: *
○ Yes   ○ No
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.* For more information, go to Tasmanian Government Personal Information Protection (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
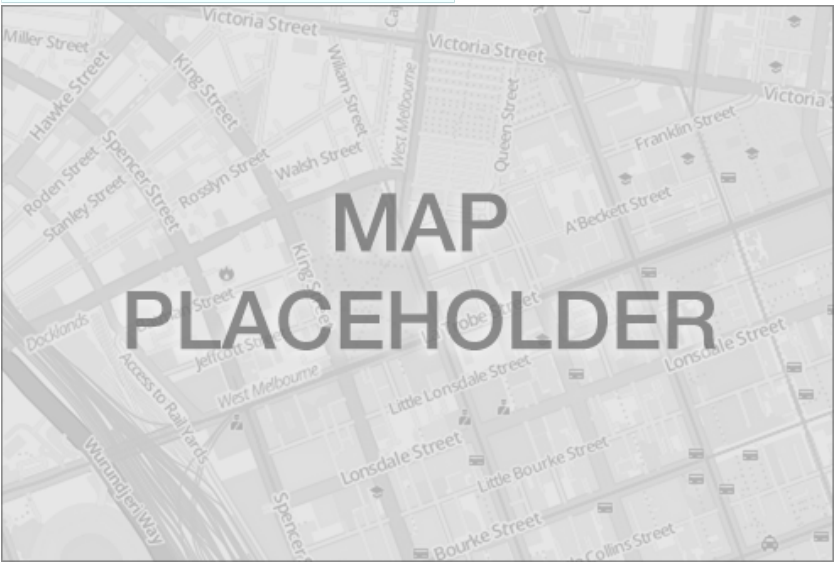
Applicant organisation name *
Organisation Name

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

MAP PLACEHOLDER

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

Primary contact person *

Title	First Name	Last Name

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.

Organisation Alternative Contact

A person that may be contacted in regard to this grant should the primary contact is unavailable, e.g. CEO, Treasurer, Finance Officer, Executive Assistant etc.

Organisation Alternative Contact *

Title	First Name	Last Name

[   ] [   ] [   ]

In addition to the applicant or primary contact.

Position *

[   ]

Position within this organisation

Organisation Alternative Contact Primary Phone Number *

[   ]

Must be an Australian phone number.

Organisation Alternative Contact Primary Email *

[   ]

Must be an email address.

Organisation Details

* indicates a required field

Organisation 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.

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

[Equipment Purchase   ]

Must be no more than 20 words.
Provide a name for your project, event, activity or program, your title should be short but descriptive

What equipment will you be looking to procure from these grant funds? Also provide a brief explanation of why each requested item is required.

[   ]

Total Amount Requested *

[   ]

Must be a dollar amount and between 5000 and 40000.
What is the total financial support you are requesting in this application?

Quotes *
Attach a file:

[   ]

Attach copies of current, formal quotes for each item requested

Partial Funding

Would you be willing to accept partial funding towards your project? *
○ Yes   ○ No

Partial Funding

You have selected "Yes" to accept Partial Funding. In case of oversubscribed applications, 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.

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

Start/Finish Dates

What are your anticipated project start and end dates?

Anticipated start date *

Must be a date and no earlier than 1/11/2024.
If unknown, provide your best estimate

Anticipated end date *

Must be a date and no later than 30/6/2025.
If unknown, provide your best estimate

Assessment Criteria

* indicates a required field

Assessment Criteria

All applications will be assessed against the below criteria.

Assessment Criteria	Weighting
Demonstrated Need	50%
Arrangements to store, manage and maintain assets	20%
Arrangements to deploy assets	20%
Resilience projects or activities in the community	10%

Criterion 1

Demonstrated Need (50%) - Why does the community need these assets or resources?

- For instance, describe the profile of the community (e.g. age / socio-economic profile, seasonal population changes, at risk groups), the risk of the community being isolated during an emergency, the impact of the community being isolated during an emergency

Criterion 1: *

Word count:
Must be no more than 500 words.

Optional - Please add any supporting documentation for Criterion 1
Attach a file:

Criterion 2

Arrangements to store, manage and maintain assets (20%)

- Briefly outline your plans for the storage, management and maintenance of any equipment that you may procure through this grant. Note that final arrangements will need to be detailed in the final report.

Criterion 2: *

Word count:
Must be no more than 500 words.

Optional - Please add any supporting documentation for Criterion 2
Attach a file:

Criterion 3

Arrangements to deploy assets (20%)

- Briefly outline the arrangements that will be put in place to deploy these assets during an emergency, and returned and maintained after use? Note that final arrangements will need to be detailed in the final report.

Criterion 3:

Word count:
Must be no more than 500 words.

Optional - Please add any supporting documentation for Criterion 3
Attach a file:

Criterion 4

Resilience projects or activities in the community (10%)

-
  Provide an overview of any related resilience projects or activities in the community (past, current or planned) that may increase the likelihood of these assets being successfully used during an emergency

Criterion 4: *

Word count:
Must be no more than 500 words.

Optional - Please add any supporting documentation for Criterion 4
Attach a file:

Do you have Public Liability Insurance? *
○ Yes   ○ No

Upload copy of Public Liability Insurance *
Attach a file:

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? *

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.