

LGBTIQA+ Grants program 2024

Form Preview

Eligibility

* indicates a required field

Introduction

The Tasmanian Government has allocated \$60,000 for the 2024 Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Asexual (LGBTIQA+) Grants Program. Grants provided through the Program will assist community organisations, tertiary institutions and Local Government to:

- increase the number of Tasmanians who are accepting of diversity;
- improve resilience and capacity in the LGBTIQA+ community;
- foster inclusion, respect and dignity for LGBTIQA+ Tasmanians; and
- enhance access to services and increase participation for LGBTIQA+ Tasmanians.

Eligible applicants may apply for either or both priority projects and general projects, and for funding of up to \$30,000 in each area.

Applicants are requested to indicate on their application whether they will accept partial funding.

IMPORTANT

Before completing this form, please read the [LGBTIQA+ Grants Program 2024 Guidelines](#) as they will help you to prepare your application.

Applications must be received by **2:00 pm on Friday 22 March 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.

We anticipate that outcomes will be announced no later than 31 May 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 one of the following criteria:

- local government authorities (councils);
- incorporated community groups;
- not-for-profit organisations; or
- tertiary institutions that undertakes research projects and can demonstrate a sound understanding and experience of working with the LGBTIQ+ community;

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Applicants must :

- be a Tasmanian organisation, or an organisation with a focus on Tasmania, that delivers community support, services and/or programs to Tasmanian's.

*Not-for-profit organisations **that are not incorporated** may also apply but must be sponsored by an incorporated organisation. In this case, the application must include written confirmation from the sponsoring organisation that it will accept the relevant administration, legal and financial responsibilities for the grant.*

Please note: State and Australian Government agencies, schools for colleges (Government or private), political parties, for-profit organisations and individuals/sole traders are **not** eligible to receive funding.

Please select below: *

Yes No

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

Funding Priorities

Funding Area One / Priority Project(s)

The Priority Projects focus for the 2024 program, nominated by the LGBTIQA+ Whole of Government Reference Group in consultation with LGBTIQA+ community groups, is:

- Supporting Tasmanian women's services to be trans/transgender and gender diverse inclusive.

Funding Area Two / General Project(s)

- Research issues affecting the LGBTIQA+ community in Tasmania.
- Develop resources or strategies to:
 - increase community awareness about the issues and needs of LGBTIQA Tasmanians; or
 - reduce or prevent discrimination, vilification and harassment of LGBTIQA+ Tasmanians.
- Promote awareness of LGBTIQA+ issues and needs within workplaces in Tasmania.
- Address gaps in the current service system that prevent LGBTIQA+ people from being able to access services and address issues related to their sexuality or gender.
- Celebrate diversity and promote inclusion of LGBTIQA+ Tasmanians within the wider community, particularly in rural and regional communities in Tasmania.

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 \(www.tas.gov.au\)](http://www.tas.gov.au).

Please note by submitting this application form you:

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- 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 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

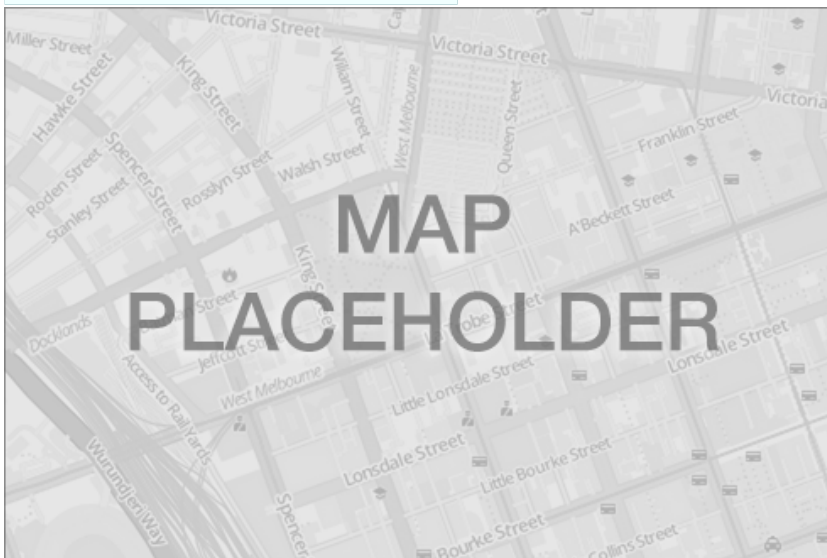
Applicant organisation name *

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



Country must be Australia

Applicant Postal Address

Address

Country must be Australia

Primary contact person *

Title First Name Last Name

This is the person we will correspond with about this grant

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Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Back-up phone number

Primary contact person's email address *

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

Organisation Details

* indicates a required field

Please select the description that best describes your organisation? *

- Not-for-profit Organisation
- Local Council
- Tertiary Institution

Please choose the option that best applies to your organisation.

Please enter your 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.

Are you an Incorporated Entity?

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To lookup up you eligibility as an Incorporated Entity click the following link [ASIC Lookup](#)

Incorporated?

- Yes No

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 for which you are seeking funds *

Word count:

Must be no more than 100 words.

Be descriptive, but succinct.

Tier 1 - Funding Priority One (capped at \$30,000)

Tier 2 - Funding Priority Two (capped at \$30,000)

Please select from the list below the description that best describes the project type. *

- Tier 1
 Tier 2

Funding Priority 1

Grant Amount Request *

\$

Must be a dollar amount and no more than 30000.

Funding Priority 2

Grant Amount Request *

\$

Must be a dollar amount and no more than 30000.

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

- Yes No

Partial funding amount

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Minimum Amount Required

\$

Must be a dollar amount.

Public Liability

Do you have Public Liability Insurance? *

- Yes
 No

Upload copy of Public Liability Insurance

Attach a file:

If applicable.

Anticipated start date *

If unknown, provide your best estimate

Anticipated end date *

If unknown, provide your best estimate

Local Government Area

Which area(s) will your project or activity be located? *

If your project or activity will occur in more than one location select the primary location.

Assessment Criteria

* indicates a required field

Assessment Criteria

All applications will be assessed against the below criteria.

You are encouraged to review the program [Guidelines](#) before completing this section.

Criterion 1:

Criterion 1: Supporting Tasmanian women's services to be trans/transgender and gender diverse inclusive.

- How will the LGBTIQA+ community benefit from the outcomes and/or outputs of the project?
- How does the project align with the vision and principles of the [Whole of Government Framework for LGBTIQA+ Tasmanians?](#)

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- Demonstrate how your organisation has engaged with LGBTIQA+ Tasmanians and/or relevant organisations to develop the project.
- Detailed Project Plan, including proposed budget.

Criterion 1: Please describe your benefits to LGBTIQA+ Community *

Criterion 2

Criterion 2: Project Details

Please outline the project's:

- Objective/s;
- Implementation Plan;
- Intended Outcome/s;
- Evaluation process, including how outcomes will be measured:
 - Details of data collection methodology (if applicable).

Please describe your project details *

Criterion 1

Criterion 1: Benefit to the LGBTIQA+ Community

- How will the LGBTIQA+ community benefit from the outcomes and/or outputs of the project.
- How does the project align with the vision and principles of the [Whole of Government Framework for LGBTIQA+ Tasmanians?](#)
- Demonstrate how your organisation has engaged with LGBTIQA+ Tasmanians and/or relevant organisations to develop your project.

Criterion 1: Please describe the benefit to the LGBTIQA+ community *

Criterion 2

Criterion 2: Project Details

Please outline the project's:

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- Objective/s;
- Implementation Plan;
- Intended Outcome/s;
- Evaluation and process, including how outcomes will be measured
 - Details of data collection methodology (if applicable).

Criterion 2: Please describe your project details *

Is your application funding request for Research?

Is your application for Research? *

- Yes
 No

Criterion 3

Criterion 3: Evidence Base/Best Practice (This is a requirement for Research Projects only)

How will the project contribute to the development of an evidence base for LGBTIQA+ issues in Tasmania and/or demonstrate how it uses existing evidence and/or research to progress outcomes for the LGBTIQA+ community in Tasmania.

Criterion 3: Please describe your Evidence Base/Best Practice *

Research Methodology

Attach Copy of Research Methodology

Attach a file:

Project Budget

Please follow the below instructions when completing this section of the application:

- If your organisation is **NOT registered for GST**, project costs should be calculated **inclusive of GST**; and
- If your organisation is **registered for GST**, project costs should be calculated **exclusive of GST**.

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If you have a quote that includes GST, but does not itemise the GST amount on the quote, divide the total amount by 11 and then by 10 to work out the amount without GST.

Total Amount Requested

*

\$

What is the total financial support you are requesting in this application? Must be no more than \$30,000.

Total Project/Program

Cost *

\$

What is the total budgeted cost (dollars) of your project?

Budget

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

- Include details of other funding that you have applied for, whether it has been confirmed or not.
- Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).
- Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.
- If your organisation is **NOT registered for GST**, project costs should be calculated **inclusive of GST**; and
- If your organisation is **registered for GST**, project costs should be calculated **exclusive of GST**.

Income Source	Income Type	Confirmed Funding	Income Amount (\$)	Notes (Optional)
			\$	
			example: \$1000, not \$1,000	

Project Costs

Note: Funding will not be provided for:

- recurrent or operational costs including energy, water and sewerage, rates and taxes, insurance, communications and wages; or
- to offset current debt.

Project Cost Description	Expenditure Type	Expenditure Amount (\$)	Notes (Optional)
		\$	

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Project Amount

\$

This number/amount is calculated.

Income - Project Costs

\$

This number/amount is calculated.

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Optional

If you have already prepared a detailed budget for your project you can use this section to attach the document to your application.

Attach a file:

Other Supporting Documentation

What other supporting documents will you need in order to successfully carry out this project?	Confirmed?	Attach Other Supporting Documents
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Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, permission from land/site owner and other types of support.		
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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 *

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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 Department of Premier and Cabinet 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.