

NFP Organisation - Emergency Response Grant Application Form

Sept 2024

Form Preview

Eligibility Confirmation

* indicates a required field

Program Details and Eligibility

The objective of this assistance measure, jointly funded by the Australian and Tasmanian Government under the Disaster Recovery Funding Arrangements, is to assist with the costs of clean-up and reinstatement of non-profit organisations that have suffered direct damage as a direct result of the statewide severe weather event in Tasmania that commenced on 27 August 2024.

Non-profit organisations play an integral part in local economies and communities, and this assistance must contribute towards minimising disruption in the affected area and assisting the community to recover. This grant is intended to assist non-profit organisations to continue or re-commence operations as soon as possible where the impact has been severe.

The maximum grant amount available is \$25,000.

- An amount of up to **\$2,500 (Tier 1)** is available to assist in replacing damaged assets/equipment.

Applicants for **Tier 1** will be required to provide evidence of direct damage to property, assets and/or equipment, as a result of the severe weather event.

- An amount of up to **\$22,500 (Tier 2)** is available to assist in recovery activities.

Applicants for **Tier 2** will be required to provide evidence of work that has or will be undertaken to continue or re-commence operation. This may include quotes, invoices, additional wages (for clean-up and reinstatement activities), to demonstrate eligible expenses incurred or to be incurred.

Applicants may apply for both tiers.

Grants cannot be provided to help pay for costs associated with the following:

- Loss of income as a result of the severe weather event;
- Payment of employee salaries that would have ordinarily been incurred by the non-profit organisation had the severe weather event not occurred;
- Expansion of projects, or upgrades to assets, infrastructure or equipment;
- Any items or activities funded under another government (local, state or federal) emergency response or recovery grant;
- Any costs already recovered through Insurance claims.

The below section is designed to assist you determine if you are eligible for funding before you complete an application. If you are unsure of your organisations eligibility refer to the program guidelines [here](#) or contact Community Grants on 1800 204 224 or email grants@dpac.tas.gov.au

Eligibility Check

To be eligible you must confirm each of the below statements in relation to your organisation. *

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- ☐ Your organisation operated as a non-profit organisation located in Tasmania and was actively operating immediately prior to the severe weather event that began on 26 August 2024.
- ☐ Your organisation suffered direct damage to premises, assets, internal fittings, or equipment owned or used by the organisation to carry out normal operations and are responsible for meeting the costs to replace or repair.
- ☐ Your organisation is intending to re-establish the same non-profit support and/or services in the same, or nearby, location within the same municipality.
- At least 3 choices must be selected.

If you do not confirm all 3 of the above statements, your organisation is not eligible, and you will NOT be able to submit this application.

Additional Eligibility

At least one of these options must be true:

- ☐ Registered with the Australian Charities and Not-for-Profit Commission (ACNC)
- ☐ Are a registered incorporated association that does not employ staff and does not sell goods and services (excluding Membership fees) that make up more than 30% of total income.

Organisation and Contacts

* indicates a required field

Organisation Details

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.

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

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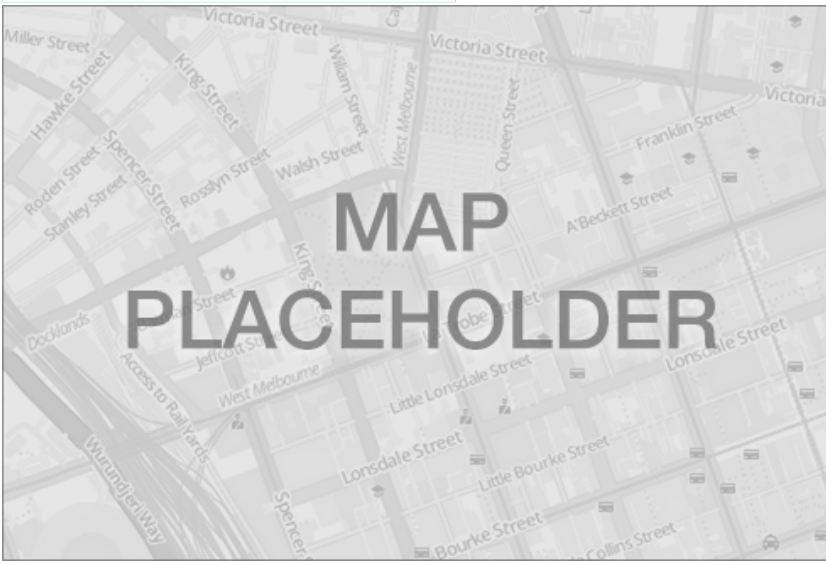
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ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Primary Address (this should be your organisations physical address)

Address



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 *

Primary contact person's email address *

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

Would you like to add an additional contact person's details?

- ☐ Yes
☐ No

This person may be a contact should you be unavailable. Generic e-mail addresses are also encouraged.

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Primary Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Additional Contact Details

Name

Title

First Name

Last Name

Additional Contact Position

Additional Contact Email

Must be an email address.

Additional Contact Phone Number

Must be an Australian phone number.

Organisation Operation

Please use this section to tell us a little about your organisation, its operations and purpose.

Evidence of Operation

Attach a file:

A bank account statement in the organisation's name showing recent transactions or other evidence of recent operational activity. Must include period at least one month prior to 26 August 2024.

Annual report

If your organisation produces an annual report please provide a link or attach a copy of your most recent Annual Report. If an Annual Report is unavailable a copy of your most recent audited financial statements is required.

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Upload files

Attach a file:

or

Provide web link:

Must be a URL

Severe Weather Impact and Recovery Actions

* indicates a required field

Funding Purpose

Please describe the impact to your organisation as a result of the Severe Weather event that occurred in August 2024. *

Which Local Government Area (LGA) is your organisation located or predominately operates in? *

If located in more than one location select the location primarily impacted by the weather event.

Assistance Types

Tier 1. Up to \$2,500 (Must be selected)

Tier 2. Up to an additional \$22,500

Which level of assistance are you seeking? *

☐ Tier 1

☐ Tier 2

Both tiers can be selected.

Insurance Coverage

Under this grant your organisation is entitled to receive a grant for costs not covered under an insurance policy, please select the type of evidence you are providing to show your organisation is not or insufficiently covered for the cost of damage.

☐ Copy of the insurer's Product Disclosure Statement along with a copy of your Insurance policy to show insufficient coverage

☐ Letter/E-mail from the insurance company stating the damage is not covered

Please attach a copy of your insurance evidence *

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Attach a file:

A minimum of 1 file must be attached.

Provide a copy of Insurance Policy Certificate of Currency and Product Disclosure Statement extract (or correspondence from Insurer) detailing ineligibility to claim for damage described above.

Estimated Damage Cost

What is the estimated cost of the damage caused by the severe weather event to your organisation

Must be a dollar amount.

Tier 1 Damage Assistance

Amount Requested *

This number/amount is calculated.

Please provide evidence of the direct damage to property, assets and/or equipment resulting from the severe weather event. *

Attach a file:

A minimum of 1 file must be attached.

Acceptable forms of evidence include photos; quotes or invoices to repair; insurance claims or correspondence.

Tier 2 Recovery Assistance

Amount Requested *

Must be a dollar amount and no more than 22500.
Any costs covered by Insurance cannot be claimed.

Please provide a brief description the activities you have and/or will undertake to recover/recommence your organisations operational activities *

Please be descriptive, but succinct.

Recovery Start/Anticipated start date *

If unknown, provide your best estimate.

Recovery Finished/Anticipated end date *

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If unknown, provide your best estimate.

Please provide evidence of work that has or will be undertaken to continue or re-commence operation. *

Attach a file:

Acceptable forms of evidence are quotes, invoices, additional wages (for clean-up and reinstatement activities). - See eligible activities below.

Please note the eligible recovery activities are:

- Engaging a tradesperson to conduct a safety inspection of damage to a property, premises or equipment;
- Hiring and/or leasing equipment or purchasing materials to clean a property, premises or equipment;
- Paying additional wages to an existing employee (i.e. overtime) or employing a person to clean a property, premises or equipment if:
 - the cost would not ordinarily have been incurred in the absence of the severe weather event, or
 - the cost exceeds the cost of employing a person to clean the property, premises or equipment that would ordinarily have been incurred in the absence of the severe weather event,
- Removing and disposing of debris, damaged goods or material;
- Removing and disposing of spoiled goods and stock due to power outage;
- Essential repairs to premises and internal fittings (e.g. floor covering, electrical wiring, shelving), if the repair is essential for resuming operation of the organisation.
- Purchasing, hiring or leasing equipment or materials that are essential for immediately resuming operation of the non-profit organisation; and any of the following:
 - replacing lost or damaged stock if the replacement is essential for immediately resuming operation of the non-profit organisation;
 - leasing temporary premises in the same impacted municipality for the purpose of resuming operation of the non-profit organisation.
- Repairing, reconditioning or replacing essential plant or equipment damaged by the severe weather event.

Total Grant Funds Requested

Total Amount Requested

This number/amount is calculated.

Certification and Feedback

* indicates a required field

Privacy

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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 form you:

- are agreeing to allow information to be shared for the purposes of assessing and, if required, administering a grant, and
- acknowledge that some information in relation to any funding provided 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.

Declaration

I declare that at the time of completing this form:

- To the best of my knowledge, the information I have provided is true and correct.
- Any funding that may be received as a result of this application is to the benefit of Tasmanians.
- I have read and agree with the Privacy Statement noted above.
- I understand that should funding be provided, an agreement or grant deed will be prepared by the department on behalf of the Crown outlining the terms and conditions and must be executed by both parties prior to any funding being provided.

I agree with the above Declaration statement *

☐ 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.

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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? *

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.