

TMSA Grants Program 2024-25

Form Preview

Eligibility

* indicates a required field

Introduction

The Tasmanian Men's Shed Association (TMSA) is the peak body for Men's Shed members in Tasmania.

Men's Sheds are ideally placed to improve the health and wellbeing of Tasmanian men by providing a safe space to connect and share information, while working on projects that greatly contribute to the broader community.

The Tasmanian Government is providing \$175,000 for the TMSA Grants Program 2024-25 (the Grants Program) to support the wellbeing of Tasmanian men through Men's Sheds.

It is TMSA's vision that, access to Sheds for all members to share, collaborate and engage with each other, for each other and the community. The TMSA exists to represent and support the development of Sheds and their members across Tasmania, and to facilitate communication between Tasmanian Sheds.

Funding Arrangements

A total grant pool of **\$175,000** is available.

Applicants can apply for up to a maximum of **\$10,000** each.

The Grants Program will support capacity building, men's health and wellbeing, including mental health initiatives, and the sustainable development of Men's Sheds in Tasmania.

The Grants Program will also fund tools, equipment, machinery, or other related items that are not considered capital works, permanent or fixed upgrades to the Sheds themselves.

IMPORTANT

Before completing this form, please read the TMSA Grant Program Guidelines as they will help you to prepare your application. The Guidelines can be downloaded from [here](#).

To help ensure applicants present a strong application, they are encouraged to contact the TMSA Executive Officer, Wendy Kennedy, to receive feedback and advice on their application prior to submitting:

0438 100 446 or by email at tmsaxo@gmail.com.

Applications must be received by **2:00 pm on Friday, 13 December 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 end of February 2025.

Confirmation of Eligibility

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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
- the project is located in Tasmania and has not already commenced or been completed

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

Applicants must:

- Have public liability insurance
- Be a current member of the TMSA, **OR**
- Operate as a 'Men's Shed' in Tasmania that:
 - 1.Has, a major function, the provision of hands-on workshop activities aimed at men but not necessarily exclusive of women;
 - 2.Is an Incorporated Association, or is auspiced by an Incorporated Association; and
 - 3.Meets the values and vision of the TMSA in the following aspects:
 - Provide a safe, friendly, tolerant, and healing; environment which assists in building confidence and personal development of individual members;
 - Advance the health and wellbeing of its members and encourage social inclusion;
 - provide a benefit to individual members and the broader community; and
 - have minimal joining fees

Please note: State and Australian Government agencies, tertiary institutions, 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.

TMSA Membership

Is your organisation a current member of the TMSA? *

☐ Yes ☐ No

Non - TMSA Membership

If your organisation is not a member of the TMSA, please provide a brief description below explaining how your organisation meets the eligibility criteria. Please attach any supporting evidence for example constitution, policies and procedures

Upload relevant eligibility documentation here:

Attach a file:

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Are you an Incorporated Entity?

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

Incorporated? *

☐ Yes ☐ No

Does your organisation have an ABN? *

☐ Yes ☐ No

Auspiced by Incorporated Association

Are you currently auspiced by an Incorporated Association? *

☐ Yes
☐ No

Yes- Auspiced by an Incorporated Association

You selected 'Yes' to the previous question, please provide details of Auspiced Incorporated Association below.

Auspice *

Organisation Name

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.

| 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.

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Auspice Primary Address *

Address

Auspice Project Contact *

Title First Name Last Name

Auspice Project Contact Primary Phone Number *

Must be an Australian phone number.

Auspice Project Contact Primary Email *

Must be an email address.

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:

- 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

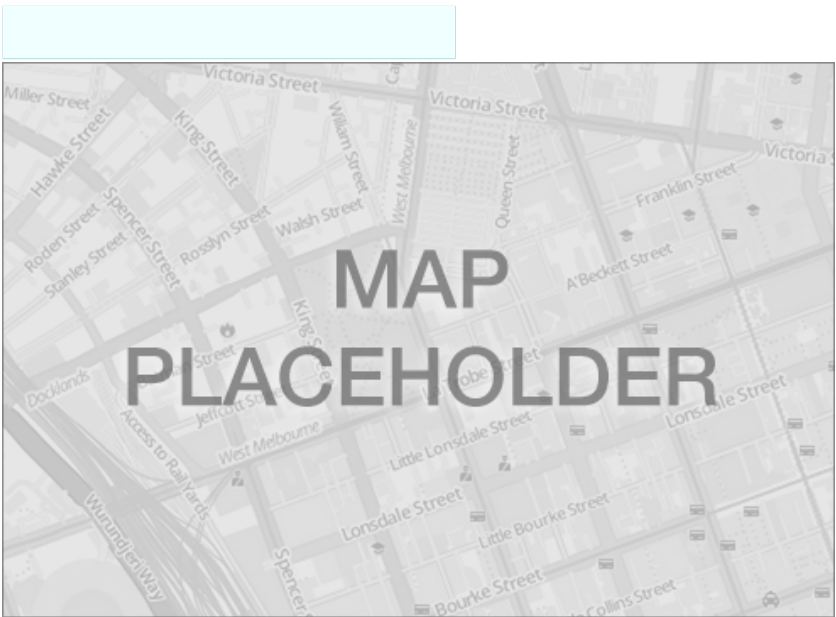
Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

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

Address

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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 *

Primary contact person's email address *

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

Alternative Contact

Please add in an alternative contact if desired (not mandatory), 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 |
|-------|------------|-----------|
| | | |

Position

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Phone Number

Must be an Australian phone number.

Email Address

Must be an email address.

Organisation Details

* indicates a required field

ABN

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.

Insurance

Do you have Public Liability Insurance? *

☐ Yes ☐ No

Upload Certificate of Currency of your Public Liability Insurance (If Applicable)

Attach a file:

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Bank Account

Applicant Primary Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Bank Account Details will only be used if your application is successful and will be verified by an accompanying bank statement with supply of invoice.

Project Details

*** indicates a required field**

Name of Project *

Provide a name for your project, event, activity or program, your title should be short but descriptive

Project Dates Details

Anticipated Start Date

Anticipated start date *

Must be a date and between 20/12/2024 and 31/5/2025.

Anticipated End Date

Anticipated end date *

Must be a date and between 20/12/2023 and 31/5/2025.

If unknown, provide your best estimate

Please provide a brief description of the project for which you are seeking funds *

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

Total Grant Amount Funding Request

Grants of up to \$10,000 are available to support:

- Men's health initiatives, including mental health and wellbeing programs

(These may be support and engagement programs, such as peer mentoring, workshops, awareness raising, or increasing participation);

- Men's Shed member training and education;
- Initiatives delivered by Men's Sheds that benefit the broader community; or
- The purchase of new tools, equipment, and machinery

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Total Grant Amount Request *

\$

Must be a whole dollar amount (no cents) and no more than 10000.

What is the total financial support you are requesting in this application?

Partial Funding

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

☐ Yes

☐ No

Please note - if you select 'No', this may result in your application either receiving all, or nil funding.

Yes - 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.

Assessment Criteria

* indicates a required field

Assessment Criteria

All applications will be assessed against the following three criteria. Each criteria is of equal weighting.

Criterion 1

Anticipated benefit to the Men's Shed and their male members:

- The anticipated physical and mental health and wellbeing benefit of the project to the male members of the Men's Shed. This may include the Shed's capacity to undertake the project without grant funding.
 - How the funding will contribute to the ongoing sustainability of the Shed and/or develop the Shed's capacity to be sustainable; and/or
 - How the funding will develop the Shed's capacity to provide a safe and supportive environment for men to undertake activities to support its members.
- In demonstrating need, please identify:
 - How members and/or the local community have been involved in the planning and development of the project.
 - Any additional funding or in-kind support secured for the project.

Criterion 1: Please describe the anticipated benefit *

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Optional - Please add any supporting documentation for Criterion 1

Attach a file:

Criterion 2

Demonstrated need by the Men's Shed:

- How the funding will contribute to the ongoing sustainability of the Shed and/or develop the Shed's capacity to be sustainable; and/or
- How the funding will develop the Shed's capacity to provide a safe and supportive environment for men to undertake activities to support its members.
- In demonstrating need, please identify:
 - How members and/or the local community have been involved in the planning and development of the project.
 - Any additional funding or in-kind support secured for the project.

Criterion 2: Please describe the demonstrated need *

Optional - Please add any supporting documentation for Criterion 2

Attach a file:

Criterion 3

Benefit to the community:

- How the project should be able to deliver a broader community benefit.
- Partnerships between organisations to deliver project outcomes are strongly encouraged.

Criterion 3: Please describe the benefit to the community *

Optional - Please add any supporting documentation for Criterion 3

Attach a file:

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Criterion 4

Project management:

- Provide a project plan that includes timelines, required resources and skills, and who is responsible for ensuring the project is undertaken and acquitted.
- Risk management planning - applicants must ensure they have identified any potential issues that could arise and how they will be managed.

Project Plan *

Attach a file:

Plan should include: timelines, required resources and skills, roles - including grant management and risk management plan. 25 MB limit.

Comments on your project plan / risk management planning or supporting documents?

Optional - Supporting Documents

Attach a file:

25 MB limit. You can provide further supporting documents under 'Other Supporting Documentation'

Criterion 5

Value for money:

- Applications must demonstrate value for money by submitting a realistic budget. All sources of funding for the project must be included in the application.
 - This includes funds received from other grants programs (such as the Tasmanian Community Fund) and other in-kind support.
- If applicable, any discounts negotiated by the TMSA on behalf of members must be reflected in the submission budget.
- Applicants are encouraged to seek quotations from Tasmanian based businesses where possible.
- Provide **two** current, formal quotations for each of the items outlined in the budget that will be funded by the grants program (such as equipment, services, building alterations and extensions).
- Photographs can also be attached to assist the panel to assess the application.

You can add as many lines as you need by clicking the 'Add More' button.

| Expenditure Line Item | Expenditure Description | Expenditure Amount | Expenditure Type | Quotes |
|-----------------------|-------------------------|--------------------------|------------------|--|
| | | Must be a dollar amount. | | A minimum of 2 files must be attached. |

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|--|--|--|--|--|
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| | | | | |
| | | | | |
| | | | | |

Total Estimated Cost

Total Cost

This number/amount is calculated.

Other Supporting Documentation

This section can be used to attach photographs, letters of support, quotes, offers of assistance or discounts, such as volunteers or in-kind support and any necessary permissions you need to undertake your project.

Please provide supporting documentation for your application

Attach documentation

| | |
|--|--|
| | |
| | |
| | |

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.

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.