

Application Form - Tell Someone 2026-27

Form Preview

About the Program

Tell Someone: Child Safety Small Grants Program 2026-27

The Tell Someone: Child Safety Small Grants Program 2026–27 (the Grant Program) builds on the Tell Someone Initiative and supports the Tasmanian Government’s [Change for Children Strategy](#) by recognising the important role that community-based organisations play in keeping children and young people safe.

The Grant Program will contribute funding for eligible community-based organisations that deliver projects that align with shared objectives and contribute to the following improved child safety outcomes:

- safer environments for children and young people,
- reduced risk of child sexual abuse, grooming and harmful sexual behaviours, and
- stronger organisational and community capacity to prevent, identify and respond to concerns.

Funded projects should go beyond organisations’ minimum legal compliance requirements and align to one or more of these objectives:

- 1.Organisational capability uplift** - Strengthening the skills and knowledge needed to prevent, identify, and respond to concerns.
- 2.Sustainable child-safe practice** - Embedding lasting improvements in systems, policies, and behaviours that support safe environments.
- 3.Community awareness and protective behaviours-** Increasing awareness and encouraging proactive protective behaviours in organisations and communities.
- 4.Leadership and collaboration** - Supporting organisations to share learning and participate in the Tell Someone Network.
- 5.Long-term harm reduction** - Contributing to reduced risk and improved safety outcomes for children and young people over time.

We encourage you to consider how your project aligns to the Tasmania Government commitments under the National Agreement on Closing the Gap. This could include ensuring your project is culturally respectful, or captures data on the experiences of Aboriginal children and young people.

If you have any questions about this program, please contact keepingchildrensafere@dpac.tas.gov.au or call us on 1300 13 55 13.

About Tell Someone

[Tell Someone](#) is a Tasmanian Government initiative (the initiative) developed in response to national and state inquiries into child sexual abuse, including the [Tasmanian Commission of Inquiry into Child Sexual Abuse in Institutional Settings](#). This inquiry found that children and young people were often not listened to, believed or supported when they told someone that something was wrong, they felt unsafe, or that someone was harming them.

The initiative addresses silence and harmful social attitudes by encouraging adults to recognise warning signs, have conversations about safety, and listen, believe, and act when children and young people raise concerns. It also supports children and young people to tell a trusted adult when something doesn’t feel right.

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The Tell Someone Network

The [Tell Someone Network](#) brings organisations across Tasmania together to help keep children and young people safe. It supports organisations to raise awareness and take practical action so that adults know how to recognise and respond to concerns, children and young people feel safe to speak up, and communities play an active role in keeping children and young people safe.

The Network focuses on achievable actions, strengthens everyday child-safe practices, and complements the [Child and Youth Safe Organisations Framework](#). Participation involves ongoing commitment to building a culture where children and young people are listened to, believed and supported.

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

Our Application checklist

- Read the [Program Guidelines](#) to help you prepare your application
- Use the [Help Guide for Applicants](#) and [Applicant Frequently Asked Questions](#) (FAQ's)
- Join the [Tell Someone Network](#)
- Talk with workers, volunteers, families, children and young people in your organisation or community to identify needs and decide what project would have the greatest impact
- Track how long it takes you to do the application - we'll ask you that at the end of this form
- Develop a clear and achievable project plan using the provided templates

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- Public Liability Insurance certificate (current)
- Authorised Person approval by the closing date
- Bank details you would want the grant funds to go to, if you are successful.

Reminders:

- 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 us at keepingchildrensafe@dpac.tas.gov.au 1300 13 55 13.

Declaring our eligibility

* indicates a required field

I confirm, as an authorised representative of the organisation, that:

- I have read and understand the Grant Program [Guidelines](#),
- The organisation is:
 - A community-based organisation that works directly with children and/or young people
 - Either; an incorporated not-for-profit or company registered under company law, Aboriginal organisation, or is unincorporated, but will have a formal Auspicing arrangement, if successful
 - A current member of the [Tell Some Network](#)
 - Has appropriate Public liability Insurance (a copy of your current public liability insurance cover must be included with the application)
 - Hold a currently active Australian Business Number (ABN) or, if eligible, provide a Statement by Supplier Form from the Australian Tax Office (ATO).
- And that the project that we will run will have/be:
 - Employees and/or volunteers engaged who have:
 - Undertaken appropriate screening and background checks
 - Current Registration to Work with Vulnerable People (RWVP) where required
 - Appropriate policies, procedures or practices in place to support child safety
 - Appropriate policies, procedures or practices in place to support [vulnerable people](#)
 - Alcohol and drug free
 - 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.

NOTES:

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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.

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 not-for-profit organisations and community groups. 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

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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 have 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	

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Tax Concessions

Main business location

Must be an ABN.

Our 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.

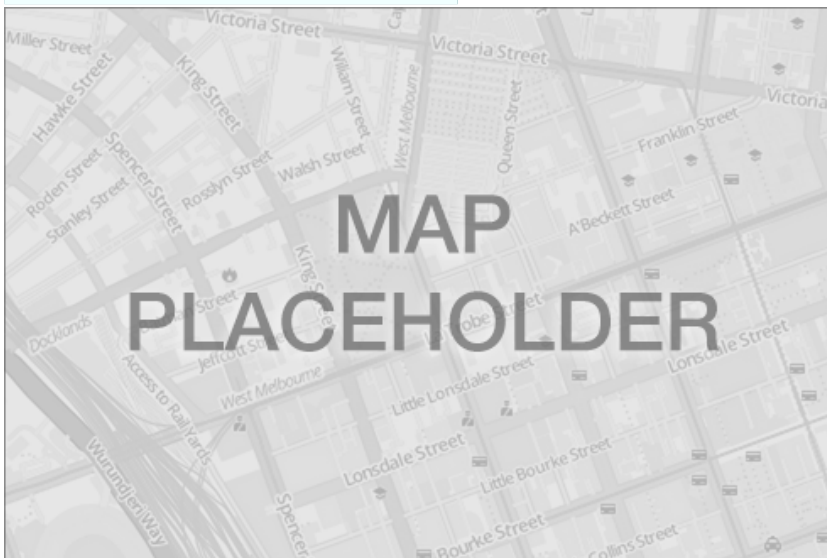
Organisation Name *

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

Please tell us

- Your organisation's purpose

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- The main activities/services you deliver
- How your organisation work with children and young people.

*

Word count:

Must be no more than 350 words.
(150 words recommended)

Auspicings

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 'auspisor'. The auspisor enters into the Grant Deed or Grant Agreement and receives the project funding for the auspicee.

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 'auspisor'. The auspisor enters into the Grant Deed or Grant Agreement and receives the project funding for the auspicee.

Please provide a **letter of agreement from the Auspisor** 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

Auspisor Organisation
Organisation Name

Auspice Primary Address
Address

Auspice ABN

Auspice Primary Phone Number

The ABN provided will be used to look up the following information. Click
Lookup above to check that you have entered the ABN correctly.

Must be an Australian phone number.

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Information from the Australian Business Register	Auspice Primary Email
ABN	<input type="text"/>
Entity name	Must be an email address.
ABN status	Letter of Agreement *
Entity type	Attach a file:
Goods & Services Tax (GST)	<input type="text"/>
DGR Endorsed	25 MB limit
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Our 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:

Our 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.

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

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BSB Number

Account Number

Must be a valid Australian bank account format.

Our Public Liability Insurance

* indicates a required field

Public Liability Insurance

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 (navigating 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 *

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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 15/10/2026 and 30/12/2027.

Project End Date *

Must be a date and between 15/10/2026 and 31/12/2027.

Which best describes the objective(s) your project aligns with:

(select the matching number(s) below)

- 1.Organisational capability uplift**
Strengthening the skills and knowledge needed to prevent, identify, and respond to concerns.
- 2.Sustainable child-safe practice**
Embedding lasting improvements in systems, policies, and behaviours that support safe environments.
- 3.Community awareness and protective behaviours** Increasing awareness and encouraging proactive protective behaviours in organisations and communities.
- 4.Leadership and collaboration**
Supporting organisations to share learning and participate in the Tell Someone Network.
- 5.Long-term harm reduction**
Contributing to reduced risk and improved safety outcomes for children and young people over time.

Your aligned objectives *

1 2 3 4 5

you can select one or multiple selections

Where Our Project Will Reach

Can select multiple locations.

Project Location

Statewide Derwent Valley Huon Valley Northern Midlands

Description

Tier 1

Tier 2

Funding from \$500 to \$2,000 (GST exclusive) is available.

Funding from \$2,001 to \$10,000 (GST exclusive) is available.

Apply to this tier if you're in the earlier stages of your child-safety capability journey.

Apply to this tier if you're more established and aiming to embed and strengthen existing practices.

Which Grant you are applying for? *

- Tier 1
 Tier 2

Does your organisation work with children and young people from any of the following groups?

1. Aboriginal people and communities
2. People from Culturally and Linguistically Diverse (CALD) communities
3. LGBTIQ+ people
4. People with a disability
5. People who are unable to live at home
6. People in rural or regional areas.

Please select any relevant groups your organisation works with *

1 2 3 4 5 6

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- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Break O'Day | <input type="checkbox"/> Devonport City | <input type="checkbox"/> Kentish | <input type="checkbox"/> Sorell |
| <input type="checkbox"/> Brighton | <input type="checkbox"/> Dorset | <input type="checkbox"/> King Island | <input type="checkbox"/> Southern Midlands |
| <input type="checkbox"/> Burnie City | <input type="checkbox"/> Flinders | <input type="checkbox"/> Kingborough | <input type="checkbox"/> Tasman |
| <input type="checkbox"/> Central Coast | <input type="checkbox"/> George Town | <input type="checkbox"/> Latrobe | <input type="checkbox"/> Waratah-Wynyard |
| <input type="checkbox"/> Central Highlands | <input type="checkbox"/> Glamorgan-Spring Bay | <input type="checkbox"/> Launceston City | <input type="checkbox"/> West Coast |
| <input type="checkbox"/> Circular Head | <input type="checkbox"/> Glenorchy City | <input type="checkbox"/> Meander Valley | <input type="checkbox"/> West Tamar |
| <input type="checkbox"/> Clarence City | <input type="checkbox"/> 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.

What we're looking for

What that means

Weighting

A clear and achievable project plan

You clearly explain what you will deliver, how you will deliver it, and what difference it will make.

Your activities are practical, suitable for the funding amount or tier, and show a clear connection between your actions and the outcomes you expect.

30%

Organisational alignment with Program objectives

You clearly describe how your project strengthens your organisation's capability to prevent, identify and respond to child sexual abuse, grooming, and harmful sexual behaviours, or raise awareness within the broader community.

Your project goes beyond basic compliance and contributes to creating safer environments for children and young people.

35%

Impact, value for money and sustainability

You show that your project responds to a clear need in your organisation or community.

You demonstrate how your project will create lasting improvements for your organisation or community that continue beyond the grant period.

This includes putting in place practices or ways of working that will continue over time.

20%

Organisational capability, readiness and safeguarding

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Your application demonstrates your organisation's capacity to deliver the project, including relevant experience, resources, and understanding of your current stage of child-safety capability.

You show how your organisation will deliver the project in a safe and appropriate way, including consideration of child safety, wellbeing and safeguarding.

15%

Criterion 1 - A clear and achievable project plan (30%)

- You clearly explain what you will deliver, how you will deliver it, and what difference it will make.
- Your activities are:
 - practical
 - suitable for the funding amount or tier, and
 - show a clear connection between your actions and the outcomes you expect.

[Tier 1 Project Plan Template](#) (.docx)

[Tier 2 Project Plan Template](#) (.docx)

Your Completed Project Plan *

Attach a file:

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

Criterion 2 - Organisational alignment with program objectives (35%)

* indicates a required field

- How will your project strengthen your organisation's capability to
 - prevent
 - identify and
 - respond to child sexual abuse, grooming, and harmful sexual behaviours, or
 - raise awareness within the broader community.
- How does your project go beyond basic compliance?
- How will it contribute to creating safer environments for children and young people?

Criterion 2: *

Word count:

Must be no more than 1000 words.

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check if word/character limit required.

Optional - Supporting Document C2

Attach a file:

Criterion 3 (page 1 of 2) - Impact, value for money and sustainability (20%)

* indicates a required field

- How does your project respond to a clear need in your organisation or community?
- How will your project will create lasting improvements for your organisation or community that continue beyond the grant period?
 - This includes putting in place practices or ways of working that will continue over time.

You will be asked to provide your budget on the following page.

Criterion 3: *

Word count:

Must be no more than 1000 words.

Optional - Supporting Document C3

Attach a file:

Criterion 3 (page 2 of 2) - Project budget

* indicates a required field

*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.

PLEASE NOTE:

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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.

Expenditure Line Item	Total Expenditure Amount (GST Exclusive)	Requested Amount (GST exclusive)	Quotes / Evidence of Expected Cost
	Must be a dollar amount.	Must be a dollar amount.	

Budget Totals

Total Expenditure Amount *

This number/amount is calculated.

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

Total Amount Requested (Tier 1 maximum - \$2000 / Tier 2 maximum \$10,000 (GST exclusive) *

Must be a dollar amount and equal to 500.

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? *

Criterion 4 - Organisational capability, readiness and safeguarding (20%)

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* indicates a required field

- What is your organisation's capacity to deliver the project, including relevant:
 - Experience
 - Resources, and
 - Understanding of your current stage of child-safety capability.
- How will your organisation deliver the project in a safe and appropriate way, including consideration of child safety, wellbeing and safeguarding?

Criterion 4: *

Word count:

Must be no more than 1000 words.

Optional - Supporting Document C4

Attach a file:

Supporting Documentation

Other Supporting Documentation - General

Optional - Please provide any other supporting documentation you feel might support your application

Attach a file:

Optional - Please provide any other supporting documentation you feel might support your application

Attach a file:

Optional - Please provide any other supporting documentation you feel might support your application

Attach a file:

Certification and Feedback

* indicates a required field

Certification

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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?

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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.

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 the Keeping Children Safe Unit on 1300 13 55 13.**

Thank you for taking the time to review and consider this program.