Eligibility

* indicates a required field

Introduction

As part of the Tasmanian Government's <u>2030 Plan</u>, a 2024 State Election Commitment was made to provide \$1 million to retain all increased emergency food relief funding for a further year while a new whole-of-government Strategy is developed to continue the significant shift from food relief to food resilience in our State.

Of this \$1 million, \$500,000 was committed to Loaves and Fishes Tasmania to retain increased food relief funding, and the remaining \$500,000 is committed to this Tasmanian Community Food Relief Grants Program 2025 (Program).

The Program purpose is to fund not-for-profit Tasmanian community organisations that currently provide food relief directly to members of their local community, to increase the provision of direct food relief for people in need.

Funding is primarily for food relief, including ready-to-eat meals and/or food hampers.

Ready-to-Eat Meals

For ready-to-eat meals, funding may be provided for the:

- Purchase of ingredients and packaging to prepare ready-to-eat meals.
- Costs of delivery of pre-packaged meals.
- Purchase of additional storage items such as freezers or shelving to enable the organisation to provide food relief.

Ready-to-eat meals must be prepared in accordance with food safety standards and Australian Dietary guidelines.

Ready-to-eat meals can be either served on-site or pre-packaged.

Food Hampers

For food hampers, funding may be provided for the:

- Purchase of food staples such as fresh fruit and vegetables, pasta, rice, cereal, flour, butter, milk, and including food for those with cultural, medical, or dietary needs (excluding alcohol).
- Costs of delivery of food hampers.

Low-cost or free food hampers can be either served on-site or pre-packaged.

Confirmation of Eligibility

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

- I have read and understand the program <u>Guidelines</u>; and
- that the organisation:

- Is a not-for-profit organisation that delivers food relief to Tasmanians; being an organisation that delivers community support, services and/or programs to Tasmanian's; and
- Holds a currently active Australian Business Number (ABN);

AND be one of the following:

•

- An incorporated organisation, or auspiced by a not-for-profit legal entity;
- Other legal entity;
- A parents and friends association;
- A not-for-profit organisation; or
- A not-for-profit company registered under company law.

NOTES:

Eligible organisations who are successfully awarded a grant are required to hold and maintain appropriate public liability insurance. Applicants will be required to provide a copy of the organisation's public liability insurance as part of this application.

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 al | bove 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 <u>Australian Privacy Principles</u> (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* For more information, go to <u>Tasmanian Government Personal Information Protection (www.tas.gov.au)</u>.

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.

Application Organisation Details

| 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.

Select "can't find your address" to manually enter your Primary Address **Primary Contact Person *** Title First Name Last Name This is the person we will correspond with about this grant. Are you a recipient of a current DPAC grant? * Yes \bigcirc No 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.

Organisation Alternative Contact

Organisation Primary Address *

Address

A person that may be contacted in regard to this grant e.g. CEO, Treasurer, Finance Officer, Executive Assistant etc.

| Name - | Alternative Cont | act * | | |
|-------------|------------------------------------------------|------------------------------|-----------------------|-----------------------|
| Title | First Name | Last Name | | |
| | | | | |
| In additio | n to the applicant or | primary contact. | | |
| Position | 1 * | | | |
| i ositioi | • | | | |
| | | | | |
| Phone I | Number - Alterna | tive Contact * | | |
| | | | | |
| | an Australian phone r n to the applicant or | | | |
| iii adaicio | The the applicant of | primary contact. | | |
| Email - | Additional Conta | ct * | | |
| | | | | |
| | an email address. rganisation email pre | eferred, ie <u>info@orga</u> | nisation.org | |
| | | | | |
| 0 | ination Data! | _ | | |
| Organ | isation Detail | S | | |
| * indicat | es a required field | | | |
| | | | | |
| - | our organisation | have an ABN? * | ○ No | |
| ○ Yes | | | ○ No | |
| | | | | |
| Enter y | our organisation | s ABN * | | |
| | ب موالانسان موالد | and to look up the | following information | Click Lookup above to |
| | at you have entere | | | Click Lookup above to |
| Informat | ion from the Australia | an Business Register | • |] |
| ABN | | | | |
| Entity na | me | | | |
| ABN stat | us | | | |
| Entity typ | pe | | | |
| Goods & | Services Tax (GST) | | | |
| DGR End | orsed | | | |
| ATO Cha | rity Type | More informa | ation | |

ACNC Registration
Tax Concessions

| Main business location | |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Must be an ABN. | |
| Public Liability Insuranc | ce |
| | ve appropriate Public Liability Insurance to cover the vide a copy of this certificate of currency below. |
| Upload files * | Attach a file: |
| | |
| Organisation Bank Deta | ails |
| Please provide a bank account organisation is successful in the | t for the organisation that you wish to receive the funds if you ne assessment process. |
| Please note that providing the your organisation will be succe | organisation bank details does not automatically mean that essful in receiving the grant. |
| Applicant Primary Bank Acc | count * |
| | |
| BSB Number Account Nur | nper |
| Must be a valid Australian bank a | ccount format. |
| Project Details | |
| * indicates a required field | |
| Project Title * | |
| Provide a name for your project, e | event, activity or program, your title should be short but descriptive |
| Project Start Date * | |
| Troject Start Date | |
| Must be a date and no earlier tha | n 1/5/2025. |
| Project End Date * | |
| Must be a date and no later than | 30/9/2025 |

Please provide a brief overview of your food relief project *

| Word count: |
|----------------------------------------------------------------------------------------------------------------|
| This is meant to be a brief summary that can be used for internal purposes - include what the grant |
| will enable you to DO - ie enable purchase of X, carry out service Y, facilitate Z (it may be a single or |
| several purposes) |
| |
| Does your project aim to provide: * |
| Ready-to-eat meals only |
| O Food hampers only |
| Both ready-to-eat meals and food hampers |
| Assessment Criteria |
| |
| Please note that meeting all eligibility criteria does not automatically mean that a grant will be approved. |
| Below is a list of criteria that will be used to assess applications. Each criterion is weighted |
| equally, 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 below |
| Criteria 5. |
| Citteria 5. |
| Criterion 1: Demonstrated Need * |
| Citerion II Demonstrated Need |
| |
| |
| |
| |
| Word count: |
| For the purposes of this Grants Program, 'local community' is considered to be the local government |
| municipal area. It is expected that the majority of people accessing those services live in the municipal area |
| al ea |
| Criterion 2: Planning and Delivery * |
| Criterion 2: Planning and Delivery |
| |
| |
| |
| |
| Word count: |
| Please focus on non-financial resource planning here |
| |
| Criterion 3: Benefit to the Community * |
| |
| |
| |
| |
| Word count: |

Criterion 5: Applicant Sector Collaboration, Capability and Capacity *

| Word count: | |
|-------------------------------------------------------------------|----------------------|
| Supporting Documentation | |
| | |
| In support of your responses, you may uploa support your answers. | d supporting documen |
| Please note upload limit per file is 25MB. File | types supported: |
| · | , 1) 600 00 60 600. |
| Supporting Document 1 Attach a file: | |
| , teach a life. | |
| | |
| Supporting Document 2 Attach a file: | |
| Attach a me. | |
| | |
| Supporting Document 3 | |
| Attach a file: | |
| | |
| Supporting Document 4 | |
| Attach a file: | |
| | |
| Supporting Document 5 | |
| Attach a file: | |
| | |
| Criterion 4: Value for Money | |
| Criterion 4. Value for Money | |
| The following sections are assessable under | Criterion 4: |
| Rationale | |
| Cost Estimates Pudget Tetals | |
| Budget Totals | |
| Rationale * | |
| | |
| | |

Cost Estimates

provide a brief overview of your financial plan for your proposal

Please outline your project budget in the table below, you can add as many lines as you need by clicking the 'Add More' button.

Approximate details only are required.

| Expenditure Line Item | Expenditure Amount | |
|--------------------------------------------------|-------------------------------|--|
| | Must be a dollar amount. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Budget Totals | | |
| | | |
| Total Expenditure Amount * | | |
| | | |
| This number/amount is calculated. | | |
| What is the total budgeted cost (dollars) of you | our project? | |
| | | |
| Total Amount Requested * | | |
| | | |
| Must be a whole dollar amount (no cents) and | | |
| What is the total financial support you are re- | questing in this application? | |

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 * | Must be a senior staff member, authorised volunteer. | board member or appropriately |
| Position * | Position held in applicant organ | isation (e.g. CEO, Treasurer). |
| Contact Phone Number * | | |

| | | Must be an Australia We may contact you by the applicant org | to verify that this a | pplication is author | rised |
|--------------------------------------|----------------------------|--------------------------------------------------------------|-----------------------|----------------------|-------|
| Contact Email | * | | | | |
| | | Must be an email ad | dress. | | |
| Date * | | | | | |
| | | Must be a date. | | | |
| Applicant Fe | edback | | | | |
| | | application process. I take a few moment | | | and |
| Please indicat ○ Very Easy | e how you fou ○ Easy | nd the online appl | ication process: | * O Very Diffic | cult |
| How many min | nutes in total o | lid it take you to c | omplete this ap | plication? * | |
| Must be a numbe Estimate in minut | r. ses i.e. 1 hour = 60 | 0 | | | |
| | | suggestions about process/form that | | | |
| | | | | | |
| | | | | | |

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 Community Grants on 1800 204 224.**

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