### Eligibility

\* indicates a required field

### Introduction

The Teddy Sheean VC Memorial Grants Program 2024-25 - Round 1 will provide funds to Tasmanian Ex-service organisations and clubs for:

- minor capital works and/or refurbishment;
- equipment purchases;
- welfare initiatives for veterans.
- repair and maintenance of war memorials; and
- construction of new war/service memorials in Tasmania.

The total funding pool for Round One is \$50,000.

- Grants of up to \$10,000 are available for minor capital works and/or refurbishment.
- Grants of up to \$5,000 are available for equipment purchases.
- Grants of up to \$5,000 are available for welfare initiatives.
- Grants of up to \$5,000 are available for the repair and maintenance of existing war memorials, and the construction of new memorials.

Applicants may request funding in any or all categories but a maximum of \$15,000 is available per recipient.

#### **IMPORTANT**

Before completing this form, please read the **Guidelines - 2024-25 Teddy Sheean VC Memorial Grants Program - Round One.** 

Applications must be received by **2:00 pm on Thursday, 29 August 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 mid-November 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:

### **Minor** capital works and equipment purchase

• Open to RSL clubs, RSL sub-branches, and ex-service clubs and organisations\*.

#### Welfare Initiatives

• Open to RSL clubs, RSL sub-branches, ex-service clubs and organisations (note, for-profit organisations and businesses can only apply for funds that will directly support veterans. Grant funds cannot be used to pay for salaries or other operational expenses)\*.

### War Memorials - Repair, maintenance and construction

- Open to RSL clubs, RSL sub-branches, and ex-service clubs and organisations\*.
- Open to not-for-profit organisations, local councils and schools.
  - These organisations must demonstrate that they are responsible for the maintenance of the memorial, and do not have a dedicated source of funding to undertake repairs; and
  - Higher priority will be given to organisations that demonstrate support (such as a letter of support) for the project from an RSL or ex-service organisation.

Not-for-profit organisations must be incorporated.

\* Ex-service clubs and organisations that are not directly associated with an RSL sub-branch or an ex-service organisation must demonstrate evidence of organisational commitment to the ex-serving community - for example, a copy of the constitution.

**Please note**: State and Australian Government agencies, tertiary institutions, political parties, for-profit organisations and individuals/sole traders are **not** eligible to receive funding.

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М	iease	50	IECT	ne	inw:	т

○ Yes ○ No
You must confirm that all statements above 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 Tasmanian Government Personal Information Protection (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 **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 Position held in organisation \* e.g. Manager, Board Member, Fundraising Coordinator

Primary contact person's email address \*

Primary phone number \*

This is the address we will use to correspond with you about this grant.						
Organis	Organisation Alternative Contact					
•	-		this grant should the primary contact is cer, Executive Assistant etc.			
Name - A	Alternative Conta First Name	act * Last Name				
In addition	n to the applicant or	primary contact.				
Position	*					
Position w	ithin this organisatio	n				
	Additional Conta					
Must be a	n Australian phone n	umber.				
Email - A	Additional Conta	ct *				
	n email address. n to the applicant or	primary contact.				
Organi	isation Details	5				
* indicate	es a required field					
Incorpo	orated Status					
To lookup	up you eligibility	as an Incorporate	d Entity click the following link ASIC Lookup			
O Yes If your org	an Incorporated ganisation is unincorporated discuss further.	-	O <b>No</b> an auspice organisation. Contact Community			
<ul><li>RSL C</li><li>RSL S</li><li>Ex-se</li><li>Not-fo</li><li>Local</li><li>School</li></ul>	Club Sub Branch rvice club and/or C or-profit Organisati Council	Organisation on	describes your organisation? * organisation.			

<b>Does your organisation h</b> ○ Yes	ave an ABN? *  O No	
ABN		
Applicant ABN *		
The ABN provided will be use check that you have entered		information. Click Lookup above to
Information from the Australian	n 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.		
How many members does your organisation	on have? How many r	nembers use the property regularly? (monthly?)
NA L. la	Markha	
Must be a number.	Must be a	a number.
Organisation Bank De	tails	
Please provide a bank accou organisation is successful in		t you wish to receive the funds if your
Please note that providing the your organisation will be suc		ls does not automatically mean that ant.
Organisation Bank Accou Account Name	nt *	

### **Public Liability Insurance**

**Account Number** 

Must be a valid Australian bank account format.

**BSB Number** 

You must have appropriate levels of Public Liability Insurance for the purpose of this grant application.
Upload copy of Public Liability Insurance * Attach a file:
Annual Report
If your organisation produces an annual report you may provide a link to or attack a copy of your most recent Annual Report to support your application.
If your organisation does not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).
Upload copy of Annual Report Attach a file:
OR
Please provide a weblink to your annual report
Must be a URL.
Project Details
* indicates a required field
Name of Project *
Must be a great bloom 20 words
Must be no more than 20 words.  Provide a name for your project, event, activity or program, your title should be short but descriptive
Grants Options
You may apply for funding in more than one category, but note that the maximum combined grant funding available to each organisation is \$15,000.
1.Minor Capital Works and/or Refurbishment (capped at \$10,000) 2.Equipment Purchases (capped at \$5,000) 3.Welfare Initiative (capped at \$5,000) 4.Repair, Maintenance or Construction of War Memorials (capped at \$5,000)
Please select from the options below the funding areas that you are applying for:

Please provide a brief description of the funds *	project(s) for which you are seeking					
Be descriptive, but succinct.						
Auticipated about date *	Autising to distant					
Anticipated start date *	Anticipated end date *					
If unknown, provide your best estimate	If unknown, provide your best estimate					
Minor Capital Works and/or Refurb	shment					
How much you are requesting in this applicat	ion?					
Minor Capital Work *  \$ Must be a dollar amount and no more than 10000						
Equipment Purchases						
How much you are requesting in this applicat	ion?					
<b>Equipment Purchase *</b> \$  Must be a dollar amount and no more than 5000.						
Welfare Initiative						
How much you are requesting in this application?						
Welfare Initiative *  \$ Must be a dollar amount and no more than 5000.						
Repair and Maintenance, or Construction of War Memorials						
How much you are requesting in this application?						
Memorials *  \$ Must be a dollar amount and no more than 5000.						
Total Amount Request						
Total Amount Requested *						

This	num	nbe	er/am	ount is c	alcu	late	ed.		
Must	be	a d	lollar	amount	and	no	more	than	15000.

### **Partial Funding**

Attach a file:

In case of oversubscribed applications, what is the minimum amount that is acceptable for your organisation to produce some benefit towards your requirements?

your organisation to produce some benefit towards your requirements:
Minimum Amount Required *
\$
Must be a dollar amount.
Partial Funding Details *
Please outline what aspects of your grant request you are willing to source alternative funding?
Assessment Criteria
* indicates a required field
Assessment Criteria
All applications will be assessed against the below criteria.
You are encouraged to review the program <u>Guidelines</u> before completing this section.
*If you are applying for funding under multiple categories, please ensure you provide justification for each category in every criterion.
Criterion 1
Criterion 1: Demonstrated Need
<ul> <li>Please provide details of the purpose for which you are seeking funds.</li> </ul>
<ul> <li>If applying for Capital Works or Refurbishment, please include photos of the infrastructure to be repaired/maintained.</li> </ul>
Criterion 1: Please describe the demonstrated need *
Optional - Photographs

Criterion 2
Criterion 2: Outcomes for members and/or the local community
<ul> <li>Please demonstrate how members, veterans and/or the local community will benefit from the outcomes of the project.</li> </ul>
Criterion 2: Please describe the outcomes. *
Optional - Please add any supporting documentation for Criterion 2 Attach a file:
Criterion 3
Criterion 3: Capacity to implement the project
<ul> <li>Summarise your project plan, noting timelines, required resources/skills and a budget.</li> <li>(If a budget has been prepared separately - please attach that below)</li> </ul>
Criterion 3: Please describe your capacity to implement the project *
Optional - Please add any supporting documentation for Criterion 3 Attach a file:
Criterion 4:

### **Criterion 4: Value for Money**

- Please provide two current quotes for all items that will be potentially funded by this grant program.
- Budget outline.
- Quotations from Tasmanian based businesses are preferable.

(Note that consumable items are ineligible for funding)

Applications from RSL clubs that have commercial enterprises will be viewed more favourably if the club either:

- Contributes part of the project financial cost
- Contributes other support such as volunteer labour, or
- Organises funding or support from another external source

When assessing the contribution from those clubs, the income derived from commercial enterprises and the current assets will be considered.

Criterion 4: Plo	ease describe ho	w your applicatio	n value for mon	ey. *
Budget				
		in the income and e ing the <b>'Add More</b> '		s below, you can add
Approximate de	tails only are requi	red.		
Expenditure Description	Expenditure Amount	Expenditure Type	Quote Date	Quote Attachment (if there is any)
	Must be a dollar amount.		Must be a date.	
Other Suppo	orting Documer		nber/amount is calc	ulated.
		letters of support, on the support, of the support		
Do you have a  Yes	ny other extra do	ocuments to supp	ort your applica	tions? *
Additional A	ttachment			
	supporting docume sking the ' <b>Add Mor</b>		olication, you can	add as many lines as
Attachment De	escription	Attach	ment	

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 *		First Name senior staff member, volunteer	Last Name  board member or appropriately			
Position *	Position he	eld in applicant organ	nisation (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 ar	n 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 <b>SUBMIT</b> button please take a few moments to provide some feedback						
Please indicate how you found the online application process:  O Very Easy  O Neutral  O Difficult  O Very Difficult						
How many minutes in total did  Must be a number.  Estimate in minutes i.e. 1 hour = 60	d it take	you to complete	this application? *			

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 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, 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.