

2024/25 Application Form - Road Safety Small Grants

Form Preview

Introduction

* indicates a required field

Thank you for your interest in the TAC Road Safety Grant Program.

This is an application for the **Small Grant** category. Funding of **up to \$5000 (ex. GST)** is available to support community-led initiatives that respond to a current road safety issue or need.

The Small Grant category is open year-round with applications assessed and funding awarded bi-monthly until the allocated budget is exhausted (per financial year).

Assessment months:

- 2024 – Early July, September and November.
- 2025 – Early February, April and June.

Before commencing this application, please ensure you have read and are familiar with the Small Grant Funding Guidelines. Incomplete applications will not be accepted.

If you have any questions, please do not hesitate to contact the TAC Road Safety Team at rsgrants@tac.vic.gov.au.

If you need to contact us regarding this application, please reference the application number below:

Application Number

This field is read only.

Eligibility

To be eligible for funding through this grant program, you must meet the following criteria:

1. The organisation responsible for the application is financially viable and one of the following:

- Incorporated community association (unincorporated community associations can apply through an auspice arrangement)
- Community trust
- Registered not-for-profit/charity
- Social enterprise
- Educational/learning organisation
- Local Government Authority

2. The planned initiative will be undertaken in Victoria.

3. The planned initiative has not previously been funded by the TAC.

4. The organisation responsible for this application will acquire the appropriate insurances.

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Please confirm you meet all of the eligibility criteria outlined above? *

- ☐ Yes - eligible to apply
- ☐ No - ineligible to apply

You must confirm that all statements above are true and correct.

Where available, please attach any evidence of your organisation type.

Attach a file:

This information may be used by the TAC Road Safety Team to confirm if your organisation is eligible to apply for this grant program.

You are ineligible to apply for this grant program.

Please review your answers above or contact the TAC Road Safety Team via [email](#) to discuss your application.

Organisation details

* indicates a required field

What is your organisation's name? *

Organisation Name

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

What is your organisation's primary address?

Address

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What is your organisation's postal address?

Address

Please complete if the postal address is different to the primary address.

What is your organisation's website?

Must be a URL.

Does your organisation have an ABN? *

☐ Yes ☐ No

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	

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Tax Concessions

Main business location

Primary project contact details

Primary project contact name *

Title

First Name

Last Name

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Secondary project contact details

Secondary Project contact name *

Title

First Name

Last Name

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Auspice information

* indicates a required field

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Is your organisation auspiced by another organisation for the purpose of this grant? *

☐ Yes ☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation.

Auspice organisation details

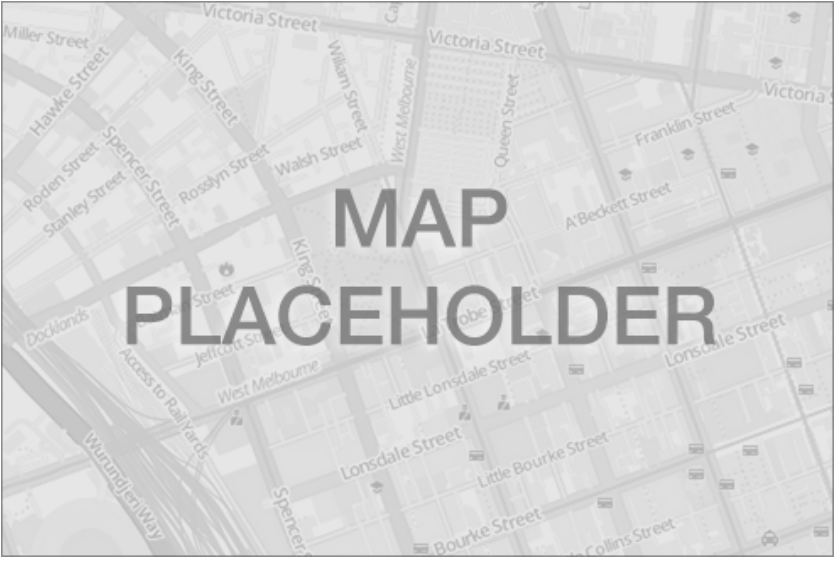
Auspice organisation name *

Organisation Name

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

Auspice organisation's primary address

Address



Auspice organisation's postal address

Address

Auspice organisation's website

Must be a URL.

Primary contact person at auspice organisation *

Title First Name Last Name

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Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact primary phone number *

Must be an Australian phone number.

Auspice primary contact office phone number

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

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.

Road safety issue or need

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* indicates a required field

The question in this section will be assessed against the Criterion 1.

What is the road safety issue or need you have identified? *

Word count:

Must be no more than 150 words.

Tell us why your initiative is needed. Who have you engaged with, and do they support your proposed initiative?

Details about your initiative

* indicates a required field

Questions in the following section will be assessed against Criterion 2.

What is the title of your initiative? *

Which road user group/s will benefit most from your initiative? *

☐ Pedestrians ☐ Cyclists ☐ Motorcyclists ☐ Drivers and/or passengers

Other

Please indicate if there is a specific cohort you are seeking to support?

☐ Culturally and Linguistically Diverse (CALD) people ☐ Aboriginal and Torres Straight Islander peoples ☐ People from rural and remote areas ☐ People with a disability

Other

Which age group is most relevant to your initiative? *

☐ Infants (under 1) ☐ Children (1 - 12) ☐ Adolescents (13 - 17) ☐ Young Adults (18 - 25) ☐ Adults (26 - 59) ☐ Seniors (60 +)

Briefly describe your initiative and how it will address the road safety issue or need you have identified. *

Word count:

Must be no more than 150 words.

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Outline your activities and deliverables in the table below.

To allow sufficient time for assessment and notification, please do not commence activities until at least one month after your applications relevant assessment period (e.g. if the assessment month is early July plan to commence activities after early August).

If successful, there will be an opportunity to update activity dates before the execution of your funding agreement if required.

All activities and deliverables need to be completed within 6 months of your funding agreement commencement date.

Start Date

Must be a date.

End Date

Must be a date.

Activity/Deliverable	Completion date
Please list one activity per row.	Must be a date.

How will you measure the success of your initiative?

Word count:

Must be no more than 150 words.

For example, you may undertake a survey or speak with participants.

Capability & capacity

The question in the following section will be assessed against Criterion 3.

Provide some information about your organisation to demonstrate your ability to deliver the initiative.

Word count:

Must be no more than 150 words.

For example, staff who will deliver the initiative or previous experience delivering a similar initiative.

Project budget

* indicates a required field

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The following section will be assessed against Criterion 4 .

Please outline how TAC grant funds will be expended.

- All amounts are to be exclusive of GST.
- To ensure table calculate properly, do not use commas (e.g. \$1000 not \$1,000).

Expenditure Item	Expenditure Amount
List the expense item.	Must be a dollar amount (GST exclusive). Must be a dollar amount.
	\$
	\$
	\$
	\$

Total Funding Request *

\$

This number/amount is calculated.

Please attach a quote to support your funding request. *

Attach a file:

Note: the assessment panel may request quotes for any amount to support the decision making process.

Terms and Conditions

* indicates a required field

Privacy Collection Statement

Any personal information collected as a part of this application will be used by the TAC to decide whether to provide your organisation with a TAC Road Safety Grant, and to communicate with you about your application and the grant assessment process. As a part of the grant process, your information may be assessed by a panel of subject matter experts from the TAC and from its key Road Safety Partners.

If you do not provide all or part of the information requested, the TAC may not be able to progress your application. You can gain access to the information you have provided on this form by contacting the TAC Road Safety Team at rsgrants@tac.vic.gov.au.

Privacy Policy

The TAC is committed to protecting your privacy. Any personal information collected, handled, stored or disclosed about you through our online services will be managed in

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accordance with the *Transport Accident Act 1986*, *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

To view the TAC's Privacy Statement, click [here](#).

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)

Contact phone number *

Must be an Australian phone number.

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

Please provide any feedback about the grant program or application process.

