Part 1: Eligibility and Project Suitability

* indicates a required field

Eligibility and Project Suitability

Applicants: please note answering 'no' to any of the questions below will prevent you from continuing with your application. We strongly encourage you to reach out to the Research and Evaluation team to check eligibility if you are unsure about meeting any of the below requirements.

Check your application meets the following criteria before you apply. The TAC may determine your application is ineligible if they are unable to verify if it meets the Eligibility Criteria.

If you have any questions about the eligibility criteria, please email the TAC Research and Evaluation team research@tac.vic.gov.au

Are you a Victorian based organisation o ○ Yes - eligible to apply	perating in the community setting? * O No - ineligible: do not apply
Are you able to provide an ABN or ACN for Yes - eligible to apply	or your organisation? * O No - ineligible: do not apply
School, Health service provider and/or P	ider, Local Government Authority, Public eak body? *
 Yes - eligible to apply 	No - ineligible: do not apply
	ice users? By this we mean TAC clients ence of disability have contributed to the lanning and management of the project.
Will your project align with helping TAC back on track? *	clients with disability to get their life
O Yes - eligible to apply	No - ineligible: do not apply
Will your project demonstrate innovation services, programs and/or products that	n and enhance inclusive disability will facilitate improved client outcomes?
○ Yes - eligible to apply	No - ineligible: do not apply
Will your project directly address one (o 2021-2031 seven outcome areas? *	r more) of Australia's Disability Strategy
Yes - eligible to apply	No - ineligible: do not apply
Will your project be completed within 15 Agreement? Funding Agreements should projects need to be completed by February	l be executed in November 2024 so ary 2026. *
Yes - eligible to apply	No - ineligible: do not apply

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We recommend that you contact the TAC Research and Evaluation Team to discuss your application prior to submission.

Have you been in contact with the TAC i ○ Yes	n relation to this app ○ No	plication? *
Who did you speak with?		
Part 2: Organisation Details		
* indicates a required field		
Applicant		
Organisation Name * Organisation Name		
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.

Australian Corporation Number (if no ABN)

Incorporated Association or Australian Company Number

Address * Address
Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia
Postal Address * Address
General phone number *
Must be an Australian phone number.
General email *
Must be an email address.
Website *
Indicate the category of your approved organisation. You may select more than one. *
 □ 1. Not-for-profit organisation □ 2. Disability and/or Self-Advocacy group □ 3. Social enterprise □ 4. Disability service provider □ 5. Local government authority
□ 6. Public school □ 7. Health service provider^
□ 8. Peak body^ ^ Must be collaborating with an organisation listed from 1-6
In-principle agreements to collaborate
Applicant organisations looking to collaborate with other organisations must provide a written document (like an email or letter) confirming the other organisation's commitment to working with them on this specific project.
If you are a Health service provider or Peak body collaborating with an organisation listed from 1-6 you must attach evidence of an in-principle agreement to collaborate. Failure to do so will mean your application is considered incomplete and therefore ineligible.
Would you like to upload an in-principle agreement to collaborate? * ○ Yes ○ No

* Attach a file:		
Attach a nie:		
Key Contact		
The Key Contact is the person accountable	for the project.	
Key Contact details *		
Title / First Name / Last Name		
Key Contact position within the organi	sation *	
Primary phone number *		
Primary email *		
This is the address we will use to correspond with	h you about this grant.	
Has your organisation previously appli Grants Program? *	ed for funding throug	h the TAC Small
	ed for funding throug	h the TAC Small
Grants Program? *	○ No	
Grants Program? * ○ Yes Please detail the year(s) of the applications	○ No	
Grants Program? * ○ Yes Please detail the year(s) of the applications	○ No	
Grants Program? * Yes Please detail the year(s) of the application successful or not. Word count:	○ No	
Grants Program? * Yes Please detail the year(s) of the application successful or not. Word count: Must be no more than 100 words.	○ No	
Grants Program? * ○ Yes Please detail the year(s) of the application successful or not. Word count: Must be no more than 100 words. Part 3: Project Details	○ No	
Grants Program? * ○ Yes Please detail the year(s) of the application successful or not. Word count: Must be no more than 100 words. Part 3: Project Details * indicates a required field	○ No	
Grants Program? * ○ Yes Please detail the year(s) of the application successful or not. Word count: Must be no more than 100 words. Part 3: Project Details * indicates a required field Project Title *	○ No	

Project Start Date *	Project End Date *
Must be a date.	Must be a date and no later than 28/2/2026.
Part 4: Impact on Client O	utcomes
* indicates a required field	
project directly address? * Employment and Financial Secur Inclusive Homes and Communition Safety, Rights and Justice Personal and Community Support Education and Learning Health and Wellbeing Community Attitudes Only select outcome areas your project will not directly address may reduce the How will your project address the Strategy 2021-2031? *	es t will DIRECTLY address. Selecting outcome areas your project
Word count: Must be no more than 200 words.	
Describe the need for this projed identified? *	ct. What problem or service delivery gap have yo
	ct. What problem or service delivery gap have yo
	ct. What problem or service delivery gap have yo

Must be no more than 150 words.

Describe who	will benefit from this	project? *	
Word count: Must be no more	e than 150 words.		
	different for project pa a result of your projec	articipants, TAC Clients a t? *	nd/or Victorians with
Word count: Must be no more	e than 200 words.		
	ow will they continue	d experience informed the to have meaningful enga	
Word count: Must be no more	e than 150 words.		
Part 5: Cap	pability and Capac	city	
* indicates a re	equired field		
List your proje	ct team members.		
Name	Position	Phone number	Email
Provide a bri deliver this p		am's relevant experience	e and expertise to
Word count: Must be no more	e than 250 words.		
		s that will oversee projec gh project issues, monito	
Word count:			

Must be no more than 150 words.

Part 6: Project Methodology

* indicates a required field

Describe how you will implement your project. What will you do it? *	do and how will you
Word count:	
Must be no more than 400 words.	
What will you measure to learn if your project has made a di will you measure this? For example, level of satisfaction can administering a survey at the start and end of a project. *	
Word count:	
Must be no more than 200 words.	

List your project milestones and timelines below. At a minimum, your project should consist of a planning, implementation and evaluation phase, and your milestones should include the reporting requirements described in the Small Grants Program Guidelines 2024.

Milestone Completion Date	
	Must be a date and no later than 28/2/2026.

Part 7: Value for Money and Risk

Budget

Detail your project expenditure and budget request. Refer to the TAC <u>Small Grants</u> <u>Program Guidelines 2024</u> for information on approved and prohibited expenses.

Expenditure Category	Expenditure Description	Justification for Expenditure	Budget Requested (\$)
			\$
			\$

^{*} indicates a required field

			\$
			\$
			\$
			Excluding GST
Do you have confirm ○ Yes	ed funding or in-kind	l contributions from ○ No	other sources? *
Please explain how t project.	the confirmed contrib	oution will be used t	o support your
p. ojecu			
Maral accumb			
Word count: Must be no more than 150	0 words.		
Total amount of fund	ling requested from	the TAC (excluding	GST)
\$			
This number/amount is ca	alculated.		
Total amount of fund	ding from other sour	ces (excluding GST)	
Must be a dollar amount.			
Total project budget	(excluding GST) *		
\$	(constanting out,		
Risk			
Briefly detail any challe project and outline stra			
List each risk or challer in the table below	nge, with your strategy	to reduce impact on y	our project, separately

Risk / Challenge	Cocurring	of risk
Must be no more than 30 w	ords.	Must be no more than 50 words.

Human Research Ethics Committee

We anticipate that small grant projects undertaken by community-based organisations meet the definition of a quality assurance project or evaluation activity. For this reason it is unlikely your project will need to obtain ethics approval from a Human Research Ethics Committee.

If you know your project requires ethics approval, please ensure you consider this in your project timelines and milestones.

The TAC will work with the Key Contact to clarify this need during the negotiation phase of the program if there is any uncertainty.

Do you think your Committee? *	project will require	e approval from a	Human Research	Ethics
○ Yes	○ No		Unsure	

Part 8: Terms and Conditions

* indicates a required field

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 accordance with the *Transport Accident Act 1986*, *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. Any personal information collected from grant applicants will be used to assess their application for grant funding and for contacting them about their application. Refer to **TAC privacy policy details**.

Declaration

I state that the information in this application and attachments is to the best of my knowledge true and correct. I will notify TAC of any changes to this information and any circumstances that may affect this application. I acknowledge that the TAC may refer this application to external experts for assessment, advice and/or comment.

I understand that this is an application only and may not necessarily result in funding approval. I have read and agree to the TAC <u>Small Grants Program Funding Agreement</u> Terms and Conditions.

I have read and agree: *	○ Yes			
Name *	Title	First Name	Last Name	
Position *				
	Position held in applicant organisation.			
D-1- *				
Date *				
	Must be a	date		

Part 9: Applicant Feedback

You are nearing the end of the application process. Before you click the **SUBMIT** button please provide some feedback.

Please indicate how you found the online application process:

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

Ineligible: Do not apply

It looks like you are ineligible for the TAC Small Grants Program. Please contact us via research@tac.vic.gov.au if you wish to discuss this further.