

TAC Small Grants Program 2023

Enhancing Inclusive Disability Services and Practice

Application Questions

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Part 1: Eligibility

*indicates a required field

Before you apply

Applications must be submitted via SmartyGrants. Check your application meets the following criteria before you apply:

Are you a Victorian based organisation operating in the community setting consistent with 'Who Can Apply?' in the Small Grants Program Guidelines 2023?*

Yes - eligible to apply

No - ineligible: do not apply

Are you able to provide an ABN or ACN for your organisation?*

Yes - eligible to apply

No - ineligible: do not apply

Is your project informed and led by users? By this we mean, TAC clients and/or other Victorians with lived experience of disability have contributed to the project idea and will have a role in the planning and management of the project.*

Yes - eligible to apply

No - ineligible: do not apply

Will your project support TAC clients and/or other Victorians with disability to get their life back on track? By this we mean TAC clients and/or Victorians with Acquired Brain Injury, Spinal Cord Injury, Blindness, Burns or Limb Amputation.*

Yes - eligible to apply

o No - ineligible: do not apply

Will your project demonstrate innovation and enhance inclusive disability services, programs and/or products that will facilitate improved client outcomes?*

Yes - eligible to apply

No - ineligible: do not apply

Will your project directly address one (or more) of *Australia's Disability Strategy 2021-2031* seven outcome areas?*

Yes - eligible to apply

No - ineligible: do not apply

Will your project be completed within 15 months of signing the Funding Agreement?* Funding Agreements should be executed in March 2024 so projects need to be completed by July 2025.

Yes - eligible to apply

No - ineligible: do not apply

Contact with TAC

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 in relation to this application?*

o Yes

o No

Who did you speak with?

Free text field

Part 2: Organisation Details

*indicates a required field

Applicant

Organisation Name*

Free text field

Applicant ABN

Free text field (Must be an ABN)

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

Information from the Australian Business Register (more information):

- **ABN**
- **Entity Name**
- ABN Status
- Entity type
- Goods and Services Tax (GST)
- DGR Endorsed
- ATO Charity Type
- ACNC Registration
- Tax Concession
- Main Business Location

Australian Corporation Number (If no ABN)

Free text field

Address*

Free text field

Suburb State Postcode. Country must be Australia.

General Phone Number* (must be an Australian phone number)

Free text field

General Email (must be an email address)*

Free text field

Website* (must be a URL).

Free text field

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 enterprise4. Disability service provider
- 5. Local government authority
- 6. Health service provider^
- 7. Peak body[^]

 $^{^{\}Lambda}$ Must be collaborating with an organisation listed from 1 – 5.

In-principle agreements to collaborate

An *in-principle agreement* is a written document (e.g. email or letter) from the other organisation confirming their commitment to work with you on this specific project. If you are a Health service provider or Peak body collaborating with an organisation listed from 1-5 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.

Applicants should only attach evidence of in-principle agreements to collaborate and/or share data with other organisations/bodies. Attach a file?*

- o Yes
- o No

Key Contact

The Key Contact is the person accountable for the project.

Details*

Title / First Name / Last Name

Position within the organisation*

Free text field

Phone Number*

Free text field

Email*

Free text field

Part 3: Project Details

*indicates a required field

Project title*

Free text field

Describe your project in a few sentences.*

Free text field (100 word limit)

Start date*

Select date from calendar

End date*

Select date from calendar. Must be no later than 31 July 2024

Which outcome areas of *Australia's Disability Strategy 2021-2031* will your project directly address?*

- 1. Employment and Financial Security
- 2. Inclusive Homes and Communities
- 3. Safety, Rights and Justice
- 4. Personal and Community Support
- 5. Education and Learning
- 6. Health and Wellbeing
- 7. Community Attitudes

How will your project address the outcome areas of *Australia's Disability Strategy 2021-2031*?*

Free text field (200 word limit)

Explain the problem or issue relevant to TAC clients, including the background context, rationale for the project and how it has been informed by users.*

Free text field (300 word limit)

Describe the aim and objective(s) of your project.* Free text field (150 word limit)

Explain how your project will enhance inclusive disability services, programs and/or products that will facilitate improved client outcomes?*

Free text field (200 word limit)

Part 4: Capability and Capacity

*indicates a required field

List your project team members.* [Table] Name, Position, Phone, Email.

Provide a brief overview of your team's relevant experience and expertise.* Free text field (300 word limit)

Part 5: Project Methodology

*indicates a required field

Describe the approach you will take to implement your project. Include who will be involved, the procedures you will adopt, what outputs will be produced, and the governance structures you will put in place.*

Free text field (500 word limit)

List your project milestones and timelines. By 'milestone', we mean a project phase (e.g. planning), a significant activity (e.g. advisory group meeting) and outputs for delivery (e.g. project report).*

[Table] Milestone, completion date

Key considerations

Does your project require approval from a Human Research Ethics Committee?*

- o Yes
- o No

How will users be involved in the planning and management of your project? By this we mean, TAC clients or consumers (users) being involved in the project in an advisory type capacity to ensure the project is responsive to and inclusive of the perspectives of those with lived experience.*

Free text field (150 word limit)

Part 6: Value for Money and Risk

*indicates a required field

Detail your project expenditure and budget request*[Table] Expenditure Category, Description, Justification and Budget

Do you have confirmed funding contributions from other sources?*

- o Yes
- o No

If yes, please detail how this funding will be used to support your project. Free text field (150 word limit)

Total amount of funding requested from the TAC (excluding GST)*
[Auto generated] Calculated from amounts entered into project expenditure table

Total amount of funding from other sources (excluding GST) Free text field

Has your organisation previously applied for funding through the TAC Small Grants Program?*

- o Yes
- o No

If yes, please detail the year(s) of the application(s) and whether your submission was successful or not.

Free text field (100 word limit)

Briefly detail any challenges and/or risks that you might encounter as you implement your project and outline strategies for reducing the impact on your project.*

Free text field (150 word limit)

Part 7: Terms and Conditions

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.

TAC privacy policy details will be hyperlinked in the online application form.

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 Terms and Conditions (these will be hyperlinked in the application form)

I have read and agree: Yes

Name / Position / Date

Review and Submit

Before you **REVIEW** and **SUBMIT**, please take a few moments to provide us with some feedback.

How easy was it to fill out this form?

- Very easy
- Easy
- Neutral
- o Difficult