#### Welcome

\* indicates a required field

#### Introduction

Before completing this application form, you should have read the Community Quick Response Grant guidelines.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you need more help using this form, download the <u>Help Guide for Applicants</u> or check out <u>SmartyGrants applicant FAQs.</u>

Should you require assistance with completing your application, contact the grants officer on 03 6238 2132 or grants@hobartcity.com.au.

If you do contact us throughout the application process, please quote the application number below:

Λ	nn	lica	tio	n N	lun	he	r
н	มม	IICa	ıLIQ	71 I IN	ıun	IDE	: 1

This field is read only.

The identification number or code for this submission.

#### **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.* To view our privacy statement, go to <a href="https://www.hobartcity.com.au/privacy">https://www.hobartcity.com.au/privacy</a>.

#### **Commercial in confidence**

The information you provide as part of your grant application will be treated as commercial in confidence. This information will be used for the purposes of assessing your grant application and, if successful, it will also be used in the management of your grant agreement. The Council will not disclose this information unless required or permitted by law.

#### Eligibility

Applications for the Community Quick Response Grant will need to demonstrate that the request for support:

- is for an activity that addresses a need or interest in the Hobart community
- has outcomes which are delivered in the City of Hobart local government area

• if the activity is part of an ongoing program, the application must demonstrate how the City's support will substantially increase the impact of the ongoing program.

Applications are ineligible if the request for support:

- is for an activity that is part of a larger festival or event which has received a grant or sponsorship from the City of Hobart
- is for commercial purposes, has the potential to make a significant profit or the activity is self-sustaining
- is part of the ongoing administration or operational costs of the applicant
- in the case of registered schools and training organisations, includes costs associated with the employment of teaching or support staff and/or the delivery of the curriculum.

#### Applicants must have:

- not received other funding from the City for the same activity this financial year
- have fulfilled the conditions of a previous City of Hobart grant by the due date and not have overdue debts to the City
- have adequate public liability insurance.

I confirm I have read and understood the this application meets all grant requiren   Yes	
Have you, your group or your organisations to Hobart before? *	on received funding from the City of
○ Yes	○ No
<ul><li>What type of applicant are you?</li><li>Not-for-profit organisation</li><li>Registered charity</li><li>Incorporated association</li></ul>	<ul> <li>Registered school or training organisation</li> <li>Social enterprise</li> <li>An eligible government entity (Tasmanian Museum and Art Gallery or the Royal Tasmanian Botanical Gardens)</li> </ul>
<ul><li>Group (not incorporated)</li></ul>	rasmaman sotamear caraens,
Conflict of interest	
Applicants must disclose any reasonably iden when submitting their application to the City known circumstances that may create a confl perceived conflict of interests. Failure to disclapplication.	ict, whether actual, potential, pecuniary or
<ul> <li>The applicant applying for funding declar</li> <li>Yes - I do have a potential or actual confliction</li> <li>No - I do not have a potential or actual confliction</li> </ul>	ct of interest
Please provide details of any known con otherwise.	flicts of interest, whether financial or

Contact details			
* indicates a required field			
Applicant details			
Applicant *	Organisation Name		
Street Address *	Address		
	Address Line 1, Subur	b/Town, State/Province, Postcode, and	
		Country must be Australia	
Postal Address	Address		
Website			
	Must be a URL.		
What is the purpose of your organisation/ group? *			
	and its activities. This	50 words. t statement describing the organisation statement will be used in reports, media nal communications related to this grant.	
Does your organisation/ group have an ABN? *	○ Yes	○ No	
ABN details			
Applicant ABN			
The ABN provided will be used t check that you have entered the		g information. Click Lookup above to	
Information from the Australian Bu	siness Register		
ABN			
Entity name			
ABN status			

Entity type

the media?

Goods & Services Tax (GST)				
DGR Endorsed				
ATO Charity Type	More information			
ACNC Registration				
Tax Concessions				
Main business location				
Must be an ABN.				
As you do not have an ABN, please with your application, otherwise the form from the ATO website.				
Please upload completed Stat Attach a file:	tement of Supplie	er Form:		
Max 25mb per file uploaded				
Contact person				
This person will receive general c	orrespondence rela	ting to this app	lication.	
Contact name *	Title First Nar	ne Last N	Name	
Position *				
Phone number *				
	Must be an Australia	n phone number.		
Mobile phone number				
	Must be an Australia	n phone number.		
Email address *				
	Must be an email add	dress.		
Are you the head of the organisation applying for this grant?	O Yes Formal corresponder the head of the orga		lo is application will be sent to	
If successful, are you happy for your contact details to be provided to	○ Yes	○ No	<ul> <li>I can provide alternative contact details</li> </ul>	

### Head of the organisation

This person will receive formal correspondence relating to this application.

Head of Organisation/	Title	First Name	Last Name	
group				
Position				
Email address				
	Must be ar	n email address.		
Auspice organisation				
Please provide details of your austhe applicant is an unincorporate overview document for an exact of	d organisa			
Auspice *	Organisat	ion Name		
Street Address *	Address			
Postal Address *	Address			
Website *				
	Must be a	URL.		
Auspice ABN *				
-	The ARN	provided will be us	ed to look up the	following
	information	on. Click Lookup ak	•	•
	entered t	he ABN correctly.		
	Informatio	on from the Australia	n Business Register	
	ABN			
	Entity nan	ne		
	ABN statu	S		
	Entity type	e		

Goods & Services Tax (GST)

	DGR Endo	rsed			
	ATO Chari	ty Type	More inform	ation	
	ACNC Reg	istration			
	Tax Conce	essions			
	Main busir	ness location			
	Must be an	ABN.			
Auspice agreement *	Attach a f	ile:			
	Applicants who are auspiced must provide documentation confirming their arrangement with the auspice organisation. A sample letter to confirm your auspice arrangement is available on the <u>City of Hobart's website</u> . The letter should be provided as a PDF.				
Auspice organisation cont	act				
Auspice contact name	Title	First Name	Last Name		
Position					
Phone Number					
	Must be an Australian phone number.				
Makila www.kaw					
Mobile number					
	Must be an Australian phone number.				
Email address					
	Must be ar	email address.			
Social enterprises					
·					
Social enterprises are businesses communities, provide people acc					
The enterprise derives a substant more of their annual profits towar	•			ests 50% or	
Please provide evidence that Attach a file:	the socia	l enterprise fits	this definition.		

Activity details

* indicates a requi	red field					
Key activity in	formation					
Activity Name *						
Must be no more tha	n 50 characters.					
Activity start date *			Activity end d	late *		
30/11/2025.	petween 2/8/2024 an activity is open to the		Must be a 30/11/202	date and bety 5.	ween 2	2/8/2024 and
Describe your ac	ctivity *					
Word count: Must be no more tha	nn 100 words.					
	tement, please d t will assist you.		what you	ı are seekii	ng fu	nding for and
Word count: Must be no more that	nn 100 words.					
_	been delivered b	pefore? *				
○ Yes			○ No			
No more than 5 choi You can select items want to be more spe	ces may be selected. from any area of the ecific. In this question the types of people it	e list – all h we want t	nave equal to know ab	value. Only so	elect s	(e.g. arts, sport,
Planned activi	ties					
Please outline the	specific activities t	hat will ta	ake place.			
Activity	Proposed date of the activity	Activity		Estimated number pe engaged in activity		Fee to attend or participate

		\$
For example: workshop #1; meeting with a specific group.	The name or address of the venue.	If there is no fee to participate please enter 0. If there is more than fee type, please include this in the budget comments. Must be a dollar amount.

#### People

\* indicates a required field

#### Staff, volunteers and participants

The **participants** are people or groups who are actively involved in the delivery of the activity. These are performers, speakers, artists, creative practitioners, stallholders, staff, contractors and volunteers.

Number of paid staff *	Number of volunteers *	Number of other people participating in the activity *
Must be a number.	Must be a number.	Must be a number.
Total number of participants *		This could be vendors or
This number/amount is		

#### Key staff for activity

Please identify the key people involved in the delivery of the activity. This should include any responsible officers such as chief wardens, site managers and COVID-19 safety officers.

Please include a summary of their experience as a single document as support material for the grant. The summary document can include hyperlinks to websites.

If additional lines are required please click the 'Add More' button on the bottom right side of the table.

Name	Role in the activity	Paid or Volunteer?	Do they have experience in delivering this type of activity?

#### Strategic Partners

A strategic partner is a group, organisation or business that is assisting in some way to deliver your activity. This can be charities, other not-for-profits, non-government organisations or sponsors and donors.

Are you working with strategic partners to deliver this activity? *  ○ Yes  ○ No					
Strategic Partner Details	5				
Please provide correspondence supporting material.	e confirming the strategic partn	ers involved in your activity as			
Name	Role in the activity	Are they providing cash or in-kind support?			
Audience  Please identify the number of pactivity includes staff, voluntee  The audience is defined as peholders, event attendees, subs  Outline the total projected  Must be a whole number (no decine)	ers, artists, participants and attempts on the ever only who engage with the ever cribers, customers and workshood on the complete that will only only only on the complete that will only only only on the complete that will only only only only only on the complete that will only only only on the complete that will onl	endees. nt program, such as ticket op participants.			
Describe how you determin	ed this estimated audience	figure *			
What method did you use?					
Who are the expected primary beneficiaries of this project/program? *  No more than 5 choices may be selected.  Please choose only the group/s that are at the very core of the audience for this activity. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'					

### Activity risk management

\* indicates a required field

Public liability insurance

Public liability insurance covers a person, a business, an event, a contractor – even a community building – for costs from legal action if they are found liable for death or injury, loss or damage of property, or economic loss resulting from their negligence.

Activities seeking support through this grant are required to have public liability insurance

If your activity is being held in a City-owned venue or open space and you do not have public liability insurance, you can purchase community public liability insurance from the City of Hobart. This costs \$27 including GST. For more information, please speak to the officer about your venue or open space booking.

Do you have public liability	insurance? *	
○ Yes	○ No	<ul> <li>The grant includes costs to purchase public liability insurance</li> </ul>
Please upload the public lia Attach a file:	ability insurance certificate	
An updated certificate may be rec start and end dates.	quested closer to the date to ensu	re the insurance covers the activity
City outcomes		
* indicates a required field		
Community benefit		
What community need or in	nterest is this activity addr	essing?
Word count: Must be no more than 150 words.		
Describe the specific issue or nee	d you want to address.	
How does this activity bend	efit the community?	
Word count: Must be no more than 150 words. Describe up to three things you wothers.		s of benefits for participants and/or
What community support dinvolved? *	lo you have for this activity	and how will they be
Word count: Must be no more than 150 words.		

This may include community based organisations who will participate and/or benefit from the project. Please provide evidence of this support.

#### Strategic alignment

<u>Hobart: A city for all</u>, the City of Hobart's Community Inclusion and Equity Framework, outlines the City's role in creating a city for all and provides a framework for action.

The Community Quick Response Grant supports activities that align with at least on the priority areas identified in the framework.

Which of the following priority areas de  ☐ Truth and reconciliation ☐ Participation and access ☐ Wellbeing and knowledge ☐ Safety and resilience At least 1 choice must be selected.	oes your activity align with? *
	project aligns to the selection(s) above. *
Word count: Must be no more than 150 words.	

Describe three things you want the activity to achieve in terms of benefits for participants and/or others.

#### Tasmanian Aboriginal culture

Hobart is a place that recognises and celebrates Tasmanian Aboriginal people, history and culture, working together towards shared goals. The <u>City of Hobart's Aboriginal Commitment and Action Plan</u> sets out the City's commitment and approach to working with Aboriginal people.

We encourage our grant recipients to acknowledge and engage with The Tasmanian Aboriginal community in the activities we support.

**Acknowledgement of Country and/or Welcome to Country** Both a Welcome to Country and an Acknowledgement of Country recognise the continuing connection Aboriginal people have to their land. Traditionally used as a way to grant permission to cross country boundaries, these remain important symbolic gestures today.

Some Aboriginal people will feel uncomfortable attending an event where no Welcome or Acknowledgement is offered and so it is important to consider whether providing one is appropriate.

These ceremonies and statements offer a valuable moment to reflect and consider the 40 000+ years of history and culture in this place and to pay respect to Aboriginal people.

### Select formalities that the activity will include in relation to Tasmania's Aboriginal heritage. \*

- Welcome to Country
- Acknowledgement of Country
- O Both an Acknowledgement of Country and a Welcome to Country
- The activity will not have any form of official formalities

#### Accessibility

Regardless of background, gender, identity or life situation, the City believes our community should have the opportunity to connect, share and express one's identity.

One of the fundamental principles of the grants program is to encourage all of our community with the opportunity to be involved or attend the activities we support.

Applicants should endeavour to ensure that their activity will be accessible for people of all abilities. For more information visit our Equal Access webpage.

Please keep the costs associated with delivering an added services in mind when developing your budget.

Will the activity include any of the following *
□ Venue: entrance is step-free and a lift is available if the activity is not on the ground
floor
☐ Invitation: is in an accessible format and asks participants "Please inform us of any
dietary and/or access requirements"
☐ Wayfinding and signage: include an access map denoting paths of travel, location of
accessible toilets, prominent signage, green areas for assistive animals (to toilet during the
activity)
☐ Inclusiveness: book Auslan interpreters, provide captions on videos, provide viewing
platforms, train staff in disability awareness
☐ Space arrangements: allow sufficient space between aisles and leave gaps in seating for people using mobility aids
□ Video recording or streaming online
☐ Activity or event signage in languages other than English
Applicants should endeavour to ensure that their activity will be accessible for people of all abilities.
For more information visit our <u>Equal Access webpage</u> .
How will you ensure your activity is accessible to people attending and/or
participating?
Word count:
Must be no more than 150 words

#### Sustainability

All activities funded through the grants program must commit to reducing their environmental impact and improving waste management.

Applicants are encouraged to consider their commitment to sustainable practices as part of the activity, including encouraging the use of public transport to and from the activity, providing recycling facilities, reducing single-use plastics, reducing printed collateral, completing a waste audit report and establishing improvement targets.

The Single-use plastics by-law is enforceable from 1 July 2021. To find out how this may affect your activity, please visit our webpage.

The <u>City of Hobart Waste Management Strategy 2015 - 2030</u> encourages all entities affiliated with the City of Hobart to support our endeavour to achieve **zero waste** to landfills by 2030.

As a minimum, grant recipients are required to implement strategies that are aimed at:

- **Reducing waste in food services at events**. This means that if food is sold or given away in disposable containers, only certified compostable containers and utensils may be provided to patrons.
- **Reducing land-fill**. This means that the use and distribution of plastic, "micro-bead" and glitter products (such as balloons, flags and promotional paraphernalia and plastic single-use water bottles) will not be undertaken as part of the activity.

Describe how the organisation will unde	rtake waste management at your activity.
This can include describing the potential environm manage and minimise waste creation at the activi	
Marketing and documentation	
* indicates a required field	
Marketing is how you plan to promote and adattendance and engagement.	vertise the activity to a wider audience to drive
Please identify how you will promote yo  ☐ Applicant's website ☐ Social media ☐ Paid social media	<ul><li>□ Newsletters</li><li>□ Direct communication with members</li><li>□ Shared with like-mind groups or</li></ul>
<ul> <li>□ Printed material</li> <li>□ Media (such as radio interviews)</li> <li>□ Paid advertising</li> <li>□ Event signage</li> </ul>	organisations  ☐ City of Hobart civic banners  ☐ City of Hobart's festive lighting  ☐ City of Hobart's gateway signage  ☐ Other:
Briefly describe your marketing plan and primary audience. *	d how you intend to connect with your
Word count: Must be no more than 150 words. Please note your marketing costs should be reflect marketing plan as support material.	ted in your budget. You are welcome to upload your
Marketing engagement	
Platform	URL
If additional lines are required please click the 'Ad More' button on the bottom right side of the table. Event website	

Facebook

nstagram Newsletter Budget
3udget
3udget
3udget
3udget Sudget
indicates a required field
Grant Request Details
Static request betails
Fotal Funding Request *
s and it all all all all all all all all all al
Must be a whole dollar amount (no cents) and no more than 1000.  What is the total financial support you are requesting in this application?
what is the total infalled support you are requesting in this application.
Nould you be open to accepting partial funding if it was offered? *

Support from the City

Does this activity have any involvement or association with any other program areas of the City of Hobart? Include any units, teams or individual staff members' names. \*

Please identify any income you are receiving from the City of Hobart for this activity in the income budget.

#### Income Budget

Please describe all income items that are contributing to this activity. This includes your cash and in-kind contribution, as well as an estimate of any in-kind volunteer hours. (Volunteer hours can be valued at \$25 per hour for general volunteers and \$35 per hour for skilled volunteers).

Please note: All items listed in your budget should be exclusive of GST.

You are encouraged to upload a budget for the activity.

Income source	In-kind or cash	Confirmed or Not	Dollar Amount (\$)	Notes
City of Hobart (cash only)			\$	
			\$	
			\$	

#### **Expenditure Budget**

All items listed in your Expenditure Budget should be GST exclusive. At least one item must be attributed to the requested support from the City of Hobart.

Please review the grant program overview document to understand what costs the City prefers to fund through a grant.

Expenditure Item	Funding Source	Dollar Amount (\$)	Notes
			Please outline how you came to this amount (for example the number of hours at the agreed upon rate.)
	City of Hobart	\$	
		\$	
		\$	
		\$	
		\$	

#### **Budget Totals**

Total Expenditure Amount	Total Income Amount	Income - expenditure
\$	\$	\$
This number/amount is	This number/amount is	This number/amount is
calculated.	calculated.	calculated.

#### **Budget Comments**

This is a space to make budget comments if you feel the assessors would benefit from further clarification of what you have written in your budget table above.

You may also attach a budget and other documents expanding on this section as supporting material.

Upload the budget for the activity (option Attach a file:	onal)
Additional comments	

### **Support Material**

City of Hobart Booking Confirmation(s)

The City of Hobart no longer provides "in-kind" support for venue or equipment hires, fees or permits through this grant program.

If a council venue, space, equipment, permit or service is required for this activity you will need to make a tentative or confirmed booking.

Please upload correspondence from the appropriate booking officer, which should outline the dates, times and prices excluding GST. Please note that applicants who book Council equipment are responsible for any associated logistics including the cost of transport.

This should be discussed with the officer you make the booking through.

Any payment required for this activity will need to be made by the applicant directly to the relevant business unit of Council.

Item Description	Quoted fee (exclusive of GST)	Booking correspondence
Please quote the booking reference provided to you.	Must be a dollar amount.	
	\$	
	\$	

#### **Application Support Material**

Support material must be directly relevant to the activity and complement rather than duplicate information already provided in this application.

A maximum of eight (8) items may be submitted.

Suggested support material may include:

- recent examples of your work and/or that of the key personnel (visual, aural or literary)
- evidence of community support (e.g. a letter of support from a community organisation that may directly or indirectly benefit from and that shows an understanding of your activity).
- summary of people involved in the activity
- other documentation or materials which will help the assessors understand your activity.

Acceptable formats, sizes and quantities:

- word documents, pdfs, jpgs and mp3 files
- maximum 5MB per file
- maximum of three URLs that directly link to relevant webpages uploaded in a document
- passwords must be provided for private links to YouTube, Vimeo etc

The following are not considered as support material and will not be assessed:

- Facebook pages
- annual reports
- minutes of meetings (including AGMs)

#### **Uploading Support Material**

Item Description	Upload your Files here	Website
		Must be a URL.

#### Declaration and feedback

\* indicates a required field

#### Payment Information

If your request is approved, we can provide an electronic transfer of the funds into your account within fourteen (14) days of receiving your signed grant agreement.

If you would like the City of Hobart to issue the funds via an electronic transfer, we will need to generate a tax invoice on your behalf, this is called a Recipient Created Tax Invoice (RCTI).

Alternatively, you may wish to provide the City of Hobart with a tax invoice.

#### Please nominate how you would like to receive payment. \*

- O City of Hobart to generate a Recipient Created Tax Invoice (RCTI)
- Applicant to provide a tax invoice

#### Payment via Recipient Created Tax Invoice

To allow us to process your payment as an electronic transfer based on the information provided in this application please agree to the following statement:

- The City of Hobart and the grant recipient declare that this agreement relates to the above grant.
- The City of Hobart can issue tax invoices in respect of this grant.
- The grant recipient will not issue tax invoices in respect of this grant.
- The City of Hobart acknowledges that it is registered for GST and that it will notify the grant recipient if it ceases to be registered.
- Acceptance of this RCTI constitutes acceptance of the terms of this written agreement.
- Both parties to this supply agree that they are parties to an RCTI agreement.
- The grantee must notify the City of Hobart within 21 days of receiving this document if the grant recipient does not wish to accept the proposed agreement.

#### Please confirm the following

- O The Grantee acknowledges that it (or the auspice organisation) is registered for GST and that it will notify the City of Hobart if it ceases to be registered
- The Grantee acknowledges that it (or the auspice organisation) is not registered for GST.

#### Applicant bank details

Please provide the bank account details for the electronic transfer		
Account Name		
BSB Number	Account Number	

Must be a valid Australian bank acco	unt format.				
Auspice organisation bank details					
Please provide the bank acco electronic transfer	unt details for your auspice (	organisation for the			
Account Name					
BSB Number Account Numb	er				
Must be a valid Australian bank acco	int format				
Plast be a valid Australian bank acco	ant format.				
Declaration *					
☐ I am authorised to submit this application ☐ I accept that my application will not be accepted if it is submitted after the deadline as specified on the City of Hobart website and/or if it does not have all the required information and/or material					
<ul> <li>□ I will inform the City of Hobart if key details such as date(s) of the activity, the location and the programming change before I am notified of the outcome of the application.</li> <li>□ I have reviewed the information I have provided and the statements I have made in this application form and it is correct and they are true to the best of my knowledge</li> <li>□ I acknowledge that any information you provide to the City of Hobart, and details of any funding you receive, may be subject to disclosure under the Right to Information Act 2009.</li> <li>□ I have declared any known circumstances that may create a conflict, whether actual, potential or perceived conflict of interest, monetary or otherwise.</li> </ul>					
☐ I acknowledge and understand that the level of funding offered to an activity (if any) is determined by the available budget and how well the activity supports the City to achieves its goals and that this amount may differ from the amount requested. ☐ If this application is approved, I consent to the City of Hobart publishing the name of					
the activity, the description of the activity, how the funding will be used and the amount of funding received on its website www.hobartcity.com.au					
$\Box$ If this application is approved, the applicant will be required to fulfil the conditions of the grant.					
☐ I consent to be contacted by the City of Hobart from time to time about other grants offered by the City of Hobart and any other similar topics.					
Name of person					
completing this submission *					
Position *					
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  ○ Very easy	how you found to Easy	the online app	olication proces O Difficult			
How many minu	ites in total did	t take you to	complete this	application?		
Must be a number. Estimate in minutes	s i.e. 1 hour = 60					
How did you find out about this Grant Program? *  □ Advert in Mercury newspaper □ Received an email from the City of Hobart □ Another Website (please tell us which site □ Social Media in the box below)						
<ul><li>☐ Attended an information session / presentation</li><li>☐ City of Hobart Website</li></ul>		of H □ V	<ul><li>☐ Was told by a staff member from the City of Hobart</li><li>☐ Was told by a previous grant recipient</li></ul>			
<ul><li>☐ Hello Hobart</li><li>☐ I am a previous applicant</li><li>☐ Newspaper</li></ul>		_ v	<ul><li>□ Word of mouth</li><li>□ Window signage on Davey Street</li><li>□ Other:</li></ul>			
At least 1 choice must be selected.  Please provide us with your suggestions about any improvements and/or						
				need to consider.		