

Community Grants - Application Form

Form Preview

Organisation Details

* indicates a required field

Before completing this application form, you should ensure that you have read the program guidelines available at www.tasnetworks.com.au/grants.

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

Applicant Details

Applicant Organisation *

Organisation Name

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	
Tax Concessions	
Main Business Location	

Applicant Contact Details

Primary contact *

First Name

Last Name

This is the person we will correspond with about this grant.

Role in the organisation *

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e.g., Secretary, Manager or Fundraising Coordinator.

Email address *

This is the address we will use to correspond with you about this grant.

Phone number *

Must be an Australian phone number.

Eligibility

* indicates a required field

Before continuing, please confirm that your organisation meets **all** of the following criteria.

Please confirm: *

- ☐ you have read and understood the TasNetworks Community Grants Program Guidelines.
- ☐ your proposed project aims to ease cost-of-living pressures or build community resilience
- ☐ your proposed project will be delivered in Tasmania
- ☐ your proposed project represents a specific initiative or activity, not the organisation's ongoing operating costs
- ☐ your proposed project will commence during the 2026-27 financial year
- ☐ you are not seeking funding for core religious activities (faith-based organisations delivering projects with broad community benefit are eligible)
- ☐ you are not seeking funding for discounted electricity, or electrical infrastructure which could be considered core business for TasNetworks
- ☐ you are not seeking funding for individual fundraising efforts

Please select your organisation type: *

- ☐ incorporated association
- ☐ registered charity with the ACNC
- ☐ school association
- ☐ indigenous corporation
- ☐ company limited by guarantee
- ☐ unincorporated group, auspiced by another eligible organisation
- ☐ other not-for-profit legal structure
- ☐ none of the above

Does your organisation's constitution or governing document include: *

- ☐ a clause prohibiting distribution of profits to members
- ☐ a winding-up clause transferring assets to another not-for-profit
- ☐ a clear community or public benefit purpose
- ☐ none of the above

Please upload your organisation's constitution or governing document *

Attach a file:

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We are unable to provide funding directly to unincorporated groups. You will need to partner with an eligible organisation (an auspice) who can receive and manage the funding on your behalf.

Is your organisation auspiced by another organisation for this grant? *

- ☐ Yes ☐ No

Auspice Organisation Details

Auspice Organisation *

Organisation Name

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	

What type of organisation is the auspicing organisation?

- ☐ incorporated association
☐ a registered charity with the ACNC
☐ school association
☐ indigenous corporation
☐ company limited by guarantee
☐ other not-for-profit legal structure
☐ none of the above

Primary contact person at auspice organisation *

First Name

Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

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Position held in organisation *

e.g., Secretary, Manager or Fundraising Coordinator.

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address

What auspicing arrangements have been agreed? Please include costs where applicable. *

Word count:

Must be no more than 100 words.

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.

Ineligible Organisational Structure

The answers you have provided indicate that your organisation may not be eligible for funding under this program.

We encourage you to reach out to discuss your eligibility prior to completing this form so as to avoid disappointment.

Please email community@tasnetworks.com.au to discuss your eligibility.

Project Overview

* indicates a required field

Short project title *

Word count:

Must be no more than 15 words.

Which category best describes the main focus of your project *

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For administrative purposes only, in 25 words or less, provide a description of your project *

Word count:

Must be no more than 25 words.

This description will not be used by the assessment panel. It is simply for administrative purposes.

Tell us about your project in more detail *

Word count:

Must be no more than 500 words.

Include a brief summary of who will benefit from your project, why it is important to the community, your goals and the anticipated outcomes.

What will your project deliver *

Word count:

Must be no more than 250 words.

Outline the key activities and tangible deliverables that will be completed as part of your project.

Total Grant Funding Requested *

\$

Must be a dollar amount and no more than 10000.

Total Project / Program Cost *

\$

What is the total budgeted cost of your project?

Could you accept partial funding? *

☐ Yes

☐ No

We encourage you to consider accepting partial funding where full funding is not available, as this increases the likelihood of support, with project scope able to be refined accordingly.

Please describe any limits on your ability to accept partial funding. *

Expected project start date *

Expected project end date

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Where will your project take place? *

- ☐ Southern Tasmania
- ☐ Northern Tasmania
- ☐ North West Tasmania
- ☐ West Coast Tasmania
- ☐ East Coast Tasmania

Please provide more detail about where your project will take place.

If your project focuses on a particular community, community type, or local government area, please include this.

Fulfilling Community Needs

* indicates a required field

Our Community Grants program supports projects that deliver positive outcomes in one of two focus areas.

Your project only needs to align with one focus area, although some projects may align with both. If so, please choose the area that best reflects your project's primary purpose.

Cost of Living Relief

Projects in this focus area help reduce day-to-day financial pressure for individuals or households, especially those experiencing hardship.

This may include:

- Food relief, community meals, access to essential goods, or community gardens
- Programs that reduce household costs (for example energy, transport or basic services)
- Support to help people manage their finances and reduce expenses
- Practical assistance that eases immediate financial stress

Increasing Community Resilience

Projects in this focus area strengthen communities so they are more connected, capable, and able to respond to challenges over time.

This may include:

- Building skills, knowledge or confidence within the community
- Strengthening social connections and reducing isolation
- Supporting volunteers or community-led initiatives
- Improving community facilities, shared spaces, or local capacity
- Helping communities prepare for, respond to, or recover from challenges
- Supporting inclusion, connection, or participation for minority or under-represented groups

Which focus area does your project most closely align with? *

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- ☐ Cost of living relief
- ☐ Increasing community resilience

How does your project address a specific community need in Tasmania related to your selected focus area? *

Word count:

Must be no more than 250 words.

Describe the problem or need, who is affected, and why this project is needed.

Project Impact

* indicates a required field

What are the specific outcomes you are seeking to deliver through your project? *

Word count:

Must be no more than 250 words.

Who will benefit from this project, and how many people will be reached directly? *

Word count:

Must be no more than 250 words.

What difference will this project make for participants, or the broader community? *

Word count:

Must be no more than 250 words.

Feasibility and Resource Allocation

* indicates a required field

How will your project be delivered? *

Word count:

Must be no more than 250 words.

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Describe your delivery approach, who will be involved, key timeframes, and how the work will be resourced.

Budget - Income (GST Inclusive)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Your budget must balance (income = expenditure)

Income description	Income type	Is this funding confirmed?	Income amount	Notes
Provide a description for each income line.	Please select the type of income		Enter the total amount expected to be received.	Add notes if you need to provide more context
TasNetworks Grant	Grant Funding Fundraising and Donations In-kind Contributions Fees and Charges Other Income	Confirmed Unconfirmed		

Budget - Expenditure (GST Inclusive)

Please outline your project expenses in the expenditure table below.

Expenditure description	Expenditure type	Expenditure amount	Notes
Provide clear descriptions for each budget item.	Please select the type of expenditure.	Enter the total amount to be expended on this budget item.	Add notes if you need to provide more context.

Community Engagement and Inclusivity

* indicates a required field

How has the community helped shape this project, or how will they be involved in delivering it? *

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Word count:
Must be no more than 250 words.

How will you ensure the project is inclusive and accessible to those who want to take part? *

Word count:
Must be no more than 250 words.

Long-Term Community Benefit

* indicates a required field

What lasting benefits will your project create after the grant ends? *

Word count:
Must be no more than 250 words.

How will these benefits continue or be sustained beyond the grant period? *

Word count:
Must be no more than 250 words.

Supporting Documentation

You're welcome to attach supporting materials that help tell the story of your project and its impact. This could include photos, videos, brochures, flyers, or other items that show what your project will do and who it will benefit.

Please focus on materials that directly support your application, so we can clearly understand your project and its outcomes.

Additional supporting information (optional)

Attach a file:

A maximum of 5 files may be attached.