



TAC Small Grants Program Application Questions 2024

Enhancing Inclusive Disability Services and Practice

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Part 1: Eligibility and Project Suitability

*indicates a required field

Before you apply

Applications must be submitted via SmartyGrants.

Check your application meets the following criteria before you apply.

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.

The TAC may determine your application is ineligible if they are unable to verify if it meets the Eligibility Criteria.

Are you a Victorian based organisation operating in the community setting? *

- 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

Are you a Not-for-profit organisation, Disability and/or Self-Advocacy group, Social enterprise, Disability service provider, Local Government Authority, Public School, Health service provider and/or Peak body?

- Yes - eligible to apply
- No - ineligible: do not apply

Is your project informed and led by service 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 align with helping TAC clients with disability to get their life back on track?*

- Yes - eligible to apply
- 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 October 2024 so projects need to be completed by February 2026.*

- 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?*

- Yes
- 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 (include Area Code for landlines)

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 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

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 (include Area Code for landlines)

Email*

Free text field

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

- Yes
- 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)

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 28 February 2026

Part 4: Impact on Client Outcomes

Which outcome area(s) 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

Only select outcome areas your project will DIRECTLY address. Selecting outcome areas your project will not directly address may reduce the competitiveness of your application.

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

Free text field (200 word limit)

Describe the need for this project. What problem or service delivery gap have you identified?*

Free text field (300 word limit)

Describe the aim and objective(s) of your project.*

Free text field (150 word limit)

Describe who will benefit from this project?

Free text field (150 word limit)

What will be different for project participants, TAC Clients and/or Victorians with disability as a result of your project?

Free text field (200 word limit)



How have users or people with lived experience informed the development of this project and how will they continue to have meaningful engagement throughout the project duration?*

Free text (150 word limit)

You can upload a document citing the sources you referenced to support your claims in Part 4. Would you like to upload a list of references?*

- Yes
- No

Part 5: 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 to deliver this project.*

Free text field (250 word limit)

Describe the governance structures that will oversee project delivery. By this we mean who will help work through project issues, monitor risks and make decisions.*

Free text field (150 word limit)

Part 6: Project Methodology

*indicates a required field

Describe how you will implement your project. What will you do and how will you do it?*

Free text field (400 word limit)

What will you measure to learn if your project has made a difference and how will you measure this? For example, level of satisfaction can be measured by administering a survey at the start and end of a project.*

Free text field (200 word limit)



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 no later than 28/02/2026)
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Part 7: Value for Money and Risk

*indicates a required field

Detail your project expenditure and budget request. Refer to the TAC Small Grants Program Guidelines for approved and prohibited expenses*

Expenditure Category (drop-down menu)	Expenditure Description	Justification of Expenditure	Budget requested (exclusive of GST)
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Do you have confirmed funding or in-kind contributions from other sources?*

- Yes
- No

If yes, please explain how the confirmed contribution 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

Total project budget (excluding GST)*

Free text field



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

List each risk or challenge with the strategy to reduce impact on your project separately in the table below.

Risk / Challenge (30 word limit)	Likelihood of risk occurring (drop-down menu)	Strategy to reduce impact of risk (50 word limit)
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Human Research Ethics Committee Approval

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 Person to clarify this need during the negotiation phase of the program if there is any uncertainty.

Do you think your project will require approval from a Human Research Ethics Committee?*

- Yes
- No
- Unsure

Part 8: 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
- Difficult