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| **Organisation details** | | | | | | | |
| Organisation | Organisation | | | | | | |
| Office address | Office address | Suburb | | Suburb | Postcode | | Postcode |
| Postal address | Postal address | Suburb | | Suburb | Postcode | | Postcode |
| ABN | ABN | | | | | | |
| Does the organisation have Public Liability Insurance?  (must be provided on request) | | | Yes | | | No | |

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| **Applicant contact details** | | | |
| Title | Title | | |
| First name | First name | Last name | Last name |
| Position | Position | | |
| Phone | Phone | Mobile | Mobile |
| Email | Email | | |

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| **Contact details of person responsible for signing grant deeds** | | | |
| Title | Title | | |
| First name | First name | Last name | Last name |
| Position | Position | | |
| Phone | Phone | Mobile | Mobile |
| Email | Email | | |

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| **Partnership** | | | | | | | | | | | |
| Are you submitting this application in partnership with another organisation? | | | | | | | | Yes | | No | |
|  | | | | | | | | *(If yes, fill out this section)* | | | |
| Partner organisation | | | Partner organisation | | | | | | | | |
| Office address | | Office address | | | Suburb | Suburb | | Postcode | | | Postcode |
| Postal address | | Office address | | | Suburb | Suburb | | Postcode | | | Postcode |
| Contact person | | First name | | | Last name | | | | | | |
| Position | | Position | | | | | | | | | |
| Phone | Phone | | | | Mobile | | Mobile | | | | |
| Email | Email | | | | | | | | | | |
| Partner organisation ABN | | | | ABN | | | | | | | |
| Does the partner organisation have Public Liability Insurance? | | | | | | | Yes | | No | | |

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| **Previous Community Road Safety Grants** | | |
| Has your organisation previously received a Community Road Safety Grant? | Yes | No |
| Do you have any outstanding acquittals or reports due from a previous Community Road Safety Grant? | Yes | No |

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| **CRSG Assessment Criteria** |
| The Community Road Safety Grants Program is competitive and applications will be assessed against the following criteria. It is important applicants address each of these selection criteria in their application. |

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| **Criteria** | **Description** |
| 1. Aligned with the Towards Zero Strategy and Safe System approach | How the project will work towards road safety improvements to support the Towards Zero Strategy. |
| 2. Address a road safety issue based on evidence | Why the road safety issue affecting the community needs addressing and evidence showing the project would assist. |
| 3. Target group identified | How the project will meet the needs of the target group and benefit their road safety. |
| 4. Support from stakeholders and the community | Who will contribute to the project and who in the community has an interest in seeing the project succeed. |
| 5. Budget aligns with the project | Are the project costs reasonable and justified. |

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| **Project Outline** | | |
| **Project Title** | Title | |
| **Expected start date** | Click here to enter a date. | |
| **Expected end date** | Click here to enter a date. | |
| **What area(s) of the Safe System approach will this project address?** | | |
| Safe road users | |  |
| Safe roads and roadsides | |  |
| Safe vehicles | |  |
| Safe speeds | |  |

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| **Project Outline** |
| **Describe your community road safety project (what you want to do)**  *Describe what you want to do, the specific road safety issue you want to address and the expected road safety outcomes/benefits. No more than 500 words.* |
| Click here to enter text. |

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| **Describe the need for this project (why you want to do it)**  *Outline the evidence or research that supports why this project is needed, including who would like to see the project succeed. Evidence can include crash data, anecdotal evidence, survey outcomes, observational data and police records, or successful existing programs in another location or related field. No more than 500 words.* |
| Click here to enter text. |

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| **Project Objectives** | | |
| **What issue are you trying to address with your project?** | | |
| Drink or drug driving |  | |
| Driver fatigue |  | |
| Inattention and distraction |  | |
| Unlicensed driving |  | |
| Speeding |  | |
| Other |  | Please describe |

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| **What target group(s) are you trying to reach with your project?** | | |
| Children |  | |
| Young people |  | |
| Seniors |  | |
| Families |  | |
| Novice drivers |  | |
| Motorcyclists |  | |
| Cyclists |  | |
| Pedestrains |  | |
| Visiting drivers |  | |
| Other |  | Please describe |

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| **How will the project objectives be achieved?**  *How will you ensure your target group is reached by your project? What do you need to consider when delivering your project to ensure it is successful? No more than 500 words.* |
| Click here to enter text. |

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| **Project Timeline** | | | |
| **Activities and timeline**  *Describe the steps you need to do to achieve your project. List the activities and provide a timeline that shows when you expect to finish each of these tasks. Remember to include your proposed project end date.* | | | |
| Activity/Task Description | Start Date | End Date | Notes |
| Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
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| **Project partners** |
| **Who will be involved?**  *Describe the stakeholders you will work with and how they will contribute to the success of the project. For example, contributions from partners through in-kind support, availability of community volunteers or identification of partner groups in the community that will be involved. No more than 350 words.* |
| Click here to enter text. |

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| **Project risks** |
| **Prevent risks**  Identify anything that might impact on the success of your project. What will you do to prevent this from happening?  No more than 350 words |
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| **Project evaluation** |
| **Evaluation**  How will you know your project is successful? What information will you collect? For example, crash statistics/data to measure change in crash numbers/casualties, monitoring attendance at activities or events. Photos and stories are also encouraged and these may be requested as part of a reporting process for successful applicants.  No more than 350 words |
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| **Project Budget** | | | | |
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| **Item** | **Cost (GST exclusive)  Round to the nearest $** | **Source of funding** | **Funding secured?** | **Notes** |
| Item | Cost | Choose an item. | Choose an item. | Notes |
| Item | Cost | Choose an item. | Choose an item. | Notes |
| Item | Cost | Choose an item. | Choose an item. | Notes |
| Item | Cost | Choose an item. | Choose an item. | Notes |
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| Item | Cost | Choose an item. | Choose an item. | Notes |
| Item | Cost | Choose an item. | Choose an item. | Notes |
| Item | Cost | Choose an item. | Choose an item. | Notes |

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| **Budget totals** | |
| Total amount requested from Community Road Safety Grant | Click here to enter text. |
| Total project costs | Click here to enter text. |

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| **Grant Application Checklist** |
| Before submitting your application please ensure you have completed the following: |
| * Check your organisation is eligible to apply |
| * Check your project is eligible under the Community Road Safety Grants Program |
| * Check your application has addressed the Project Assessment Criteria (page 2) |
| * Check all questions in this application form have been completed |

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| **Right to information** |
| Information you provide to the Department of State Growth and details of assistance may be subject to requests for public disclosure under the Right to Information Act 2009. |
| **Personal information collection** |
| You are providing personal information to the Department of State Growth, which will manage that information in accordance with the Personal Information Protection Act 2004. The personal information collected here will be used by the Department for the purpose of assessing your application and related activities. Failure to provide this information may result in your application not being assessed or records not being properly maintained. The Department may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law. You have the right to access your personal information by request to the Department and you may be charged a fee for this service. |
| **Declaration** |
| I understand that by submitting this application I have been authorized by the Applicant and any partner organisation named in this application (if applicable), to submit this application for funding. I solemnly and sincerely declare that the contents of this application are true and accurate. |

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| **Submit** |
| Community Road Safety Grant Applications can be submitted via email or post.  [roadsafetygrants@stategrowth.tas.gov.au](mailto:roadsafetygrants@stategrowth.tas.gov.au)  GPO Box 536, Hobart TAS 7001 |