Application Form – LDMP 2020

**Programs previously funded by State Growth**

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| Important information for completing this application form. |
| Please complete all sections before submitting the application form to State Growth.Some questions may require you to complete a table. If you double click on the table, a new window will pop-up similar to an Excel spreadsheet. Enter your data and when complete, close the window by clicking on any other part of the document.If you would like assistance with this please call State Growth on 03 6165 5030 or email ldmp@stategrowth.tas.gov.au |

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| Program information  |
| Program name | Program name |
| Office address | Office address | Suburb | Suburb | Postcode | Postcode |
| Postal address | Postal address | Suburb | Suburb | Postcode | Postcode |

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| Auspice body  |
| 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 if successful |
| Title | Title |
| First name | First name  | Last name | Last name |
| Position | Position |
| Phone | Phone | Mobile | Mobile |
| Email | Email |

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| LEARNER DRIVERS |
| Learner drivers who participate in a LDMP must not have access to a suitable supervisory driver and/or vehicle ANDare not able to afford professional driving lessons. |

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| **What process is in place to ensure your learners meet the above criteria as they progress through the program?***No more than 500 words.* |
| Click here to enter text. |

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| **What cohort(s) does your program target?** |
| Aboriginal and Torres Strait Islander | [ ] No [x]  |
| Culturally and Linguistically Diverse | [ ]  |
| Young people | [ ] [ ]  |
| Students | [ ]  |
| Unemployed | [ ] [ ]  |
| Other (please specify) | [ ]  | Please specify |

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| **How many learners did your program have at 1 July 2019?** | Number |
| **How many learners does your program have at the time of submitting this application?** | Number |

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| VEHICLES |
| Please complete a row for each vehicle your program utilises |

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| **Vehicle type** | **Model** | **Year** | **Used Car Safety Rating** | **Transmission** | **Insurance coverage** | **Ownership** | **Storage Location** |
| Type | Model | Year | Rating | Choose an item. | Insurance | Ownership | Location |
| Type | Model | Year | Rating | Choose an item. | Insurance | Ownership | Location |
| Type | Model | Year | Rating | Choose an item. | Insurance | Ownership | Location |
| Type | Model | Year | Rating | Choose an item. | Insurance | Ownership | Location |
| Type | Model | Year | Rating | Choose an item. | Insurance | Ownership | Location |

To calculate the Used Car Safety Rating (UCSR) visit: <http://www.howsafeisyourcar.com.au/Rating-Process/What-is-UCSR/>

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| MENTORS |
| Mentors who volunteer in an LDMP must:* Hold a current Tasmanian full car licence without a period of suspension or disqualification during the past two years
* Have a current Working With Vulnerable people Registration
* Have a National Police Check
* Not charge learners or ‘provide instruction for reward’ as per the Vehicle and Traffic Act 1999, including mentoring as part of their work.
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| **What process is in place to ensure mentors in your program meet the above criteria?***No more than 300 words.* |
| Click here to enter text. |

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| **How many mentors did your program have at 1 July 2019?** | Number |
| **How many mentors does your program have at the time of submitting this application?** | Number |
| **How many mentors do you need to maximise program resources?** | Number |

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| **What strategies do you have in place to recruit and retain mentors?***No more than 500 words.* |
| Click here to enter text. |

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| PROGRAM COORDINATOR  |
| State Growth understands the need for a dedicated Program Coordinator. |

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| **How many hours per week does your Program Coordinator work (2019-20)?** | Hours |
| **How many hours do you need the Program Coordinator to work to maximise program resources?** | Hours |

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| **If there is a proposed change in the amount of hours per week, please outline the reasons for the change and how it will maximise outputs.***No more than 150 words.* |
| Click here to enter text. |

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| PROGRAM PERFORMANCE |
| Please record your monthly on-road hours.It is understood your March hours will only reflect part of the month due to needing to submit this form. |

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| **July 2019** | Number of hours |
| **August 2019** | Number of hours |
| **September 2019** | Number of hours |
| **October 2019** | Number of hours |
| **November 2019** | Number of hours |
| **December 2019** | Number of hours |
| **January 2020** | Number of hours |
| **February 2020** | Number of hours |
| **March 2020** | Number of hours |
| **TOTAL** | Number of hours |

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| **What is your target on-road hours per month for your program?** *Note: A program with one car should have 60 to 80 on road hours per month, a program with two cars should have 120 to 160 on road hours per month.*  |  Hours |

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| **What strategies are in place to help you reach your target on-road hours?***No more than 250 words.* |
| Click here to enter text. |

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| **How many participants since 1 July 2019 gained their L licence through your program?** |  Number |
| **How many participants since 1 July 2019 gained their P1 licence through your program?** |  Number |

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| BUDGET |
| Important information for completing this next section.Programs are required to complete the budget table and use the line items provided.If a line item does not apply to your budget, please leave the row blank.If you need an additional line item, please use one of the additional rows to list your line item.If you have a line item that is covered by two sources of funding, please put the amount requested from the LDMP grant in the “amount for grant” column and the other funds in “amount from other sources”. The total will be automatically calculated.Please note: Advertising and marketing; and volunteer recognition initiatives are funded through DMT and DSG. Only small, local and targeted approaches will be funded for these items.If you would like assistance with this please call State Growth on 03 6165 5030 or email ldmp@stategrowth.tas.gov.au.  |



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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 |
| Applications can be submitted via email or post.roadsafetygrants@stategrowth.tas.gov.auldmp@stategrowth.tas.gov.auGPO Box 536, Hobart TAS 7001 |