

2023-24 Tenant Participation Grant Application Form

Form Preview

Introduction

Applications close 3:00pm Thursday 18 January 2024.

Before commencing an application please read the 2023-24 Tenant Participation Grant Program Guidelines, which are available at

www.communityservices.act.gov.au/tpg

This program aims to encourage and support applicants to participate in a range of sporting, arts, cultural, education, employment, and training activities for physical, social, and personal development.

The Applicant must be the tenant to complete this form.

For assistance with completing this application form, please contact the Tenant Participation Team, Housing ACT at tpg@act.gov.au

Eligibility

* indicates a required field

Eligibility Requirements

You need to read the 2023-24 Tenant Participation Grants Program Guidelines before you start your application.

The Guidelines are available at <https://www.communityservices.act.gov.au/housing/managing-your-tenancy/grants>

You need to be a public housing tenant supported by Housing ACT, or are a social housing tenant in the ACT paying subsidised income-based rent and have been in your tenancy for at least 12 months.

Households can only apply once in the 2023-24 round, but can have multiple people in the household in the application.

You have no overdue acquittals from any previous grant rounds.

Your chosen activity meets the funding categories requirements

- Social activity
- Life Skills
- Education and work

You are not receiving funding from another source to attend the same or similar activity.

You can provide evidence to support any additional costs if the activity selected is over \$400.

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You can only apply for a grant if you meet the eligibility criteria. Please do not complete this application form if you do not meet all of the eligibility criteria.

What is your tenancy type? *

- ACT Public Housing (Housing ACT)
- ACT Community Housing

To be eligible for this Grant you must be an ACT social or public housing tenant.

Please enter your Tenancy Payment Reference Number (TPRN). *

What date did you start the tenancy? *

Must be a date.

To be eligible you must be a public housing tenant for 12 months.

Please note - Housing Assistance will check your tenancy status with your Community Provider. By completing this form, you are giving us consent to do this.

Please select your Community Housing provider. *

- Argyle Community Housing
- CatholicCare Canberra
- Environmental Collective Housing Association (ECHO)
- Everyman Australia
- Havelock Housing Association Inc
- Northside Community Services Inc
- The Salvation Army
- Tamil Senior Citizens Association
- Toora Women Inc
- YWCA of Canberra
- Other:

What date did you start the tenancy? *

Must be a date.

To be eligible you must be a social housing (community and supported housing) tenant for at least 12 months.

Do you pay subsidised income base rent? *

- Yes
- No

Please note, if you are unsure about your subsidised rent, please get in contact with your provider, as we will be confirming your eligibility with your provider.

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Will the activities you are applying for occur in the ACT or online? *

Yes No Online

To be eligible the activity needs to occur in the ACT or online.

Have you received any grants from the ACT Government in the last 2 years? *

Yes No

Please Note: Overdue reporting or acquittals for any previous Community Services Directorate grants will make your application ineligible.

To check the status of a previous grant with the Community Services Directorate click the My Submissions link near the top left of the screen.

Please contact the CSD Grants Team at CSDGrants@act.gov.au if you are unsure your previous grant acquittals have been submitted or are outstanding.

Have you met acquittal conditions for previous grants funding received from the ACT Government? *

Yes No Unsure

Have you provided evidence through receipts of how the money was used?

Previous Grants

Grant Program	Grant ID Number	Funding Acquitted

Personal Details for the Primary Tenant Requesting to Receive Funding

* indicates a required field

Applicant *

Title First Name Last Name

Applicant Home Address *

Address

Suburb State Postcode

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Home Phone Number

Mobile Phone Number *

Email *

Postal Address (if different from above)

Address

Suburb State Postcode

Which age group are you in? *

- 18-19 years
- 20-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75 years or over

Do you or any members of your household identify as Aboriginal or Torres Strait Islander? *

- Neither Aboriginal nor Torres Strait Islander
- Aboriginal but not Torres Strait Islander
- Torres Strait Islander but not Aboriginal
- Both Aboriginal and Torres Strait Islander
- Don't want to say

In which country were you born? *

- Australia
- Other:

If you were not born in Australia, please write in the name of your country of birth at 'Other'

Which language do you mainly speak at home? *

- English
- Other:

If it is not English, please write in the main language you speak at home at 'Other'

Which of the following best describes the nature of your household? *

- Single person, living alone
- Single parent, living with one or more children / grandchildren (aged under 16 years)
- Single person, living with friend/s / flatmates

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- Couple, living without children
- Couple living with one or more children / grandchildren aged under 16 years
- Extended family, with children aged under 16 years
- Family or extended family, without children aged under 16 years
- Other:

Carers, family or friends staying for an extended period or frequent visits should not be considered while answering this question.

Applicants

* indicates a required field

How many people are you applying for grant funding in this household? *

- 1 2 3 4 5 6 7 8

Activity details for your chosen funding category

Please refer to **Section 5** of the Guidelines for further information on eligible activities [HERE](#).

Your response to the questions in this section will support the assessment panel to evaluate the benefits your chosen single activity will provide to the recipient or household, and how closely this activity aligns to the chosen funding categories. Clearly outlining these factors will provide greater support to your application and make it easier to assess.

Note: If you access support services, they may be able to assist you with completing this section.

Applicant #1

*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Age *

Must be a number.

What funding category are you applying for? *

- Social activities
- Life skills activities
- Education and work activities

You can select more than one category if your activity has crossover between the categories, as long as the activity meets one.

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What type of activity are you choosing to participate in? *

for example Touch Football.

Please outline what your activity is and describe how participating in this activity will contribute to your physical, social and/or personal development. *

For example: What is the activity and how often does it happen? Does the activity involve other people? What does the opportunity to participate in this activity provide to the recipient and the members of their household/community? What would it mean to the recipient if they were funded to participate?

When do you estimate the activity will commence, and how long will the activity run?

Please note if the activity occurs before the 12 December 2023 the funding will not be eligible, as activities cannot have occurred before the Program opened. Please also note that while you are able to apply for funding from this date, you may not receive notification about the success of your application for a few months to allow for processing, and if your application is not successful you will need to cover the costs of your activity yourself.

Please provide evidence of the chosen activity you have described. This can be in the form of an email outlining your request for availability, an online quote of the estimated costs of the activity, and/or confirmation of registration etc. *

Evidence of registration must be provided, however if needed it can be submitted with your acquittal form if successful in receiving an offer. NOTE: If you are applying for support for childcare when attending education or training activities, evidence is required for both the enrolment of childcare and the chosen educational activity.

Attach a file:

Applicant #2

Name *

Title First Name Last Name

Age *

Must be a number.

What funding category are you applying for? *

Social activities

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- Life skills activities
- Education and work activities

You can select more than one category if your activity has crossover between the categories, as long as the activity meets one.

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Attach a file:

Applicant #3

Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Age *

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Must be a number.

What funding category are you applying for? *

- Social activities
- Life skills activities
- Education and work activities

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Attach a file:

Applicant #4

Name *

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Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Age *

Must be a number.

What funding category are you applying for? *

- Social activities
- Life skills activities
- Education and work activities

You can select more than one category if your activity has crossover between the categories, as long as the activity meets one.

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Attach a file:

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Applicant #5

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Age *

Must be a number.

What funding category are you applying for? *

- Social activities
- Life skills activities
- Education and work activities

What type of activity are you choosing to participate in? *

for example Touch Football.

Please outline what your activity is and describe how participating in this activity will contribute to your physical, social and/or personal development. *

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Attach a file:

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Applicant #6

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Age *

Must be a number.

What funding category are you applying for? *

- Social activities
- Life skills activities
- Education and work activities

You can select more than one category if your activity has crossover between the categories, as long as the activity meets one.

What type of activity are you choosing to participate in? *

for example Touch Football.

Please outline what your activity is and describe how participating in this activity will contribute to your physical, social and/or personal development. *

For example: What is the activity and how often does it happen? Does the activity involve other people? What does the opportunity to participate in this activity provide to the recipient and the members of their household/community? What would it mean to the recipient if they were funded to participate?

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Please provide evidence of the chosen activity you have described. This can be in the form of an email outlining your request for availability, an online quote of the estimated costs of the activity, and/or confirmation of registration etc. *

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Evidence of registration must be provided, however if needed it can be submitted with your acquittal form if successful in receiving an offer. NOTE: If you are applying for support for childcare when attending education or training activities, evidence is required for both the enrolment of childcare and the chosen educational activity.

Attach a file:

Applicant #7

Name *

Title

First Name

Last Name

Age *

Must be a number.

What funding category are you applying for? *

- Social activities
- Life skills activities
- Education and work activities

You can select more than one category if your activity has crossover between the categories, as long as the activity meets one.

What type of activity are you choosing to participate in? *

for example Touch Football.

Please outline what your activity is and describe how participating in this activity will contribute to your physical, social and/or personal development. *

For example: What is the activity and how often does it happen? Does the activity involve other people? What does the opportunity to participate in this activity provide to the recipient and the members of their household/community? What would it mean to the recipient if they were funded to participate?

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Attach a file:

Applicant #8

Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Age *

Must be a number.

What funding category are you applying for? *

- Social activities
- Life skills activities
- Education and work activities

You can select more than one category if your activity has crossover between the categories, as long as the activity meets one.

What type of activity are you choosing to participate in? *

for example Touch Football.

Please outline what your activity is and describe how participating in this activity will contribute to your physical, social and/or personal development. *

For example: What is the activity and how often does it happen? Does the activity involve other people? What does the opportunity to participate in this activity provide to the recipient and the members of their household/community? What would it mean to the recipient if they were funded to participate?

When do you estimate the activity will commence, and how long will the activity run? *

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Attach a file:

Budget Information

* indicates a required field

The maximum total grant that any 1 person can apply for is \$400.

As there is no good or service being exchanged, GST is not applicable to grant payments.

Applicants can apply for maximum of 1 activity per person. This means that up to \$400 can go towards the 1 chosen activity for 1 person (e.g. football registration fees and football boots for one applicant).

Funding cannot be used for:

The following items **WILL NOT** be funded as outlined in the Guidelines:

- Activities or items that do not achieve social, life or educational participation.
- IT equipment and IT hardware (including computers, laptops, mobile phones etc)
- Activities that do not occur within the ACT, unless they are online.
- Costs of projects or activities that have already taken place, or items already been purchased.
- Operational insurance costs, or specific to the project
- Debt repayments of any kind, including personal loans, or HECS-HELP debt.
- Projects or activities already funded by the ACT Government or Australian Government.
- Any travel or accommodation costs.
- Projects or activities which are deemed to be inappropriate or offensive.
- Private or public events such as festival, parties, and celebrations.

How to complete the expenditure description

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Please refer to the below example of how to complete the expenditure description of all items each individual applicant/s are seeking funding for to perform their chosen single activity.

Applicant Number: Applicant 1

Applicant Name: Mark Smith

Activity and/or item: This is for one activity or item for example Football Registration

Total amount of funding requested per item This must be no more than \$400

Overall cost per item This section is for you to highlight how much the activity costs overall, as we appreciate that \$400 may not cover everything. We cannot provide more than \$400 per person, however providing this figure gives the assessment panel a better picture of the costs involved for you to participate.

Applicant Number:

Applicant Name:

Activity and/or item

Total amount of funding requested per item

Overall cost per item

Applicant 1

Mark Smith

Football Registration

\$320

\$350

Applicant 1

Mark Smith

Football Boots

\$80

\$150

Applicant 2

Sally Smith

Dance lessons

\$400

\$450

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Click "Add More" button to insert new row.

Expenditure description

Please provide a list of all items each individual applicant/s are seeking funding for to perform their chosen single activity.

Applicant Number:	Applicant Name:Activity and/or item	Total amount of funding requested per item	Overall cost per item
		Must be a dollar amount and no more than 400.	Must be a dollar amount.

Total amount of funding requested for chosen activity per applicant.

Applicant #1 *

\$

Must be a dollar amount and no more than 400.

Applicant #2 *

\$

Must be a dollar amount and no more than 400.

Applicant #3 *

\$

Must be a dollar amount and no more than 400.

Applicant #4 *

\$

Must be a dollar amount and no more than 400.

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Applicant #5 *

\$

Must be a dollar amount and no more than 400.

Applicant #6 *

\$

Must be a dollar amount and no more than 400.

Applicant #7 *

\$

Must be a dollar amount and no more than 400.

Applicant #8 *

\$

Must be a dollar amount and no more than 400.

Total amount of TPG funding requested for the household *

\$

This number/amount is calculated.

Must be a dollar amount no greater than \$400 per person (Total = \$requested amount x number of people in the household)

Overall activity cost for the household *

\$

This number/amount is calculated.

This section is for you to highlight how much the activity costs overall, as we appreciate that \$400 may not cover everything. We cannot provide more than \$400 per person, however providing this figure gives the assessment panel a better picture of the costs involved for you to participate.

If you are offered a grant that is less than the amount needed, would you still be able to proceed with the chosen activity? *

- Yes
 No

Please provide a brief explanation for your answer. If you answered yes, please explain how your activity will still be possible. *

I.e. If you requested funding for football registration and football boots, can you still proceed with the football activity if the football boots requested are not funded because (for example) the amount requested for registration and boots exceeds the \$400 limit per person?

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Please provide a brief explanation for your answer. If you answered no, please explain why you cannot proceed. *

I.e. If you requested funding for football registration and football boots, can you still proceed with the football activity if the football boots requested are not funded because (for example) the amount requested for registrations and boots exceeds the \$400 limit per person?

Have you applied for any other grants to fund this activity? *

Yes No

If yes, please provide details: *

Will you receive in-kind support for the activity? *

Yes No

In-kind support is a donation of goods or services, time or expertise rather than cash or appreciated property which is converted into a dollar value.

If yes, please provide details: *

Feedback, Review and Submit

* indicates a required field

Certification - Individuals

I certify that to the best of my knowledge the statements made within this application and the information provided is true and correct.

I understand that if the Community Services Directorate approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant guidelines, application form and Letter of Offer.

I understand the Territory may wish to contact me to seek feedback on the application form.

Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date *

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Must be a date

I agree if I am successful, the Territory may contact me to seek permission to publish information about my application and how the grant benefited me. *

Yes

No

Privacy Notice

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in the Community Services Directorate records and may also be used for statistical research, information provision and evaluation of services. Your personal information may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

For a copy of the Act, please visit: <http://www.legislation.act.gov.au/a/2014-24/>

Legislative Framework:

- The *Public Sector Management Act 1994*;
- The *Information Privacy Act 2014* (including the [Territory Privacy Principles](#) at Schedule 1 of the Act which set out rules for handling and managing personal information including collection, storage, use and disclosure);
- The *Health Records (Privacy and Access) Act 1997* (which provides for privacy and access rights to personal health information whether it is held in the public or private sector);
- The *Workplace Privacy Act 2011* (which regulates when an employer may conduct surveillance on an employee); and
- The *Human Rights Act 2004* (which outlines a person's rights to privacy).

If you are successful with receiving a TPG grant, would you consent to having the Community Services Directorate follow-up with you on the outcomes of the Grant, to hear how receiving the funding has supported you and/or your family? *

Yes

No

Additional Information

Is there any additional information or documentation you would like to include? (*i.e. support letter*)

Additional Information Upload

Attach a file:

Feedback

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button, please take a few moments to provide some feedback.

We value any feedback you may have regarding the grant's application process.

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How did you find out about the 2023-24 Tenant Participation Grant Program (please select all that apply):

- ACT Grants Portal (www.grants.act.gov.au)
- Housing ACT
- Child Youth Protection Services
- SMS
- Email
- Mail
- Flyer/Postcard in Gateway
- Housing Manager
- Word of mouth
- Facebook
- Community Services Directorate
- Community Housing Provider
- CIT / Tertiary Education
- Library
- School
- Other:

Do you have any other suggestions as to how we can spread awareness of these Grants?

Please indicate how you found the online application process:

- Very easy Easy Neither Difficult Very difficult

Please provide us with any improvements and/or additions to the application process / form that you think we need to consider:

Did you seek support from the Tenant Participation Team to assist you in completing your Grant Application?

- Yes
 No

If yes, would you also be interested in being involved in a short case study and/or a de-identified story about your experience and the benefits the Grants have had on you and/or your family to be published to the Canberra community as part of future promotion rounds?

- Yes
 No