Form Preview

ABOUT THE GET READY GRANT

If employees or volunteers in your organisation struggle with reading, writing, or maths, applying for a Get Ready grant is a great first step.

This grant allows you to employ an Adult Literacy Trainer to assess your needs, identify skill gaps, and design a suitable project.

The Get Ready grant helps you prepare for the full 26Ten Workplace grant, which you can apply for either later in the current round (if time allows) or in the next round.

NOTE: Receiving a Get Ready grant and completing an application with an Adult Literacy Trainer's help does not guarantee full funding. Your application will be evaluated alongside others using the same criteria, and funding will be awarded if it meets all criteria and ranks high enough.

INSTRUCTIONS

Guidelines

Please read <u>Information for Applicants 2024-25</u> document before filling out your application. Refer to p.18 for Get Ready grant selection criteria.

For support during the application process, contact programs@26ten.tas.gov.au.

Get Ready grants will be assessed and awarded throughout the grant round.

Tips for completing this form

Click **Save Progress** every 10 to 15 minutes.

For security, you will be logged out of your application after **60 minutes** of inactivity. You will lose any changes if not saved.

APPLICANT DETAILS

- * indicates a required field
- 2.1 Organisation details

Name of your	Organisation Name		
organisation *			

	Your organisation will be considered the 'project owner'. This means you will be contracted under a Deed of Grant and responsible for project activities and financial acquittal.						
Street address *	Address						
	Suburb State Postcode						
Postal address	Address						
	Suburb State Postcode						
Phone Number *							
Priorie Number *							
Email *							
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.						
	entered the ABN correctly. Information from the Australian Business Register						
	entered the ABN correctly. Information from the Australian Business Register ABN						
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Signatory * Position *	Information from the Australian Business Register ABN Entity name ABN status Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type ACNC Registration Tax Concessions Main business location Title First Name Last Name						

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2.2 Letter of support

any other relevant information.

3.2 Reasons for applying

You must submit a letter of support from the leader of your organisation (e.g. Chief Executive Officer).

It needs to show support and commitment to developing a 26TEN project with this Get Ready grant.

Attach a file:							
2.3 Contact person							
Name *	Title	First Nar	me	Last I	Name		
Position *							
Address	Address						
	Suburb	State	Postcode	e			
Phone number							
Mobile *							
Email *							
* indicates a required field 3.1 About your organisation							
Tell us about your organisation	n *						

Include the main purpose of your organisation, number of employees, industry sector, location/s, and

Why are you applying for a 2	6TEN Get	Ready grant? *	
Include information about perceived your organisation. Don't worry if you			
What do you plan to do with	the Get R	eady grant fund	ing?
What specific changes would of running a 26Ten Workplace			
What might the benefits be - to you	r organisatio	on, to the individual?	
Is there anything else you'd	like us to	know at this sta	ge? *
If there are any attachments Attach a file:	you'd like	e to include, plea	ase upload them here.
3.3 Budget			
The majority of your Get Ready This may include some travel co necessary and practical. Please	sts. They n	nay also be able to	provide support remotely, if
Any additional costs (eg statione internet etc.) should be provided			
Total amount requested (up	to \$5 000	ex GST) *	
\$			
Is there anything else you'd	like us to	know about you	r budget at this stage?
DD OLECT TEAM			
PROJECT TEAM			
* indicates a required field			
4.1 Project manager			
Project manager *	Title	First Name	Last Name

Phone number *			
Email *			
Relevant qualifications and experience *			
Project team member	Title	First Name	Last Name
roject team member	Title	THE NUMBER	Luse Hume
Role			
Relevant qualifications and experience			
-			
DEVIEW AND CUDMICCI	NI.		
REVIEW AND SUBMISSION	N		
* indicates a required field			
5.1 How did you hear about us?			
How did you hear about the 26TEN Workplace Grants Program?			
5.2 Applicant certification	l		
This MUST be completed by the a	applicant o	organisation.	
I certify that all details in this app			-
This application has been submit management.	ted with fo	ull knowledge and	agreement of my
I have read the Information for A	oplicants o	document.	
I will contact 26TEN immediately	-		_
I understand that the information	above wi	ll be used in accor	dance with releva
l agree: *	○ Yes		○ No
Certifier *	Title	First Name	Last Name

Position *	
Date *	