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Guidelines

Please read the <u>Information for Applicants 2024-25</u> document carefully before filling out your application.

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

Tranche 1 applications close on Friday 27 September 2024. Grants will be awarded early December 2024.

Tranche 2 applications close Friday 14 February 2025. Grants will be awarded in early May 2025.

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

- * indicates a required field
- 1.1 Project stage

Please specify the type of funding you are seeking for your 261 ☐ Pilot (first year) project funding ☐ Second year project funding	Γen project: *
1.2 Your first year project	
What is the project code for your first year 26Ten project?	
This would be in the format 2022WORKXX	
Have you completed your first year project and submitted your report? ☐ Yes ☐ No	end-project

1.3 Details about your first year project

Please provide any additional wasn't covered in your end-	al information about your first year project (that project report).
1.4 Details about your fi	rst year project
When is your project due to	finish?
Must be a date.	
Overview of project so far	
participants, project partners etc. A	ctivities, outcomes, achievements, LLN stats, number of as you haven't yet provided your end-project report, it is important nel that your project is going well and that a second year of funding
2.1 Organisation details	
Are you: *	 An organisation applying for funding in its own right. An registered training organisation (RTO) applying on behalf of an organisation or cluster of organisations. A sponsor applying on behalf of an organisation or group of organisations.
Name of project owner	Organisation Name
(organisation) *	This is the organisation that 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 *					
Email *					
Applicant ABN *	The ADN	مرينا النبر المعربين		fallowing	
	The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.				
	Information	on from the Australia	n Business Register	ſ	
	ABN				
	Entity nar	ne			
	ABN statu	ıs			
	Entity typ	e			
	Goods & S	Services Tax (GST)			
	DGR Endo	orsed			
	ATO Char		More inform	<u>ation</u>	
	ACNC Reg				
	Tax Concessions				
	Main business location				
Signatory *	Title	First Name	Last Name		
	The person who will sign the Deed of Grant.				
Position *					
2.2 Contact person					
Name *	Title	First Name	Last Name		
Position *					
Address	Address				
	Suburb State Postcode				
	o o				

Phone number	
Mobile *	
Email *	
2.3 Partner Details	
Organisation	Organisation Name
Address	Address
	Suburb State Postcode
Postal address	Address
	Suburb State Postcode
Phone number	
Email	
Contact person	Title First Name Last Name
Position	
Mobile	
Email	
What is the role of the partner in the project?	

Letter of support	Attach a file:
	Your partner must provide letter of support. It needs to include a short description of the organisation and confirm what contribution it will make to the project. It must be signed by the leader (e.g. CEO) of the organisation.
2.4 Other relationships	
	relationships that will support the success of this project, lited and partners of other organisations. If you have e can be uploaded in 7.3.
If you are an RTO applying in part the employer.	nership with an employer, describe your partnership with
YOUR PROJECT	
* indicates a required field	
3.1 About your organisation	on
*	
	project will be run. Include the number of employees, industry formation about your organisation's experience with workplace-
If you are an RTO, please prov	vide brief information about your organisation.
3.2 Summary of proposed	project
Project title *	
	Please include '26Ten' somewhere in the title.
Brief summary of your proposed project *	
	Word count:
	This is your chance to tell us the main features of your project and its intended result. This description will be included on the 26Ten website if a grant is offered.

Proposed Start Date *				
Total Amount Requested *	\$ Must be a dollar amo Between \$5 000 and	unt and between 500 \$65 000 (ex. GST)	0 and 65000.	
Total Project Cost *	\$ This is your grant rec	uest plus in-kind cont	ributions.	
3.3 Focus				
Main activity *	employees in the war A2: provide real employees participal learning programs A3: we want to approval to submit Your project needs to	ding, writing or mat ating in existing wo do something new	ths support for rkplace training or and have 26Ten ment of reading,	
Other activities	 □ basic digital literacy training for employees with low reading, writing or maths skills (ACSF level 3 and below) □ development of training resources for use in the project □ improving workplace communication (including plain English) □ training for staff to equip them to work with low literacy employees or clients on an ongoing basis □ surveys, consultations, research to determine literacy needs of employees □ training in learning skills (ACSF core skill 1 - 'learning how to learn') 			
What are the main groups among your employees that will benefit from this project? *	 □ First Nations people □ people with disability □ people with a first language other than English □ unemployed people working as volunteers □ people with low literacy and numeracy □ volunteers □ Other: 			
In what Local Government Area/s will project activities MAINLY happen? *	 □ Statewide □ Brighton □ Burnie City □ Central Coast □ Central Highlands □ Circular Head 	 ☐ Flinders Island ☐ George Town ☐ Glamorgan Spring Bay ☐ Glenorchy City ☐ Hobart City ☐ Huon Valley 	 □ Launceston City □ Meander Valley □ Northern Midlands □ Southern Midlands □ Tasman 	

2024-25 26Ten Workplace Grant Application Form

Form Preview

	□ Clarence City□ Derwent Valley□ Devonport City□ Dorset		□ Waratah-Wynyard□ West Coast□ West Tamar			
How many people will be DIRECTLY involved in your project? *		ude people volunteeri Awareness session, m	ng for an activity, nembers of the project			
How many people will DIRECTLY benefit from your project?	This figure could incl training.	ude employees receiv	ring literacy support or			
More widely, how many people in TOTAL will be involved in or benefit from your project? *	less directly involved this project. You mig	clude those directly in I. This is about capturi ht include people atte en of participants, peo	ing the ripple effect of ending events, family			
Commentary on number of people involved						
	above figures. How o	'wrong' here. How did do YOU define the two Your responses in Sec				
3.4 Your project in detail						
WHY does this work need to Word count:	be done? *					
Why is improving the literacy and numeracy skills important to your organisation at the moment? What benefits will there be to your business? How will it support your employees? What evidence of need is there?						
WHAT will you achieve with t	this project? *					
Word count: Include your main outcomes and any outcome might be: all 15 process we to do their jobs to a high standard. T	orkers have the necess	sary literacy and nume	eracy skills needed			

the literacy and numeracy requirements are for the 3 main process job roles; (2) know employees

literacy and numeracy skills and gaps; (3) provide training to workers with gaps: (4) reduce production
wastage by 1%. Framing your outcomes so that they are clearly linked to activities and outputs will
make it easier to evaluate your project, and score more highly at assessment.

HOW will you do that? *
This is one of the most important sections of your application. Describe your project design and approach, and your reasons for doing your project this way.
HOW will you measure these changes? *
This is where you set out your performance measures. Employees who have reading, writing or maths training must be assessed before and after using the ACSF.
What is the capacity for your organisation to complete this project successfully? *
Do you have time and resourcing to run this project? Are you able to pull participants off the job to undertake literacy training? Do you have or will you have upper and middle management involved in / supportive of the project?
Please list any materials (outputs) from your project. *
Word count: This includes training material (physical or digital), reports, surveys etc.
3.5 Assessment
Have you done a skills assessment for project participants?
○ Yes ○ No
If you haven't done one, please include in your project a method of assessing literacy and numeracy skills of the project participants relating to aspects of their job roles that need improvement.
If you have completed an assessment, please include a summary of the results in the second question of Section 3.3 'Why does this work need to be done?'.
Knowing the reading, writing and maths needs of the workplace and of employees is an essential first step in a successful project. If you don't have this information, an assessment must be built into the project plan.
How many employees will need reading, writing or maths training?

3.6 Employer contribution

Describe the employer contribution to the project, particularly financial including in-kind, such as releasing employees to attend project activities. $*$					

3.7 Your results chain

Please upload your **results chain** here.

This is an essential part of your application and allows the Selection Panel to easily understand what you're aiming to achieve.

Attach a file:		

BUDGET

* indicates a required field

Provide a detailed budget. All figures are to be GST exclusive.

Don't add commas to figures.

Include separate salary items (with hourly rate and hours) for different project roles, such as the Adult Literacy Trainer (ALT), project manager, and other project team roles. ALT costs should be a major component of the project.

Include in-kind contributions such as staff release time, relief workers, and other contributions such as administration costs and materials. Items may be a mix of in-kind and requested funding.

4.1 Project budget

Project salaries	Amount (ex. GST)	In-kind contribution
eg Adult Literacy Trainer salary 580 hrs @ \$70 per hour		

Project non-salary expenses	Amount (ex. GST)	In-kind contribution
eg Technology to support Adult Literacy Trainer		
		\$
		\$
		\$
		\$
		\$

4.2 Other funding sources

Has your organisation received funding, sought funding, or plan to ask for funding for a same or similar purpose from another funding source?

*			
0	Yes	O N	lo

If yes, please provide details here.

Amount	Organisation	Purpose	Purpose	
\$				
\$				
\$				

PROJECT PLAN AND RISK MANAGEMENT

5.1 Project Plan

This plan sets out what you expect to do in the project and when it will happen. It can be amended during the project.

If you require more space or have used your own template, please upload your project plan at Section 3.6.

Start	Complete	What needs to be done and who will do it	Milestone or deliverable
eg Week 1	eg Week 3	eg ALT is selected, completes site and other relevant inductions, reviews project plan, meets with management and team to discuss project and first activities.	

_		

5.2 Risk management

List the top five potential risks to finishing the project or not achieving the intended outcomes.

Risk	Rating	Mitigation actions	Responsible person
	Low, medium, high, o extreme	or	

PROJECT TEAM

* indicates a required field

6.1 Project manager

Project manager *	Title	First Name	Last Name	
Phone number *				
Email *				
Relevant qualifications and experience *				
Project management experience *				

2024-25 26Ten Workplace Grant Application Form

Form Preview

6.2 Project team

You should identify your Adult Literacy Trainer before you submit your application.

Please contact us if you'd like us to help you find an appropriate person from our Trainer Register.

Adult Literacy Trainer	Title	First Name	Last Name	
Relevant qualifications and experience				
Project team member	Title	First Name	Last Name	
Role				
Relevant qualifications and experience				
Project team member	Title	First Name	Last Name	
Phone				
Email				
6.3 Letter of support				
You must submit a letter of suppo Executive Officer).	ort from th	e leader of your o	rganisation (e.g. C	Chief
It needs to show support for the $\ensuremath{\text{p}}$ entails.	oroject, an	d an understandin	g of what running	a project
Please include any other letters o	f support	that are relevant to	o your application	
Attach a file:				

LASTING CHANGE

*	indi	icates	а	reau	ired	fie	ld	
			-					۱

7.1 Lasting organisational change

How will you maintain the benefits of this project? How will you support the continued improvement of employee reading writing or maths skills once the project is over? *
7.2 Promoting 26Ten
26Ten is about changing people's awareness and understanding of low levels of adult literacy and numeracy in Tasmania.
We need your help to do this.
How will your organisation promote 26Ten during and after the project?
*
Word count:
7.3 Anything else
If there is anything else you'd like us to know, please attach files here e.g. Word document
Attach a file:

REVIEW AND SUBMISSION

* indicates a required field

8.1 Applicant certification

This MUST be completed by the applicant organisation.

I certify that all details in this application are accurate to the best of my knowledge.

This application has been submitted with full knowledge and agreement of my management.

I have read the Information for Applicants document.

I will contact 26Ten immediately if anything in this application changes or is incorrect.

I understand that the information above will be used in accordance with relevant legislation.

I agree: *	○ Yes		○ No	
Certifier *	Title	First Name	Last Name	
Position *				
Date *				
8.2 Partner certification				
This MUST be completed by partr certifications as you need.	ner organis	sations. You can ac	ld as many partne	er
NOTE - before you submit this for partner/s by downloading a PDF a partner's details below. Then make	it the 'Rev	iew and Submit' st		
I certify that all details in this app	lication ar	e accurate to the I	pest of my knowle	edge.
This application has been submitted management.	ed with fu	ll knowledge and a	agreement of my	
I have read the Information for Ap	oplicants d	ocument.		
I will contact 26Ten immediately	if anything	in this application	n changes or is inc	correct.
I understand that the information	above wil	l be used in accord	dance with releva	nt legislation.
l agree	○ Yes		○ No	
Certifier	Title	First Name	Last Name	
Position		ust have the authori (e.g. CEO).	ty to commit the or	ganisation to
Organisation				