

All Access All Weather Bus Stop Upgrade Program - Round 3 application

Form Preview

Eligibility Criteria

* indicates a required field

Before proceeding with the application, please ensure that you meet all eligibility criteria in the [Guidelines](#).

To be eligible for a bus stop upgrade grant, applicants must:

- Be a Tasmanian local government
- Support an application with at least a 30% contribution of the total upgrade value (that is a 30/70 split of funding). This contribution can be financial or in-kind.
- Participate with State Growth in the creation of bus stop priority lists and associated upgrade requirements
- Provide evidence of having completed an audit of existing conditions for each applied for bus stop. Audit requirements for applicants will be provided by State Growth. [Bus Stop Audit - How to guide](#).

For a bus stop upgrade grant application to be eligible, it must propose works:

- That focus on Disability Discrimination Act (DDA) compliance upgrades at existing bus stops (as outlined in a priority list created by local government and State Growth)
- Are on a local government-owned road / footpath
- That are not bus stop infrastructure maintenance activities
- That can be fully implemented by the end of February 2026.

I confirm that I have read and understood the guidelines, and meet the eligibility criteria above. *

- ☐ Yes
☐ No

Local Council details

* indicates a required field

Local council - organisation name *

Organisation Name

Local council 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.

Information from the Australian Business Register	
ABN	
Entity name	

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ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main business location

[More information](#)

Must be an ABN.

Office address *

Address

Postal address *

Address

Phone *

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Email *

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Local council project contact person

This person will receive formal correspondence relating to this application.

Name *

First Name

Last Name

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Position *

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Phone *

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Email *

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Alternate contact person

Name *

First Name

Last Name

Position ***Phone *****Email ***

Project details

* indicates a required field

Bus Stop Upgrade details

Applicants may apply for multiple bus stops within a single application. To add more bus stops please click **Add More** for each Bus Stop Upgrade.

Submission Ranking *

Hint: This relates to the ranking of the bus stop in your priority list.

Stop ID *

This is the 7 digit State Growth Stop ID from the priority list

Location *

Address

Upload three (3) photos. *

Attach a file:

A minimum of 3 photos must be attached (JPEG or PNG) as per the Audit How-To Guide (<https://stategrowthtas.smartygrants.com.au/d/files/dlm/aea23ce81ae0d48845b02cf61b986a364fd6ca42>)

Please name as follows: Council Name_7 Digit Bus ID_Photo Sequence Number (1,2 or 3)_MonthYear

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For Example HCC_1234567_1_Jan23 or
Dorset_1234567_1_Oct23

Proposed Upgrades *

- | | | |
|---|---|--|
| <input type="checkbox"/> Bus Stop Blade | <input type="checkbox"/> Connecting Footpath | <input type="checkbox"/> Signpost |
| <input type="checkbox"/> Bus Stop Relocation | <input type="checkbox"/> Crossing Point (Pram ramps, minor median crossing island, etc) | <input type="checkbox"/> Seating |
| <input type="checkbox"/> Concrete Hardstand (New) | <input type="checkbox"/> Existing Footpath Widening | <input type="checkbox"/> Tactiles |
| <input type="checkbox"/> Concrete Hardstand (Replacement of Existing) | <input type="checkbox"/> Replacement of Seating | <input type="checkbox"/> Other: <input type="text"/> |

Proposed Shelter Upgrades *

- ☐ New Shelter Installation
☐ Upgrade of Existing to New Shelter
☐ Modification of Existing Shelter
☐ None

Proposed start date of upgrades *

Proposed completion date of upgrades *

Estimated Cost *

\$
Must be a dollar amount.

If required, please upload a bus shelter/ bus stop concept design here

Attach a file:

Total Estimated Cost

\$
This number/amount is calculated.

Please indicate if you are co-contributing cash or in-kind (or both) *

- ☐ Cash co-contribution
☐ In-kind co-contribution

At least 1 choice must be selected.

Cash co-contribution amount *

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\$

In-kind co-contribution value *

\$

Have you received, or applied for, other funds/programs for any of these bus stop upgrades? *

- ☐ Yes
☐ No

Please give details of funds received for bus stop upgrades *

High level project plan

Complete the following template for your [high-level project plan](#), demonstrating your capacity to deliver upgrades by February 2026. Once you have completed this template, please upload into this form.

Please upload your project plan here *

Attach a file:

Declaration

* indicates a required field

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

I am 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 the grant approvals process and administering grants. Failure to provide this information may result in my grant application being unsuccessful or records not being properly maintained. The department may also use the information for related purposes (including other applications), or disclose it to third parties in circumstances allowed for by law. I have the right to access my personal information by request to the department and may be charged a fee for this service.

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The term 'Application' means this on-line form and all attached documents.

For and on behalf of the applicant detailed in this application, I, the undersigned, acknowledge and warrant (as the case may be) that:

1. I have authority to provide the information contained in this application and to execute (by completion of details below) this application for and on behalf of the applicant.
2. The department can rely upon the information and representations contained in this application (including these acknowledgements).
3. I have read, understood and I am able to comply with all criteria, terms and conditions contained in the guidelines and application form.
4. I have read and understood the eligibility requirements and assessment criteria for this program and declare to the best of my information, knowledge and belief, the applicant is eligible under those criteria and the information provided is true and correct.
5. The department may undertake all necessary credit checks, organisational searches and any other checks and enquiries on the applicant as the department determines and is hereby authorised to do so.
6. The application is made at the applicant's own cost and risk, the selection of the applicant for program funds is at the absolute discretion of the department and this application remains the property of the department.
7. The applicant will be responsible for notifying the department in writing of any changes relating to information provided in this application. Until receipt of such notification, the department shall process the application in accordance with the information provided.
8. Grant payments will be made via Electronic Funds Transfer (EFT) to a nominated bank account and the department is hereby authorised to make such payments.
9. The department is under no obligation to verify the authority of the undersigned on the bank account details.
10. The department will not be held responsible for delays of payment, or errors due to factors outside their reasonable control. The department reserves the right to terminate or suspend an EFT and to pay by cheque or any other manner which the department may determine.
11. The applicant agrees to indemnify the Crown in Right of Tasmania, against all present and future legal liability, claims or proceedings for financial loss arising from, or attributable to the provision and use of the information contained in this application and/or receipt and use of grants from the All Access All Weather Bus Stop Upgrade Program.
12. If a grant is awarded, the applicant by signing below, enters into a legal agreement with the department in order to receive the grant. This agreement will be on such terms and conditions as the department determines and, together with this application form and any applicable program guidelines, will form the whole agreement.

I agree *

☐ Yes

Name *

First Name

Last Name

Position *

