

2024 Industry Partnerships Program Application

Applicant details

* indicates a required field

Lead applicant type

Lead applicants must be an eligible entity in accordance with section 3.1 - *Eligible applicants* of the Grant Program Guidelines.

Applicant organisation name *

Organisation Name

Applicant type: *

- Registered Training Organisation endorsed by Skills Tasmania
- Tasmanian-based industry peak organisation
- Industry peak organisation with a physical presence in Tasmania
- Tasmanian-based employer with turnover over \$500,000
- Community service or not-for-profit organisation
- Regional Jobs Hub (if the Jobs Hub is auspiced by another organisation, the auspicing organisation would need to be the lead organisation)

RTO ID *

Lead applicant contact details

Applicant contact *

First Name

Last Name

Position *

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Applicant address *

Address

Industry Partnerships Program 2024 - Application form

Form Preview

Must be a street address.

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.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Lead applicant financial viability

An applicant must be financially viable for the duration of any grant made under the Industry Partnerships Program.

I declare that the applicant organisation is financially viable *

Yes

No

Please provide financial statements for 2022 and 2023 financial years and 2024 if available *

Attach a file:

If your accountant is yet to prepare FY24 financial statements please provide management accounts from Xero, MYOB or equivalent.

Project partners

Please enter details for all project partners. Use the 'Add more' option to enter more than one partnership arrangement.

Partner organisation name *

Organisation Name

Industry Partnerships Program 2024 - Application form

Form Preview

Partner IPP partner type

- Registered Training Organisation endorsed by Skills Tasmania
- Registered Training Organisation not endorsed by Skills Tasmania
- TasTAFE
- Tasmanian-based industry peak organisation
- Industry peak organisation with a physical presence in Tasmania
- Industry peak organisation that does not have a permanent physical presence in Tasmania
- Tasmanian-based employer with turnover over \$500,000
- Tasmanian-based employer with turnover under \$500,000
- Community service or not-for-profit organisation
- Regional Jobs Hub
- Tertiary education provider
- Eligible Government Entity

Partner RTO ID (if applicable)

Partner contact person *

First Name

Last Name

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

What is this partner's role? *

Is this partner making a co-contribution? *

Yes

No

If so, ensure that the amount is identified in your budget.

Application type and project details

* indicates a required field

Please select the stream you wish to apply for

Grant stream *

- Small grant from \$500 to \$50,000
- Large grant of between \$50,000 and \$250,000

Industry Partnerships Program 2024 - Application form

Form Preview

Short Form Proposal - large grants

Applicants wishing to apply for a large grant are required to first submit a short form proposal to respond to eligibility and merit assessment questions prior to starting a full application, and prior to 1 May 2025.

If you have not submitted a short form proposal and wish to apply for a large grant, see the Grant Program Guidelines for more information.

If you have submitted a Short Form Proposal, and Skills Tasmania has confirmed your eligibility to apply for a large grant, select 'yes' below.

Have you submitted a Short Form Proposal? *

- Yes No

Project summary

The assessment criteria and evidence guide for selection criteria 1 are different for each project type.

Select the relevant project expenditure *

- Purchase, development or lease of specialised machinery, equipment or technology necessary for nationally recognised training
- Costs associated with establishing shared access to privately-owned equipment (including legal costs, lease or rental costs, insurance)
- Establishing or upgrading training facilities
- Developing or upgrading teaching materials, tools or resources, including by using new technology
- Contextualisation of training and assessment materials for delivery of nationally recognised training products

Payment of wages or salaries is an eligible expenditure only where it is an essential component of using or accessing the equipment or resource, or where contracting expertise is considered an essential component of the project.

What's the name of your project? *

Provide a short description of your project *

Must be no more than 100 words.

Provide a short description of your project - what are you out to do?

What industry or industries will benefit from the project? *

- | | | |
|--|--|---|
| <input type="checkbox"/> Accommodation and Food Services | <input type="checkbox"/> Engineering | <input type="checkbox"/> Other Agriculture |
| <input type="checkbox"/> Aquaculture | <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Other Community Services |
| <input type="checkbox"/> Aged Services | <input type="checkbox"/> Fishing | <input type="checkbox"/> Other Manufacturing |
| <input type="checkbox"/> Civil Construction | <input type="checkbox"/> Food Manufacturing | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Forestry | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Fruit Growing | <input type="checkbox"/> Security |

Industry Partnerships Program 2024 - Application form

Form Preview

- | | | |
|---|---|--|
| <input type="checkbox"/> Correctional and Detention Services | <input type="checkbox"/> Grape Growing | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Creative Industries | <input type="checkbox"/> Hairdressing and Beauty | <input type="checkbox"/> Transport and Logistics |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Hospitals | <input type="checkbox"/> Travel Attractions and Guiding Services |
| <input type="checkbox"/> Defence Manufacturing | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Vocational Education and Training |
| <input type="checkbox"/> Disability Services | <input type="checkbox"/> Local Government | <input type="checkbox"/> Winemaking, Distilling, Brewing |
| <input type="checkbox"/> Early Childhood Education and Care | <input type="checkbox"/> Medical and Other Health Care Services | <input type="checkbox"/> Wool Industry |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Mining | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Emergency Services | | |

Project value

How much funding are you seeking from the Program? *

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Amount of co-contribution from applicant/partners? *

\$

Must be a dollar amount.

Co-contribution is optional for small grants and required for large grants. Ensure these amounts are identified in your budget.

Total value of project? *

\$

This number/amount is calculated.

What is the total budgeted cost (dollars) of your project?

Criterion 1 - Project impact (weighting 45%)

How will the project deliver on the aims of the Industry Partnerships Program? The aims are outlined in section 1 of the Grant Program Guidelines.

A. What are you seeking funding for?

Word count:

Must be no more than 250 words.

B. Who are you working with and what will each partner contribute?

Word count:

Industry Partnerships Program 2024 - Application form

Form Preview

Must be no more than 250 words.

C. Who is the target student cohort?

Word count:

Must be no more than 250 words.

D. How will the project result in better quality training experiences for Tasmanian learners and how will you know?

Word count:

Must be no more than 250 words.

E. How will the project better meet Tasmanian industry and business training needs and how will you know?

Word count:

Must be no more than 250 words.

F. How will the project benefit others beyond your immediate organisation and partners?

Equipment and resources

G. What is the need or problem you are seeking to address through equipment/resources?

Word count:

Must be no more than 250 words.

H. How will the equipment/resources address that need?

Word count:

Must be no more than 250 words.

Contextualisation

I. What are the current limitations of the training product that is the subject of your application and how will you overcome these through contextualisation?

J. How have you engaged with industry and employers to identify the need and test the viability of the proposed response to that need?

Word count:

Must be no more than 250 words.

K. How will you ensure the project outcome will be inclusive to and reflect the diversity of all Tasmanians?

Word count:

Must be no more than 250 words.

Attach supporting evidence here

Attach a file:

Criterion 2 - Organisation capability and capacity (weighting 25%)

* indicates a required field

Criterion 2A - Large grant application

For large grant applications, you MUST attach a Project Plan and Risk Analysis using the template provided below.

You can refer to your project plan when responding to each criteria where relevant.

Project Plan and Risk Analysis template

- [Project Plan and Risk Analysis template \(WORD, 278KB\)](#)

A. Provide a Project Plan and Risk Analysis using the template provided above that clearly outlines:

- what steps will you take and when
- who is responsible for each step (including partners)
- who are the key personnel and what experience and expertise do they bring
- how you will manage stakeholder engagement, and
- what risks are there, and what steps will you take to mitigate them?

Industry Partnerships Program 2024 - Application form

Form Preview

Attach your completed Project Plan and Risk Analysis, and other supporting evidence here: *

Attach a file:

Criterion 2A - Small grant application

For small grant applications, attaching a Project Plan and Risk Analysis template is optional. Responding to the questions below is a mandatory requirement.

Project Plan and Risk Analysis template

- [Project Plan and Risk Analysis template \(WORD, 278KB\)](#)

What steps will you take and when? *

Word count:

Must be no more than 250 words.

Who is responsible for each step (including partners)? *

Word count:

Must be no more than 250 words.

Who are the key personnel, and what experience and expertise do they bring? *

Word count:

Must be no more than 250 words.

How you will manage stakeholder engagement? *

Word count:

Must be no more than 250 words.

What risks are there, and what steps will you take to mitigate them? *

Word count:

Must be no more than 250 words.

Attach your Project Plan and Risk Analysis here (Optional for small grant applications)

Attach a file:

Criterion 2 (continued)

B. How will you ensure this project succeeds? What capacity and capability do you have to make it work? *

Word count:

Must be no more than 250 words.

C. Who will own the equipment/resources/training and assessment materials and why? *

Word count:

Must be no more than 250 words.

D. How will the use of the resources or equipment/resources/training and assessment materials be shared? What legal/contractual arrangements will be required (if any)? *

E. For how long will the resources or equipment remain current and relevant? What happens when they become obsolete? *

Word count:

Must be no more than 250 words.

Attach supporting evidence here

Attach a file:

Criterion 3 - Budget (weighting 20%)

* indicates a required field

Download the template and provide a detailed budget that clearly outlines how much the project will cost, including the co-contribution amount (if applicable).

Provide any quotes, costings or additional information to support your expenditure items.

- [Budget template \(EXCEL, 278KB\)](#)

Industry Partnerships Program 2024 - Application form

Form Preview

The total cost in the budget needs to be the same as the response on page 2 under Project Summary.

Ensure co-contributions are identified in your budget and any in-kind / cash amounts

Attach your completed budget (using the template provided above), along with any quotes, costings or additional information here. *

Attach a file:

Criterion 4 - Measuring success (weighting 10%)

* indicates a required field

A. How will you know if it has been a success?

Word count:

Must be no more than 250 words.

B. How will you measure the impact of the project? *

Word count:

Must be no more than 250 words.

C. How will benefits be sustained? How will you and others benefit from the resources or equipment/training and assessment materials after the first year? *

Word count:

Must be no more than 250 words.

Attach supporting evidence here

Attach a file:

Application checklist

* indicates a required field

Have you uploaded supporting documentation (where relevant)? *

- Evidence of partnership arrangements (Criterion 1)
- Project Plan and Risk Analysis, using the template provided (Criterion 2)

Industry Partnerships Program 2024 - Application form

Form Preview

- Supporting evidence of organisation capability (Criterion 2)
- Project Budget, using the template provided (Criterion 3)
- Quotes, costings (Criterion 3)

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 \(Tasmania\)](#).

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

Applicants must have read the guidelines and the application before completing this declaration.

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,

Industry Partnerships Program 2024 - Application form

Form Preview

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.

12.f a grant is awarded, the applicant must enter 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.

13.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

Industry Partnerships Program 2024 - Application form

Form Preview

information for related purposes, 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.

14. 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*.

I agree *

Yes

Authorised person completing this application

Electronic signature *

First Name

Last Name

Position *