Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the <u>Tasracing Racing Animal</u> Welfare Grants Program 2025/2026 guidelines.

Applications must meet the Tasracing Racing Animal Welfare Grants Program 2025/2026 Guidelines, including the Terms and Conditions. Tasracing reserves the right to reject applications that do not meet these requirements.

Applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you confirm your eligibility to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **welfare@tasracing.com.au**

Confirmation of Eligibility Guidelines and Alignment

I confirm that the applicant ...

- has read and understands the <u>Tasracing Racing Animal Welfare Grants 2025/2026</u> program guidelines
- is able to demonstrate alignment between their project and the aims of this grant

Please select below: *

Yes
No
You must confirm that all statements above are true and correct.

Confirmation of Eligibility Business Entity

I confirm that the applicant IS...

- located in Tasmania
- a registered Not-for-profit Organisation or Charity or
- a registered company or business (including sole traders) with an Australian Business Number (ABN) or
- an Australian Company Number (ACN)
- has \$20 million public liability insurance cover at the time of the application process
- has valid insurance coverage throughout the term of the Grant Deed
- has appropriate insurance and workplace health and safety policies if required by Tasracing and meets any other requirements in accordance with the Grant Deed

I confirm that the applicant is NOT

• a government department or agency

Form Preview

• a political organisation	
Please select below * ○ Yes	○ No
Confirmation of Eligibility Personal	

I confirm that the applicant ...

- has no debt owing to Tasracing; and not be insolvent or bankrupt, or recently intends to, or currently is, ceasing to carry on its operations
- is not subject to current allegations of animal abuse or mistreatment, past convictions or findings of animal cruelty or otherwise findings of breaches of rules of racing or laws relating to animal welfare

Please select below *			
○ Yes	○ No		

Ineligible

Sorry, your application is unable to proceed

You need to be able to answer yes to all of the previous questions to be eligible to complete this application.

Refer to the Tasracing Racing Animal Welfare Grants Program 2025/2026 guidelines

Privacy Notice

PERSONAL INFORMATION PROTECTION STATEMENT

By completing and submitting your application you will be providing personal information to Tasracing Pty Ltd (Tasracing).

Tasracing will manage personal information you provide to it in accordance with the Personal Information Protection Act 2004 (Tas), other relevant laws which apply to Tasracing from time to time, and Tasracing's Privacy Policy.

A copy of Tasracing's Privacy Policy can be obtained from Tasracing or accessed at the following link - https://tasracing.com.au/governance/privacy-policy

Your personal information may be disclosed to third parties where it is permitted by law (or otherwise with your consent), including law enforcement agencies, courts and other organisations which are authorised to collect it.

Where you provide personal information which is "basic personal information" this may be disclosed to other public sector bodies where necessary, for the efficient storage and use of that information.

The personal information you provide in connection with your application will be used by Tasracing for the purpose of processing your application for a grant under Tasracing's 'Racing Animal Welfare Grants Program 2025-26' and ancillary purposes.

If you do not provide to Tasracing the personal information requested in the application process the main consequences for you is likely to be that Tasracing may not be able to process your application and/or your application may be considered invalid.

You have the right to access your personal information by request to Tasracing and you may be charged a fee for this service. If you consider any of the personal information held by Tasracing to be incorrect or not up-to-date, please contact Tasracing.

Tasracing can be contacted in one of the ways set out on its website (tasracing.com.au)

Contact Details	
* indicates a required field	
Applicant Details	
Applicant *	
Title First Name Last Name	
The Trist Name East Name	
For organisations: please use the organisation's full is listed in official documentation such as that with	· ·
Department/Branch/Faculty (if applicable	
Use this field only if relevant.	
Applicant primary address Address	

Applicant primary phone number *

Must be an Australian phone number.

Applicant postal address

Address

Hours of Contact
e.g. between the hours of 9 am to 5 pm, Mon-Fri
Applicant email address *
Must be an email address.
Applicant website
Must be a URL.
Is your primary contact different from above details? O Yes O No
Primary Contact Details
Primary contact * Title First Name Last Name
This is the person we will correspond with about this grant.
Position held in organisation
e.g., Manager, Board Member or Fundraising Coordinator.
Primary contact primary phone number *
Must be an Australian phone number.
Hours of Contact
e.g. between the hours of 9 am to 5 pm, Mon-Fri
Primary contact office phone number
,
Must be an Australian phone number.
Primary contact email address *
a. y contact cinan ada. cos
This is the address we will use to correspond with you about this grant

Business/Organisation Details

* indicates a required field	
Business / Organisation Name *	
business / Organisation Name	
Milest is your business (over piection).	numaca au micelan2 *
What is your business/organisation's	purpose or mission?
Do you have an ABN or ACN? *	
○ Yes	○ No
ABN / ACN	
Angliant ADN / ACN	
Applicant ABN / ACN *	
The ABN provided will be used to look up to check that you have entered the ABN corre	the following information. Click Lookup above to rectly.
Information from the Australian Business Regis	ster
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed ATO Charity Type More info	ormation
ATO Charity Type More info ACNC Registration	<u>imation</u>
Tax Concessions	
As you do not have an ABN, please submit	t a completed ATO Statement by a Supplier Form
	any approved grant may be withheld. Download
Please upload completed Statement of Attach a file:	of Supplier Form:
Max 25mb per file uploaded	
Not-for-profit	

Is your business/organisation a not-for-profit or charity? *

○ Yes	O No
 Educational instruction Religious or fait Philanthropic or Peak body Social enterprise International NO Professional ass Healthcare not-to Community grow Political party / Ioo Research body General not-for- 	e GO ociation for-profit up
 Less than \$50,0 \$50,000 or more \$250,000 or more \$1 million or more \$10 million or more \$100 million or more Your revenue includes goods, interest, royalt The Australian Chariti 	e, but less than \$250,000 re, but less than \$1 million ore, but less than \$10 million nore, but less than \$100 million
 Unincorporated Incorporated as Cooperative Company limite Indigenous corp 	sociation d by guarantee oration, association or cooperative tablished through specific legislation
Auspice Inform	nation
* indicates a require	ed field
Is your organisati	ion auspiced by another organisation for the purpose of this
○ Yes	○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

	organisation na tion Name	me *	
	e the organisation's ation such as that w		e you provide the same name that is listed in official or ATO.
Auspice Address	primary addres	s	
_			
Address	postal address		
Auspice	primary phone	number *	
-			
Must be a	n Australian phone r	number.	
Auspice	email address *		
Must be a	n email address.		
Auspice	website		
Must be a	URL.		
Primary	contact person	at auspice orga	nisation *
Title	First Name	Last Name	
We may c	ontact this person to	verify that the aus	spice arrangement is valid and current.
Position	held in organis	ation *	
e.g., Mana	ager, Board Member	or Fundraising Coo	rdinator.
Auspice	primary contact	t primary phone	number *
Must be a	n Australian phone r	number.	

Auspice primary contact office phone number
Must be an Australian phone number.
Auspice primary contact email address *
Must be an email address
Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. * Attach a file:
The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.
Does the auspice organisation have an ABN? *
○ Yes ○ No
Auspice 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 <u>More information</u>
ACNC Registration
Tax Concessions
Main business location
Must be an ABN.
If the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved gran may be withheld. Download the form from the ATO website.
Please upload completed Statement of Supplier Form: * Attach a file:
Account a me.
Max 25mb per file uploaded

Category of funding

* indicates a required field

Select category of funding you wish to a	apply for (ONE o	only per application): ³
--	------------------	-------------------------------------

- Animal Health Research
- Facilities and equipment
- O Initiatives to enhance Tasmanian Racing Animal Welfare

Animal Health Research

This category provides funding to established research organisations to provide research for participating and retired racing animal health and welfare initiatives – promoting high quality health care to participating and/or retired racing animals;

Research or innovative practices that support the Purpose of this Grant. For example, research into innovative practices that decrease the risk of injury to, or otherwise improves the welfare of, Tasmanian Racing animals.

Facilities and equipment

This category provides funding for facilities and equipment including capital items – must demonstrate a direct impact on the welfare of retired racing animals;

Facilities and Equipment: that directly benefits welfare during the lifecycle of Tasmanian Racing Animals. For example, but not limited to:

a) New or upgrade of equipment such as: I.Off-The-Track (OTT) Equestrian competition jumps or dressage letters. II.Greyhound equipment that benefits their welfare etc.b) Other equipment that directly and specifically benefits Tasmanian Racing Animals as per the Purpose of this Grant.

Will your facilities/equipment be a permanent structure?

0	Yes

 \bigcirc No

If yes, do you have secure tenure? Please provide supporting documents and details

You must have a Proprietary Interest (Ownership or Lease) in the property for the proposed permanent structure.

If leased, please complete the following:

Lease Start Date Lease Terms Lessor Details (Name, Address) (upload copy of lease agreement or confirmation/ consent letter from

landlord)

Initiatives to enhance Tasmanian Racing Animal Welfare

This category provides funding for eligible activities and initiatives that contribute towards high-quality welfare outcomes for participating and/or retired racing animals.

Initiatives to enhance Tasmanian Racing Animal Welfare that contribute towards highquality racing animal welfare outcomes. For example, but not limited to:

a) Initiatives to stimulate demand for OTT Tasmanian Racing Animals.b) Funding OTT competition fees to increase participation.c) Training sessions and educational workshops on all aspects of racing animal welfare.d) Retraining of OTT Tasmanian Racing Animals. This can include guest Coaches or Industry experts' stipends and associated expenses.e) Greyhound behavioural training to enhance re-homability.

Project Details

* indicates a required field

Your Project Title: *	
Provide a name for your project/program/initiative note: Projects must comply with guidelines for RA	e. Your title should be short but descriptive. Please WG 2025-2026.
Anticipated start date *	Anticipated end date *
Ref to RAWG Program 2025 / 2026 Guidelines, Section 11 Key Dates	Must be a date and no later than 15/6/2026. Ref to RAWG Program 2025 / 2026 Guidelines, Section 11 Key Dates

Please provide a short summary of your project

Provide a brief but descriptive summary of who this project/program/initiative is for (i.e. beneficiaries), what activities will benefit from this project/program/initiative and what outcomes do you expect to see.

What is the need and how will you address it? *

Tell us why your project/program/initiative is needed, and why you believe it will produce the outcomes you seek. Where possible provide supporting evidence i.e. statistics, testimonials, case studies etc.

Alignment - How will your i Welfare goals? *	nitiative help Tasracing ach	nieve our Racing Animal		
Please ref to the <u>RAWG Program 2</u> organisational goals.	2025 / 2026 Guidelines for more in	formation about our program and		
Leave blank any fields that	do not apply to your initiat	ive.		
Anticipated Outcomes	Timeframe	Indicator and Verification Method		
The outcome results you expect from this project/program/initiative	An expectation of the timing to achieve these outcomes	How you will gauge/demonstrate your anticipated outcomes have been achieved?		
Upload additional information here. Attach a file: i.e Project Plans, Photos, Testimonials etc Project Beneficiaries				
-	□ Retrainers □ Animal Therapy Providers □ Horses in Retirement □ Crowbounds in Retirement	□ Rescue Organisations□ Coaches□ School Groups		
☐ Horse Clubs & Associations	☐ Greyhounds in Retirement☐ Industry Owners andTrainers	☐ Rehomers		
☐ Greyhound Clubs & Associations ☐ Owners	☐ Veterinary Services	Other:		
Please choose only the group/s that are at the very core of this project/program/initiative. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'				
O Yes Indirect beneficiaries are those whare nonetheless expected to be be expected to improve the health or	/initiative have any indirect O No ho may not be targeted by your prenefited by it. For example, a courf the participants ('rural children an and capacity building through gr	oject/program/initiative but ntry sports program might be nd youth'), but also to contribute to		

Please list any indirect beneficiaries you anticipate will or may ben project/program/initiative.	efit from your
Indirect beneficiaries:	

Please list any intermediaries you will work through or with to reach your beneficiaries and/or achieve your outcomes (if applicable).

Intermediaries:

In order to induce changes in your target group, you may need to work through one or more layers of intermediaries. If you wanted to reduce ethnic prejudice, for example, you might want to work through teachers to change students, or even through teacher training colleges to change teachers. You may add extra rows if required.

What outputs are you expecting to produce through this project?

Outputs are the immediate, obvious, and (usually) countable changes a project/program generates. Examples would include the number of classes to be held, the number people expected to attend a training course, the number of animals to be rehomed, the number of volunteers to be engaged.

List your initiative's intended outputs, including approximate numbers (if possible), in the following table. Leave blank any fields that do not apply to your initiative.

		Service / Product / Activity	Timeframe	
(Approximate, or leave blank if unknown)	e.g. parents; trainees;	e.g. trained in first aid; provided treatment;	e.g. over life of program; per annum; per month	

How will you address the needs of people of different genders in the design and management of your initiative? How will you know if you have considered all genders adequately?

We want you to show how you have considered gender differences in designing your project/program/ initiative and how you will assess your results. Please outline how you will know if you've catered for all genders adequately (presuming your initiative is designed for all genders) and how you will measure the gender split of your beneficiaries. If you are running a gender-specific initiative, please tell us why only one gender is being targeted.

	or geographic cor	ave community suppor nmunities affected by t re proposing?	
○ Yes	○ No	 Don't know ghly regarded as projects with 	 Not Applicable h community buy-in tend to
What evidence do v	ou have that this	project/program/initiati	ive has community
support?			,
Please upload letter Attach a file:	rs of support (if av	/ailable/relevant)	
A maximum of 5 files car	n be attached		
W/	-t (-t () -		to della contra
project/program/init	tiative?	e. milestones) involved	
	·	ed of Agreement with Tas	
Milestone	Start Date	ed of Agreement with Tas	racing) Details (e.g supplier/location/ conditions)
	·	•	Details (e.g supplier/location/
	·	•	Details (e.g supplier/location/
	·	•	Details (e.g supplier/location/
Milestone	Start Date Must be a date.	Must be a date and no later than 15/6/2026.	Details (e.g supplier/location/
	Start Date Must be a date.	Must be a date and no later than 15/6/2026.	Details (e.g supplier/location/
Milestone	Start Date Must be a date. /Initiative Bude	Must be a date and no later than 15/6/2026.	Details (e.g supplier/location/
Project/Program Tasracing RAWG am Must be a dollar amount.	Must be a date. /Initiative Bud nount requested (so	Finish Date Must be a date and no later than 15/6/2026. get the maximum eligible amoun	Details (e.g supplier/location/ conditions)

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Please outline your project/program/initiative expenditure in the table below.

All amounts should be GST inclusive.

Form Preview

Provide clear descriptions for each budget item in the expenditure columns. Examples of expenses could include onsite power & water for 6 months, office supplies, earthworks, signage etc.

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	tPlease upload quotes/supporting documentation
		\$	
		\$	
		\$	

Project/Program/Initiative INCOME

Please outline your project/program/initiative income in the table below. Including details of requested grant amounts, any co-contributions, donations, earned income or any other form of income to fund the project/program/initiative.

All amounts should be GST inclusive.

Provide clear descriptions for each budget item in the 'income description' column.

Use the 'Notes' column for any additional information you think we should be aware of.

Income Description	Income Type	Confirmed Funding?	Income Amount No	Income Amount Notes (\$)		
			\$			
			\$			
			\$			

Budget Totals

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

Total Income Amount Total Expenditure Amount **Balance** \$ \$ This number/amount is This number/amount is This number/amount is calculated. calculated. calculated. from the income supplied above from the expenditure supplied Pleae check your income and above expenditure calculations if this does not equal \$0.00

Co-contribution Details

Name of co- contributor	Amount of co- contribution	Terms and conditions of co-	Supporting documents
		Contribution	

Non Financial Project deta	ail
	e staff/volunteers time and expertise, or donated in-kind contributions, advocacy, and other types of support.
What other inputs will you ne to successfully carry out this	
Applicant Capacity	
more about your organisation provide some information about	r project/program/initiative, we want to find out n's ability to undertake the work you propose. Please out your organisation that will give us confidence ork you've described in this application and achieve it plan.
volunteers time/expertise, equipmer and how you will complete this proje information also about any past work	bout your strategies for providing the inputs (money, staff/ nt, facilities, pro bono or in-kind contributions, advocacy, etc.) ect/program/initiative within the proposed timelines. Provide k that may demonstrate your organisation's capacity to undertake planatory material if available/relevant.
Please upload project plan or Attach a file:	other supporting documents if applicable
Please provide a link to or at	tach a copy of your most recent Annual Report.
	report, please provide us with your most recent financial and Loss Statement / Statement of Financial Performance t of Financial Position).
Upload files	Attach a file:

or

F	Ö	r	r	n	П	Р	r	e	V	i	e	W	V

Provide web link:						
	Must be a	URL				
Disclosure - Conflicts of	Interes	t				
Please provide information ab interest affecting this applica- the Grant must be disclosed. may arise, Tasracing reserves repayment of the Grant at any	tion. Any If you fai the righ	financial benefit to disclose any	t for frie conflict	ends or fa s of inte	amily from rest that	
Certification						
* indicates a required field						
·			. 4 . 1	و د ادر د دایان		
This section must be com- on behalf of the applicant person listed earlier in this	organis	ation (may be	_		•	
Name of authorised	Title	First Name	Last Nan	ne		
person *						
	Must be a authorised	senior staff member volunteer	, board me	ember or a	ppropriately	
Position *						
	Position he	eld in applicant orgar	nisation (e	.g. CEO, Ti	reasurer)	
Contact phone number *						
	We may co	n Australian phone no ontact you to verify t licant organisation		pplication i	is authorised	
Contact Email *						
	Must be ar	email address.				
Date *						

Must be a date

I understand tl	hat if the applic		is approved for	ue and correct, and this grant, we will outlined in the
○ Yes		○ No)	
This applicat selecting yes		be certified by	an authorised	l person (by
Applicant Fe	eedback			
		pplication process. ay like to provide us		your application and ack below.
Please indicate ○ Very Easy	e how you foun	nd the online appl	ication process: O Difficult	Very Difficult
Must be a number Estimate in minute	es i.e. 1 hour = 60	id it take you to c suggestions abou process/form that	t any improveme	ents and/or

I the above mentioned authorised person, certify that to the best of my