# Therapeutic Farming Small Grants Program 2024

Application Form

*April 2024*

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## About this Grants Program

Therapeutic farms, also known as care farms or social farms, are defined as a combined offering consisting of working farms with embedded agricultural practices (such as horticulture, livestock handling, forestry) alongside the provision of therapeutic mental health support.

Therapeutic farms are one type of outdoor or green mental health care and are an emerging field of mental health care.

The purpose of the Therapeutic Farming Small Grants Program (the Grants Program) is to strengthen and test the ability of therapeutic farming to be integrated into the Tasmanian mental health system.

The Grants Program will provide funding for activities that aim to strengthen the use of therapeutic farming in Tasmania. This could include improving community engagement in the design and evaluation of therapeutic farming, establishing partnerships between entities that have key interests in Tasmanian therapeutic farming, or setting up the foundations to pilot a therapeutic farming model in Tasmania.

Five grants of up to $20,000 will be distributed to successful applicants under the Grants Program in 2024.

**Please read the Grant Program Guidelines before completing the Application Form, available through the following link:** [www.health.tas.gov.au/health-topics/mental-health/mental-health-projects-and-initiatives-priorities/therapeutic-farming-small-grants-program](http://www.health.tas.gov.au/health-topics/mental-health/mental-health-projects-and-initiatives-priorities/therapeutic-farming-small-grants-program)

## Getting Support

The Department of Health has made this application form accessible.

If you are having any difficulties with accessibility, or completing this application form, please contact the Mental Health, Alcohol and Drug Directorate by email at mhfundingagreements@health.tas.gov.au, or by phone on (03) 6166 6385 for assistance with your application.

## Section 1 – About the Organisation

#### Attachment 1: Please completed the attached Organisation Details form and send it in with your application and confirm the details below:

### Organisation Details

| **Common or trading name of organisation** (name the organisation uses to trade or publicise its activities) |       |
| --- | --- |
| **Name of legal entity**(if different to the common or trading name) |       |
| **Region/s of Tasmania the organisation operates within (North, North West, South or Statewide)** |       |

*The name of the legal entity is the name under which the organisation is legally registered. All correspondence, funding agreement and payment documents will use the name of the legal entity.*

###

### Authorised signee *(authorised to sign on behalf of the organisation)*

The authorised officer is the office bearer who has the organisation’s authority to submit the application and to enter into funding arrangements on behalf of the organisation. This is the person who will receive all correspondence.

|  |  |
| --- | --- |
| **Title** | Mr  Miss  Ms  Mrs  Dr  Other |
| **Name** |       |
| **Position** |       |
| **Phone** |       |
| **Mobile** |       |
| **Email** |       |

## Section 2 – Organisational Planning and Policy

### Evidence of Planning and Policy Frameworks

Provide evidence of the organisation’s planning and policy framework. You can submit the document with your completed application form OR you can provide a web address.

| **Report/Plan** | **Attached** | **Web Address** |
| --- | --- | --- |
| **Annual report** | Yes [ ]  No [ ]  |       |
| **Date of last AGM** |       |       |
| **Audited Financial Report** | Yes [ ]  No [ ]  |       |
| **Strategic Plan** | Yes [ ]  No [ ]  |       |
| **Operational Plan** | Yes [ ]  No [ ]  |       |

## Section 3 – Funding Request and Budget

### Funding Request

Eligible organisations may apply for a maximum of $20 000.

The application should include a realistic budget that enables the delivery of objectives within the proposed timelines. All sources of funding must be included in the application.

Please follow the below instructions when completing this section of the application:

* if your organisation is **NOT registered for GST,** costs should be calculated **inclusive of GST,** and
* if your organisation is **registered for GST,** costs should be calculated **exclusive of GST**.

| **Please detail how you intend to expend the grant funds** | **Amount** |
| --- | --- |
|       | $      |
|       | $      |
|       | $      |
| **TOTAL AMOUNT REQUESTED FROM THIS GRANT PROGRAM** (please round down to the nearest dollar) | $      |
| **Please detail any funds that are committed from another source/s.**This could include organisational funding support or additional funding received from another source. |  |
|       | $      |
| **TOTAL BUDGET** | $      |

## Section 4 – Use of Grant Funds

### Project Title

Please provide a title for your project. Keep this short – up to 10 words is best.

|  |
| --- |
|       |

### Outline of Program Activities

Please provide a detailed program outline of how the organisation intends to use the grant funds *(e.g., timelines, budget allocation, support mechanisms, etc.)*:

|  |
| --- |
|       |

## Section 5 – Assessment Criteria

Eligible organisations must also demonstrate they meet the following assessment criteria. Please detail how the organisation’s proposed activities meet these criteria detailed below:

| **Assessment Criteria**  | **Response** |
| --- | --- |
| **Within Scope**Briefly explain how the project is within scope of the grants program and meets the definition of therapeutic farming. |       |
| **Partnerships**Is this project occurring in partnership with or with engagement from other organisations? Briefly explain what this engagement has been or will be. |       |
| **Mental Health Capacity**Briefly explain what appropriate training and accreditation in mental health that your organisation and/or and project partners have ? |       |
| **Ongoing Benefits**What kind of ongoing benefits will this project bring? What will the sector learn from this project? |       |
| **Cultural Safety**How do we know that this project will consider Aboriginal, LGBTIQA+ and culturally and linguistically diverse communities’ needs and perspectives? |       |

## Section 6 – Declaration

### Declaration by Authorised Officer

*The declaration* ***must*** *be signed by an authorised officer of the organisation, the current president, chairperson, Chief Executive Officer or General Manager.*

I make the following declaration:

I, the undersigned, certify that I am authorised to submit this application, that I have read, understand and agree to the terms and conditions of the grant program as outlined in the Grant Program Guidelines, and that the information contained herein and attached is, to the best of my knowledge, true and correct.

I understand that it is an offence to knowingly make a false or misleading statement.

| **Name** |       | **Position** |       |
| --- | --- | --- | --- |
| **Signature** |       | **Date** |       |

## Section 7 – Completing the Application Form

Please refer to the Guidelines for the Therapeutic Farming Small Grants Program to determine eligibility before you apply.

### Essential Documentation - Checklist

**Please ensure that**:

* You have obtained, read and referred to the Guidelines when completing this application form,
* You have completed all relevant sections of this application form,
* The document has been signed by an Authorised Officer, and
* You have included the following documentation attached to your application (please tick to indicate you have attached).

| **Documentation Required** | **Attached** | **Additional comments** |
| --- | --- | --- |
| **Copy of certificate of currency for public liability or a letter about insurance cover** | Yes [ ]  No [ ]  |       |
| **If exempt from requiring an ABN, a completed Statement by a Supplier** | Yes [ ]  No [ ]  |       |
| **Annual report** | Yes [ ]  No [ ]  |       |
| **Audited Financial Report** | Yes [ ]  No [ ]  |       |
| **Strategic Plan** | Yes [ ]  No [ ]  |       |
| **Operational Plan** | Yes [ ]  No [ ]  |       |
| **Any other relevant documentation as referenced in assessment criteria** | Yes [ ]  No [ ]  |       |

### How to Apply

**How to submit an application:**

Please email this application and any attachments to: mhfunding.agreements@health.tas.gov.au

You will receive an email reply confirming the application has been received.



**Department of Health, Tasmania**
Mental Health, Alcohol and Drug Directorate

**Phone:**
(03) 6166 6385

**Email:**
mhfundingagreements@health.tas.gov.au

[**www.health.tas.gov.au**](http://www.health.tas.gov.au)