

# Neighbours Every Day Community Grants Application 2025

## Form Preview

## Neighbours Every Day Community Grants 2025

\* indicates a required field

### About the Neighbours Every Day Grants

Increased social connection and belonging helps people reach their optimal level of mental health and wellbeing.

This is why Healthy Tasmania and Relationships Australia Tasmania are partnering again to deliver the Neighbours Every Day Community Grants for 2025.

Neighbours Every Day aims to create awareness around the importance of social connections, belonging and respectful relationships.

The grants are for activities/events that foster neighbourly connections, belonging and respectful relationships.

Make sure you have read the [Guidelines](#) before applying.

Any planned activities will need to be in line with the following national guidelines: • [Australian Dietary Guidelines and Resources](#). • [Australian Infant Feeding Guidelines](#). • [Australian Physical Activity and Sedentary Behaviour Guidelines](#).

See the [Better Event Toolkit](#) for help with planning your event.

Do you have a question about the grants not covered here? Email [ahealthytasmania@health.tas.gov.au](mailto:ahealthytasmania@health.tas.gov.au) or call us on 6166 1691 during business hours.

### Declaration \*

☐ I have read and AGREE to the guidelines

### Applicant \*

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Applicant Primary Address \*

Address

<input type="text"/>
<input type="text"/>

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### ABN (if known)

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

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### 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

Enter your ABN if you have one. If you don't have an ABN and your application is successful, we will ask you to fill out a Statement by Supplier form.

### Applicant Primary Phone Number \*

Must be an Australian phone number.

### Applicant Primary Email \*

Must be an email address.

### Bank Account \*

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

### Total Amount Requested \*

\$

Must be a dollar amount and no more than 1500.

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

### Project Title \*

### Project Purpose \*

Word count:

Must be no more than 25 words.

Describe the purpose of your project or activity. It should be concise and clear. Eg To create connection and belonging in our community by hosting an inclusive community barbecue.

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### Tell us about your community group \*

Must be no more than 100 words.

Briefly tell us who you are and what you do.

### How do you plan to use the funding? \*

Word count:

Must be no more than 100 words.

Provide a short description of your project - what are you out to do? Please include a rough budget breakdown in this question.

### Why would this grant benefit your community? \*

Word count:

Must be no more than 100 words.

Tell us why this grant would help foster social connection, belonging and/or respectful relationships in your community

### How did you find out about these grants?

## Sharing stories and evaluation

**If you are successful, do you agree to Department of Health or Relationships Australia Tasmania staff contacting you for the purposes of evaluation or sharing stories? This might include the Healthy Tasmania website, in Government documents, annual reports or social media posts. \***

- ☐ Yes  
☐ No

Permission to share stories is not a requirement. Please tell us if you agree but would like any details de-identified (eg names, locations).

**If you are successful, do you agree to the Office of the Minister for Mental Health and Wellbeing contacting your organisation about opportunities for media, events or stories?**

- ☐ Yes  
☐ No

## Declaration

**Do you confirm that everything in this application is true and that your organisation/group agrees? \***

- ☐ Yes  
☐ No

