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**Australian Government**

**Department of Health, Disability and Ageing**

**NATIONAL SHED DEVELOPMENT PROGRAMME**

**Administered by the Australian Men’s Shed Association**

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| **Round 30- Application Form**  **Applicants are advised to read the NSDP Programme Guidelines  prior to completing this Application Form**  **1. The NSDP is open to all Men’s Sheds whether a member or not a member of AMSA.**  **2. A detailed description of all eligible items/services is available within Round30 Guidelines.**  **3. Non-AMSA members will need to evidence that they are an established Men’s Shed.**  **4. Applicants are required to answer all sections of the form.**  **Applications Close**  **Cat 1-4 –Friday, 29 August 2025**  **Cat 5 Defibrillators–Friday, 12 September 2025** |

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| ***Statement relating to R30 Priorities*** |
| Priorities for round 30of the NSDP include:   * Men’s Sheds that provide services in areas of greatest need, in particular to individuals and/or communities experiencing levels of disadvantage. * Applicants who have not received previous NSDP funding and can demonstrate need of, and engagement with the Priority Groups (refer to section 7 of the NSDP Guidelines), noting:   + Applicants who have previously received funding are still eligible to apply.   + Applicants will be required to list all prior funding received and this will form part of the considerations by the Evaluation Panel. * Men’s Sheds that can evidence their application being in response to a 2025 natural disaster (e.g. flood, storm, bushfire) that has impacted the Men’s Shed and/or members of the Shed. |

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| ***Special Categories*** |
| The NSDP now includes two new categories (since round 24):   * **Category 4** – Mental Health and Wellbeing and Events. This category was added to accommodate increased needs, and to support applications for activities/items with a specific focus on promoting good mental health and wellbeing for shed members. * **Category 5** –Defibrillators (this category requires a **separate application form**). Men’s Sheds seeking funding to purchase a defibrillator will be able to apply at any time before 12 September 2025.   **Please Note:** If an applicant lodges a Category 5 application, they are also eligible to lodge a separate application in Round 30 Categories 1-4; it will not count toward the $10,000 total funding round limit of NSDP applications. |

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| ***Part A: Applicant Details*** | | |
| *Please note that contact details (name and telephone number) provided on this application form may be provided to your Federal Member of Parliament.Please contact the AMSA should you not wish this to happen.* | | |
| **Applicant Organisational Name** |  | |
| **If an auspice body, this application is on behalf of the following Men’s Shed** |  | |
| **Organisational Head** |  | |
| **Position Held** |  | |
| **Daytime Phone No** | ( ) | |
| **Mobile** |  | |
| **Email** |  | |
| **Applicant ABN/INC NO** |  | |
| **GST Registered** | | **Yes No** |
| To check both your ABN and GST registration: <https://abr.business.gov.au/> | | |

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| ***Part B: Applicant Insurance Details*** | | | | | | | |
| **Is your Men’s Shed insured with the AMSA Group Policy?** | | | | | | | **Yes No** |
| **If NO, does your Men’s Shed have an existing policy with an APRA approved insurance provider?**  *Please note: If your application is successful, you will be required to provide details of your Shed’s current insurance Certificate of Currencyto the AMSA.* | | | | | | | **Yes No** |
| ***Part C: Men’s Shed Details*** | | | | | | | |
| **Men’s Shed Name:**  (if different to organisational name in Part A) | |  | | | | | |
| **Physical Address of Men’s Shed** | | **Street (and number):**  **Suburb:**  **State/Territory: Postcode:** | | | | | |
| **Is your Men’s Shed Registered with the AMSA?**  *If No (a Non-Member), please provide evidence to allow your Shed’s status to be confirmed, for example Shed constitution, program of events, or other evidence of activities.* | | | | | | **Yes No** | |
| **If Yes, please provide your AMSA Membership Number AMSA** | | |  | | | | |
| ***Men’s Shed Contact Person Details*** | | | | | | | |
| **Name** | |  | | | | | |
| **Position** | |  | | | | | |
| **Phone** | | ( ) | | | | | |
| **Mobile** | |  | | | | | |
| **Email** | |  | | | | | |
| **Is this Application for an existing, or developing Men’s Shed (less than 2 years old)?** | | **Developing Existing** | | | | | |
| **In what year did your Men’s Shed start operations?** | |  | | | | | |
| **If an existing Shed, the number of members currently registered** | |  | | | | | |
| **Shed Days and Hours of Operation** | |  | | | | | |
| **Does the Men’s Shed operate from a shared facility?** | | | | | | **Yes No** | |
| **Does this application include *Category 2: Shed Improvements* requests?** | | | | | | **Yes No** | |
| **If yes, do you own the premises**  If no, written permission from the owner/s must be attached to your application | | | | | | **Yes No** | |
| **What are/will be the main activities being offered to members within your Men’s Shed?**  e.g., *leatherwork, health seminars, gardening, woodwork, social activities* | | | | | | | |
| **Has this Men’s Shed received funding from previous Rounds of the NSDP?**  *If you are unsure, please contact* [*amsa@mensshed.net*](mailto:amsa@mensshed.net) *and we will provide details* | | | | | | **Yes No** | |
| **If yes, has your Men’s Shed lodged all required Acquittal Evaluation documentation?**  *If you are unsure, please contact* [*amsa@mensshed.net*](mailto:amsa@mensshed.net) *and we will provide details* | | | | | | **Yes No** | |
| **Please complete the following table for all previous NSDP funding received by your shed:** | | | | | | | |
| **Australian Government NSDP Round** | **Category** | | | **$ received** | | | |
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|  | **TOTAL** | | | **$** | | | |
| **Please list all funding received from any Government grantfor your Men’s Shed over the past 2 years:** | | | | | | | |
| **Funding Source** | **For what has/will the funding be used?** | | | **$ received** | | | |
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|  |  | | |  | | | |
|  | **TOTAL** | | | **$** | | | |
| ***Part D:Men’s Shed Operations & Activities*** | | | | | | | |
| 1. **Describe the key challenges and potential opportunities unique to the region/district in which your Men’s Shed is located**. ***Priority will be given to Men’s Sheds that provide services in areas of greatest need, in particular to individuals and/or communities experiencing levels of disadvantage.*** | | | | | | | |
| 1. **Priority Groups in your Shed.** *Using ABS data, a score will be generated from your Shed postcode for the following Priority Groups: males living in rural and remote areas, Aboriginal and Torres Strait Islander males, males who are socially disadvantaged, and males out of work.*   **For the remaining priority groups listed below, please indicate whether you are aware of any Men’s Shed members who may identify as belonging to these groups:** | | | | | | | |
| **Priority Group** | | | | |  | | |
| 1. **Males with a disability** | | | | | **Yes No** | | |
| 1. **Males with a mental health condition** | | | | | **Yes No** | | |
| 1. **Migrant males** | | | | | **Yes No** | | |
| 1. **Males who are isolated e.g. live at home alone** | | | | | **Yes No** | | |
| 1. **Defence veterans** | | | | | **Yes No** | | |
| 1. **Males experiencing dependence on illicit drugs** | | | | | **Yes No** | | |
| 1. **Males experiencing dependence on alcohol** | | | | | **Yes No** | | |
| 1. **Males who need support due to relationship issues** | | | | | **Yes No** | | |
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| 1. **Priority will be given to applications that evidence a strong health/mental health/safety emphasis.If appropriate, please outline the health/safety merit of your application.** | | | | | | | |

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| ***Part E: Summary of Round 30Funding Requests*** | | |
| **Category of Funding** | **Amount Requested** |
| **A– Cat 1 – Health, Wellbeing and Events (≤$8,000)** | **$** |
| **B – Cat 2 – Shed Improvements (≤$8,000)** | **$** |
| **C – Cat 3 – Equipment (≤$5,000)** | **$** |
| **D – Cat 4 – Mental Health, Wellbeing and Events (≤$8,000)** | **$** |
| **E – Cat 5 – Defibrillators (≤$2,250)** | **Please provide information in separate Defibrillator Application Form** |
| **Total funding requested** | **$** |
| **Note:**   * Applicants may apply for a combination of funding categories; however, if successful, the total amount offered will not exceed *$10,000* (defibrillators exempt from total amount) * *Where possible, applicants must provide two quotes for each event, Shed improvement or piece of equipment outlined in their application. Costings from online traders will be acceptable as quotes where they clearly detail what is being offered and where the online trader displays a current ABN number.*   *In exceptional circumstances,* where two quotes cannot be obtained, applicants MUST contact AMSA to discuss potential solutions PRIOR to lodgement of the application. Applicants should also contact AMSA, before applying, if unsure about the completeness/appropriateness of their quotes. | | |

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| ***Part F: Selection Criteria and Budgets*** | | |
| ***Please complete all applicable sections for your category requests and questions 1 and 2*** | | |
| 1. **Organisational Capacity**   ***The purpose of this question is to ascertain how well the grant will be managed – I.e., the governance structure of your organisation that will support delivery of the Project to ensure funding outcomes are met successfully.*** | | |
| 1. **Who will be directly responsible for the management of the project/s, grant expenditure and grant acquittal?** | | |
| **Name** |  | |
| **Position** |  | |
| **Contact Number** |  | |
| 1. **How will the project/s be managed?** | | |
|  | | |
| 1. **Outline the likely timeframes for delivery of all planned activities/purchases** | | |
|  | | |
| 1. **Risk** 2. **How does your organisation manage the Men’s Shed finances?** | | |
|  | | |
| 1. **Please indicate if your Men’s Shed has the following in place:** | | |
| **Strategic or Business Plan** | | Yes No |
| **A Cashflow Forecast**  ***This will help to demonstrate that your Shed can meet its financial obligations*** | | Yes No |
| **Continuity Plan/Backup Plan**  ***Strategies in place to cover emergencies and/or absences of Committee members*** | | Yes No |
| **Monthly Committee meetings** | | Yes No |
| **Committee Code of Conduct** | | Yes No |
| **Regular transparent reporting to all members and stakeholders** | | Yes No |
| 1. **Describe the Governance structures that your organisation has in place *(e.g., policies and procedures, decision making, communication with members, reporting)*** | | |
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| **SECTION A: Category 1 – Health, Wellbeing and Events [up to $8,000]** | |
| **1. Eligibility – Health, Wellbeing and Events**  ***What activities/items are requested and for what purpose will they be used?*** | |
| **2. Need –Health, Wellbeing and Events**  ***What unmet needs of the Men’s Shed will this funding address and describe the potential outcomes for the Men’s Shed?*** | |
| **3. Value –Health, Wellbeing and Events**  ***Detail how the proposal represents value for money including likely benefits.*** | |
| **4. Budget – Health, Wellbeing and Events** | |
| **Item/Service Detailed Description** | **Cost $** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **10.** |  |
| **11.** |  |
| **12.** |  |
| **Total Amount requested**  *Please note: the total of all Health and Wellbeing and Events requests must not exceed $8,000.* | ***$*** |

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| **Section B: Category 2–Shed Improvements[up to $8,000]** | |
| **1. Eligibility – Shed Improvements**  ***What activities/items are requested and for what purpose will they be used?*** | |
| **2. Need –Shed Improvements**  ***What unmet needs of the Men’s Shed will this funding address and describe the potential outcomes for the Men’s Shed?*** | |
| 1. **Value –Shed Improvements**   ***Detail how the proposal represents value for money including likely benefits.*** | |
| 1. **Budget –Shed Improvements** | |
| **Item/Service Detailed Description** | **Cost $** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **10.** |  |
| **11.** |  |
| **12.** |  |
| **Total Amount requested**  *Please note: the total of all Shed Improvement requests must not exceed $8,000.*  *Please ensure site plans, Council approvals, written owner’s permission are attached to this application (if applicable)* | ***$*** |

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| **Section C: Category 3 –Tools and Equipment [up to $5,000]** | |
| *The priority for funding under Category 3 is providing financial support to either a)New Men’s Sheds (less than 2 years old), b) Men’s Sheds that have not previously received NSDP funding, or c) Men’s Sheds that have not received funding under categories 1-4 in the past six rounds (rounds 24-29).* | |
| 1. **Eligibility –Tools and Equipment**   ***What activities/items are requested and for what purpose will they be used?*** | |
| 1. **Need –Tools and Equipment**   ***What unmet needs of the Men’s Shed will this funding address and describe the potential outcomes for the Men’s Shed?*** | |
| 1. **Value – Tools and Equipment**   ***Detail how the proposal represents value for money including likely benefits.*** | |
| 1. **Budget – Tools and Equipment** | |
| **Item/Service Detailed Description** | **Cost $** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **10.** |  |
| **11.** |  |
| **12.** |  |
| **Total Amount requested**  *Please note: the total of all Tools andEquipment requests must not exceed $5,000.* | ***$*** |

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| **Section D: Category 4 –Mental Health, Wellbeing and Events [up to $8,000]** | |
| *This new category was created specifically to support shed members’ mental health and wellbeing, by funding events, training, and equipment for preventive and interventional measures.* | |
| 1. **Eligibility – Mental Health, Wellbeing and Events**   ***What activities/items are requested and for what purpose will they be used?*** | |
| 1. **Need – Mental Health, Wellbeing and Events**   ***What unmet needs of the Men’s Shed will this funding address and describe the potential outcomes for the Men’s Shed?*** | |
| 1. **Value – Mental Health, Wellbeing and Events**   ***Detail how the proposal represents value for money including likely benefits.*** | |
| 1. **Budget – Mental Health, Wellbeing and Events** | |
| **Item/Service Detailed Description** | **Cost $** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |
| **9.** |  |
| **10.** |  |
| **11.** |  |
| **12.** |  |
| **Total Amount requested**  *Please note: the total of all Mental Health and Wellbeing and Events requests must not exceed $8,000.* | ***$*** |

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| **Section E: Category 5 –Defibrillators [up to $2,250]** |
| *Please provide information and submit via the separate Defibrillator Application Form* |

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| ***Part G: Authorisations and Declaration*** |

***This section must be signed by personnel/officer with delegation of authority such as an elected Committee member.***

**Declaration:**

* **I have read and understand the Round 30Programme Guidelines.**
* **I declare that, to the best of my knowledge, all the information provided within this application is true and correct.**
* **I have attached all essential attachments.**
* **I will notify AMSA of any changes of information or circumstances that may affect this application.**
* **I acknowledge that AMSA will refer this application to the delegated Evaluation Panel for assessment, advice, approval, or verification.**
* **I understand this is an application and may not necessarily result in funding.**
* **I understand that the recommendation of the delegated Evaluation Panel is final.**

**Signature on behalf of applicant:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_ /\_\_\_ /\_\_\_\_\_**

**Signature of Witness:**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_ /\_\_\_ /\_\_\_\_\_**

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| ***Part H: APPLICATION and DOCUMENT CHECKLIST***  ***Important:* Please ensure ALL essential documentation is attached as applications with missing essential documentation will be eliminated from the Evaluation Process** | | |
| **Please tick boxif attached** | | |
| **Auspiced/sponsored Men’s Sheds** | **Memorandum of Understanding or Agreement between the Men’s Shed and the applicant organisation** | **☐** |
| **Quotes** | **All items/activities/services requested for all categories must be supported with two written quotes, if possible.**  **Costings from online traders will be acceptable as quotes where they: clearly detail what is being offered and where the online trader displays a current ABN number.**  **In circumstances where 2 quotes cannot be obtained, applicants must contact AMSA to discuss potential solutions prior to lodgement of application.** | **☐** |
| **Shed Improvements**  **(if applicable)** | **A proposed site plan** | **☐** |
| **Relevant building permits that meet regulatory standards (if applicable)** | **☐** |
| **Information on the ownership of the premises with written consent from the relevant owner for proposed improvements** | **☐** |
| **Application Forma** | **IF providing electronically - One (1) signed and scanned copy of completed application form with all attachments included, emailed as one single PDF document only.** | **☐** |
| **IF providing by mail –One(1) signed copy of completed application form and attachments.** | **☐** |
| **Non AMSA members** | **If a Non-Member, please provide evidence to allow your Shed’s status to be confirmed, for example Shed constitution, program of events, or other evidence of activities** | **☐** |

1. *If you require any additional help or support with the application process, please email* [*amsa@mensshed.net*](mailto:amsa@mensshed.net) *or phone 1300 550 009 or contact your Regional Coordinator.*

**Lodging your Application**

1. **Email**: The signed Application and all attachments may be emailed to [amsa@mensshed.net](mailto:amsa@mensshed.net)  
   NOTE: Please email your signed Application Form and attachments as one single PDF document (including quotes, images etc.) only and not individual jpeg/word or PDF files. AMSA has prepared a Step by Step Guide. If you are unable to email as one complete document, please post by regular mail.

**OR**

1. **Post:**ONE COPY of the completed and signed Application and attachments – please do not package the application documents into a bound folder or staple.

Applications must be posted to:

Australian Men’s Shed Association

Re: Australian Government National Shed Development Programme Round30

PO Box 793

The Junction NSW 2291