

# 2021 Disability Inclusion Grant Application Form

## Form Preview

### Introduction

The ACT Office for Disability is pleased to announce the 2021 Disability Inclusion Grant (the Grants). The Grants provide opportunities for community groups, organisations and small businesses to apply for funds, in the form of a once-only grant to enable the organisation to become more inclusive of and accessible to people with disability.

The Grant will provide increased opportunities for people with disability to participate in mainstream community and/or social groups by removing or reducing a range of physical, communication and/or attitudinal barriers faced by people with disability.

Applications that address a need identified by people with disability and that have a broad and deep impact (i.e. make meaningful improvements that will benefit many people) in improving the inclusion of people with disability in the ACT community will be looked upon favourably.

We are interested in achieving outcomes that benefit as many people as possible and greater emphasis will be placed on projects that enhance access and inclusion for multiple people in accessing mainstream opportunities (i.e. in non-specialist disability support settings).

Proposal examples are provided in the Grant guidelines and include developing of a Disability Action and Inclusion Plan, disability awareness training, and purchasing assistive technologies.

### Project Details

\* indicates a required field

#### **Project Title \***

#### **Brief description of project (list key outcome/objectives of your proposal and summarise the key barrier/s to participation and proposed solution/s): \***

Word count:

In 200 words or less

### Assessment Questions - Access and Inclusion and Impact

In strictly 400 words or less demonstrate:

#### **1. How people with disability have been, or will be, included in the scoping, development, delivery, and evaluation of your project? \***

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Word count:

### **2. Outline any activities/initiatives your organisation has undertaken in the development/planning of this proposal. \***

Word count:

For example, is your initiative an action emerging from an existing Disability Action and Inclusion Plan; have you been involved in any Universal Design Thinking project discussions; have you consulted with an industry/subject matter expert about your proposal?

### **3. a) How will the project remove barrier/s to participation for people with disability? \***

Word count:

### **b) How many community members are likely to benefit from this initiative? \***

Word count:

Tip: projects with broad reach/impact will be considered favourably.

### **c) How will the proposal have a lasting impact for community inclusion? \***

Word count:

Tip: proposals with sustained and meaningful impact will be considered favourably.

### **d) Will the proposal strengthen the capacity of the community to provide further opportunities for people with disability? \***

Word count:

For example, to be used as seed funding for ongoing change.

### **4. How will you promote/communicate the improvements to access and inclusion to the community if your application is successful? \***

Word count:

### **5. Please outline details of any measures or precautions your organisation has undertaken to maintain the health and safety of your staff, volunteers, members,**

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**agents, contractors and the general public in planning their proposal in respect to the Covid-19 emergency? \***

Word count:

## Budget Information

\* indicates a required field

**Total amount requested (GST Exclusive) \***

Must be a dollar amount example \$1000

**Total Project Cost (GST Exclusive) \***

What is the total budgeted cost in dollars of your project?

**Have you applied for any other financial support to fund this project? \***

- Yes  
 No

**If yes, please provide details:**

**Will you receive or provide in-kind support for the project? \***

- Yes  
 No

In-kind support is a donation of goods or services, time or expertise rather than cash or appreciated property which is converted into a dollar value.

**If yes, please provide details:**

## Budget (GST Exclusive)

Please provide a list of all items you are seeking funding for to deliver your project, activity or initiative

<b>Expenditure description</b>	<b>\$Amount (GST exclusive)</b>	<b>Supporting quote? (Yes/No)</b>
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	\$	

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### Timeframes

**Please detail the key milestones of your project**

**Start Date**

**Finish Date**

	Start Date	Finish Date
	Must be a date	Must be a date

### Organisation Eligibility

\* indicates a required field

**What is your entity type? \***

- Community Group
- Organisation
- Small Business

**Does your organisation operate in the ACT, or are you able to demonstrate that the project, activity or initiative will benefit disability residents in the ACT region? \***

- Yes
- No
- Not Sure

**Have you received funding from another source to deliver or provide the same or similar project, activity or initiative? \***

- Yes
- No
- Not Sure

**If yes, please identify the source and the amount**

**Is your proposal for improvement/s to an ACT Government owned property? \***

- Yes
- No
- Not Sure

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**Have you met acquittal conditions for previous funding received from the ACT Government? \***

- Yes
- No
- Not Sure
- Not Applicable

**Please provide details of any grants your organisation has received in the last two years**

## Contact Details

\* indicates a required field

### Applicant Details

**Applicant Organisation, Community Group or Business Name \***

Organisation Name

**Physical Address \***

Address

  

Suburb    State    Postcode

        

Must be an Australian post code

**Postal Address (if different from above)**

Address

  

Suburb    State    Postcode

        

Must be an Australian post code

**Applicant Website**

Must be a URL

**Contact Person \***

Title    First Name    Last Name

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**Position held in Community Group, Organisation or Business \***

**Contact Phone Number \***

Example (02) 62056008

**Contact Mobile Phone Number**

Must be an Australian phone number

**Applicant Administration Email \***

Must be an email address

**Is your Organisation Incorporated? \***

- Yes  
 No

**IA, ACN or ICN Number \***

Incorporated Association or Australian Corporation or Indigenous Incorporation Number. If no, you must be sponsored by an incorporated sponsoring organisation

**Please upload your certificate of incorporation \***

Attach a file:

**Does your Organisation have an ABN? \***

- Yes  
 No

**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.

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## Form Preview

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

**Does your organisation have current public liability insurance?**

- Yes  
 No

**Please attach a copy of your organisations current public liability insurance**

Attach a file:

### Auspice Organisation Details

**Auspice Organisation Name \***

Organisation Name

**Auspice Primary Address \***

Address

  

Suburb    State    Postcode

        

Must be an Australian post code

**Auspice Postal Address (if different from above)**

Address

  

Suburb    State    Postcode

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## Form Preview

Must be an Australian post code

### Auspice Project Contact \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Auspice Project Contact Position \*

### Auspice Project Contact Primary Phone Number \*

Example (02) 62056008

### Auspice Project Contact Primary Email \*

Must be an email address

### IA, ACN or ICN Number

Incorporated Association or Australian Corporation Number

### Please upload the Auspice Organisation certificate of incorporation

Attach a file:

### Does the Auspice Organisation have an ABN Number? \*

- Yes  
 No

### Please attach signed certification letter by Office Bearer of Auspice Organisation \*

Attach a file:

Document outlining the terms of the auspicing agreement signed by the President, Chair, Secretary or Treasurer. Letter must include, name, position, signature and date. Max 25mb

### 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



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Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
ACNC Registration
Tax Concessions
Main business location

Must be an ABN

**Does the Auspice Organisation have current public liability insurance? \***

- Yes  
 No

**Please attach a copy of the Auspice Organisation current public liability insurance**

Attach a file:

## Feedback, Review and Submit

\* indicates a required field

### Certification

This MUST be completed by the applicant organisation.

I certify that to the best of my knowledge the statements made within this application and the information provided is true and correct, and I understand that if the Community Services Directorate approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application and Deed of Grant or Letter of Offer.

NOTE: It is preferred that the Chair/President and/or Secretary/Treasurer of the organisation sign the declaration however it is acknowledged that this is not always possible. In this situation another member of the organisation may sign on their behalf.

The Territory may wish to contact you to seek feedback on the application form.

If you are successful, the Territory may contact you to seek permission to publish information about your application and how the grant benefited you.

**We agree \***

- Yes  
 No

Certification must be agreed to by two representatives of the applicant organisation.

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### 1. Name (Chair or President) \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Position \*

### 2. Name (Secretary or Treasurer) \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Position \*

### Date \*

Must be a date

### Additional Documents

Attach a file:

Please upload any additional information you would like to provide

## Privacy Notice

In compliance with the *Information Privacy Act 2014* (ACT) personal information on this form may be stored in the Community Services Directorate records and may also be used for statistical research, information provision and evaluation of services. Your personal information may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

## Additional Information

Please upload any additional information or documentation that may support your application if you feel it is required.

### Additional Information Upload

Attach a file:

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

We would value any feedback you may have regarding our online grants application process.

### Please indicate how you found the online application process:

- Very easy     Easy     Neither     Difficult     Very difficult

### How many minutes did it take you to complete this application?

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Please estimate in minutes e.g. 1 hour = 60 (number only)

**Please provide us with any improvements and/or additions to the application process/form that you think we need to consider:**