

2024-25 Disability Inclusion Grant Application

Form Preview

Introduction

Before commencing an application please read the 2024-25 Disability Inclusion Grants Program Guidelines.

Please refer to [2024-25 Disability Inclusion Grant Guidelines](#)

This program aims to provide financial support to organisations and small businesses for increased opportunities for people with disability to participate in mainstream community or social groups.

This program aims to fund projects that have a broad and deep impact on directly improving the inclusion and participation of people with disability in the ACT community.

If you have any questions about the application process or require assistance in filling out the form please contact the Office for Disability by email officefordisability@act.gov.au

Eligibility Requirements

* indicates a required field

You need to read the 2024-25 Disability Inclusion Grants Program Guidelines before you start your application.

Please refer to the [2024-25 Disability Inclusion Grants Program Guidelines](#)

You can only apply if you meet the eligibility criteria. Please do not complete this application form if you do not meet all of the eligibility criteria.

You can contact the Office for Disability by email officefordisability@act.gov.au

Organisation Details

What entity type are you? *

- ☐ Incorporated association
- ☐ Registered not-for-profit or charitable organisation
- ☐ Community group or organisation auspiced by an incorporated association
- ☐ Small business

Small business operators are those operators who employ fewer than 20 persons (including non-employing businesses) as defined by the Australian Bureau of Statistics.

Are you a small business operator who employs fewer than 20 persons (including non-employing businesses) as defined by the Australian Bureau of Statistics *

- ☐ Yes
- ☐ No

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Is your organisation and Aboriginal and / or Torres Strait Islander Community-Controlled Organisation? *

- ☐ Yes ☐ No

The Community Services Directorate is working with the definition of an ACCO in the National Agreement on Closing the Gap.

Are you being auspiced? *

- ☐ Yes ☐ No

An auspicings body is an organisation who manages grant funding on your behalf. For example, a small community group which is not incorporated could seek the support of a larger Not-for-Profit Organisation as their auspice. The larger organisation will receive and manage the grant funding, with the community group undertaking the actual project work.

Does your organisation operate in the ACT? *

- ☐ Yes ☐ No

What is the main purpose of your organisation, community group or business? *

Must be no more than 100 words.

Have you received funding from another source to deliver or provide the same or similar project/program? *

- ☐ Yes
☐ No
☐ Unsure

If yes, please provide details

Has your organisation received any funding previously from the Community Services Directorate? *

- ☐ Yes
☐ No
☐ Unsure

Overdue reporting or acquittals for any previous Community Services Directorate grants will make your application ineligible.

To check the status of a previous grant with the Community Services Directorate click the My Submissions link near the top left of the screen.

If a different user has previously lodged grant applications for your Organisation, you may not be able to see these outstanding acquittals. Please contact the CSD Grants Team to discuss further at CSDGrants@act.gov.au

Have you met acquittal conditions for previous funding received from the Community Services Directorate? *

- ☐ Yes
☐ No
☐ Unsure

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☐ No previous grant funding received

If your organisation has previously received a grant from the Community Services Directorate and you are unsure if acquittal obligations have been met, please contact the CSD Grants Team at CSDGrants@act.gov.au for assistance to identify any outstanding acquittal reporting.

Grant Programs	Grant ID Number	Funding acquitted?

Contact Details

* indicates a required field

Applicant Details

Applicant *

Organisation Name

Applicant Primary Address *

Address

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

Applicant Postal Address *

Address

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

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Other Phone Number

Must be an Australian phone number.

Applicant Primary Email *

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Must be an email address.

Organisation Details

Applicant - Head of Org *

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

Applicant - Head of Org Position *

Applicant - Head of Org Primary Phone Number *

Must be an Australian phone number.

Applicant - Head of Org Primary Email *

Must be an email address.

Applicant Primary Website *

Must be a URL.

Is the CEO/Chair/President or equivalent the project contact person for this project? *

☐ Yes ☐ No

Details of project contact person

Applicant Project Contact *

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

Applicant Project Contact Position *

Applicant Project Contact Primary Phone Number *

Must be an Australian phone number.

Applicant Project Contact Primary Email *

Must be an email address.

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Is your organisation incorporated? *

☐ Yes ☐ No
If no, you must be auspiced by an incorporated organisation.

IA or ACN Number *

Incorporated Association or Australian Corporation Number

Please upload a copy of Certificate of Incorporation

Attach a file:

Does your organisation have an Australian Business Number (ABN)? *

☐ Yes ☐ No

Applicant 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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Insurance

Appropriate insurance cover must be held by the organisation implementing a funded project. This may include Public Liability of no less than \$10 million, Personal Accident, Volunteer Cover and or Directors Professional Indemnity.

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Evidence of insurance may be required as a condition of the grant.

Please note that the Certificate of Currency must show that your organisation is covered for your proposed activity.

Does your organisation have Public Liability Insurance? *

☐ Yes

☐ No

Public Liability must be current at the time you are submitting your application. If your cover expires before you are awarded the grant, you may be required to submit an updated Certificate of Currency.

Please provide a copy of your current Certificate of Currency or evidence that your insurance is being renewed. *

Attach a file:

Insurance expiry date *

Must be a date.

Auspice Organisation Details

An auspicing body is an organisation who manages grant funding on your behalf. For example, a small community group which is not incorporated could seek the support of a larger Not-for-Profit Organisation as their auspice. The larger organisation will receive and manage the grant funding, with the community group undertaking the actual project work.

Auspice organisation name *

Organisation Name

Auspice Primary Address *

Address

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

Auspice Postal Address *

Address

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

Auspice Contact Person *

Title

First Name

Last Name

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Auspice Contact Person Position *

Auspice Contact Person Primary Phone Number *

Must be an Australian phone number.

Auspice Contact Person Primary Email *

Must be an email address.

IA or ACN Number *

Incorporated Association or Australian Corporation Number.

Please upload Certificate of Incorporation *

Attach a file:

Please attach a support letter from the auspice organisation signed by an authorised person, agreeing to their obligations and responsibilities as outlined in the Guidelines *

Attach a file:

Chief Executive Officer, President, Chair, Secretary or Treasurer. Letter must include name, position, signature and date.

Does the auspice organisation have an Australian Business Number (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	More information
ACNC Registration	

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Tax Concessions
Main business location

Must be an ABN

Auspice Insurance

Appropriate insurance cover must be held by the organisation implementing a funded project. This may include Public Liability of no less than \$10 million, Personal Accident, Volunteer Cover and or Directors Professional Indemnity.

Evidence of insurance may be required as a condition of the grant.

Please note that the Certificate of Currency must show that the applicant organisation is covered for the proposed activity.

Does the auspice Organisation have Public Liability Insurance? *

☐ Yes

☐ No

Public Liability must be current at the time you are submitting your application. If your cover expires before you are awarded the grant, you may be required to submit an updated Certificate of Currency.

Please upload here if providing a copy of the current Certificate of Currency or evidence that insurance is being renewed *

Attach a file:

Insurance expiry date *

Must be a date.

Project Details

* indicates a required field

Project Title *

Word count:

Name of project to be short and must be no more than 6 words.

Project start date *

Must be a date.

Project end date *

Must be a date.

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Please provide a brief description of the project *

Word count:

Must be no more than 100 words. Tell us about your project. What is your project and how will it be delivered? Who will be involved in delivering your project? When and where will your project be delivered?

Which of the following key priority areas does your project benefit? *

- ☐ Reduce or remove physical, attitudinal, and/or communication barriers to access and inclusion
- ☐ Enable greater participation in community life for people with disability
- ☐ Include people with disability in the planning and implementation
- ☐ Result in meaningful improvements with a broad reach benefiting many people with disability in the ACT community

Refer to the priority areas in item 6 of the grant guidelines.

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

- ☐ Yes
- ☐ No
- ☐ Unsure

Funding cannot be used for infrastructure projects on properties owned by ACT Government.

Please provide further details *

Assessment Criterion

Please provide a response demonstrating how your proposal meets the following criteria (please limit each response to 200 words).

Inclusion: Please demonstrate how people with disability have been included in the scoping and development and will be included in the delivery of the project *

Word count:

Impact: Please demonstrate how the project, activity or initiative will remove barriers to participation for people with disability and have a broad and deep impact on creating enhanced inclusion of people with disability in the ACT community. *

Word count:

Capacity: Please demonstrate that the organisation has the capacity to deliver the project including the appropriate qualifications, or dedicated staff with

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the skills experience and time to deliver the project and ability to manage the funding. *

Word count:

Project Timeframe

Milestone Description	Completion Date
Please note the grant assessment process can take a minimum of 12 weeks to finalise. Please factor this in to your project timeline.	Must be a date.

Budget Information

* indicates a required field

GST Component

As there are no goods or services being exchanged, and the funding is intended a contribution towards your project, GST is not applicable to grant payments.

Are you (or your auspice organisation) registered for GST (goods and services tax)? *

☐ Yes ☐ No

Will you provide a taxable supply under this project? (i.e. will your group or organisation provide or sell services or goods directly to the ACT Government under this project?) *

☐ Yes ☐ No

Have you applied for any other grants to fund this project? *

☐ Yes ☐ No

If yes, please provide details

Will you receive any other support for the project? *

☐ Yes ☐ No

For example 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 amount.

If yes, please provide details

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If your organisation is offered a grant less than the amount you have requested, would you be able to proceed with your project? *

☐ Yes ☐ No

Please provide further details *

Budget

The maximum grant that can be applied for is \$20,000.
The value is for one project or initiative only and is non-recurring.

How to complete the expenditure description

Please refer to the below information for how to complete the expenditure description of all items you are seeking funding for the activity/project.

Item of Expenditure - Please provide a description of each item/activity that will be purchased as part of this project.

Grant Amount Requested (\$) - Please advise the grant funding amount for each item/activity you are aiming for.

Other Funding Sources and Contributions - Please advise if the listed item will also be funded by another source, using the drop-down to select the most appropriate funding source.

Other Funding Sources and Contributions Amount (\$) - Please advise the funding amount being contributed from other sources.

Total Project Amount (\$) - Total value/cost of each item listed.

* Your budget should be broken down to show what the grant funding will be spent on and supported by things like quotes, links to websites etc to demonstrate the costs for the items you are requesting.

Item of Expenditure	Disability Inclusion Grant Amount Requested	Other Funding Sources and Contributions	Other Funding Sources and Contributions Amount	Total Project Amount	Notes
For example venue hire, fees, catering or advertising	Must be a whole dollar amount (no cents).		Must be a dollar amount.	This number/ amount is calculated.	Additional comments on item
	\$		\$	\$	

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	\$		\$	\$	
	\$		\$	\$	

Budget Totals

Total Disability Inclusion Grant Amount Requested

\$

This number/amount is calculated.

Total Other Funding Sources and Contributions

\$

This number/amount is calculated.

Total Disability Inclusion Grant Project Amount

\$

This number/amount is calculated.

If you would like to include website links where quotes cannot be obtained, please include in the table

Item/Supplier	Website

Quotes and Additional Information

Quotes may take the form of catalogue price lists or similar and may be scanned and uploaded as part of the application. Quotes can strengthen your application.

Upload Quotes

Attach a file:

Additional Information

Please upload any additional documentation and / or approvals that may support your application.

Please upload any additional documentation and / or approvals that may support your application

Attach a file:

Feedback, Review and Submit

* indicates a required field

Certification

I certify that to the best of my knowledge the statements made within this application and the information provided is true and correct.

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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 guidelines, application form and Letter of Offer.

I understand the Territory may wish to contact me to seek feedback on the application form.

Name *

Title

First Name

Last Name

Position title *

Chief Executive Officer, Chair, President or equivalent

Date *

Must be a date

I agree if I am successful, the Territory may contact me to seek permission to publish information about my application and how the grant benefited me. *

☐ Yes

☐ No

Privacy Notice

In compliance with the *Information Privacy Act 2014* (the 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.

Feedback

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 did you find out about Disability Inclusion Grant Program? *

☐ Social Media - Facebook

☐ Social Media - Linked in

☐ Social Media - other

☐ Our Canberra (printed or online)

☐ Newsletter

☐ ACT Government Grants Portal

☐ Community Partner Update

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- ☐ ACT Government 'Staff News'
- ☐ CSD Yuma
- ☐ Word of Mouth

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

Word count:

Must be no more than 100 words