

# Disability Access and Inclusion Grant Application 2024/2025

## Form Preview

### Disability Access and Inclusion Grant Application 2024/2025

\* indicates a required field

#### Grants are available for activities which contribute to a Welcoming and Thriving City

Please read the [Community Grants Guidelines and Terms and Conditions](#) prior to completing the application form.

Applicants will be notified 6 weeks after grant closing date. Proposals must consider this timeframe.

#### Applicant Details

##### Applicant Type

- ☐ Not for Profit
- ☐ School
- ☐ Sports Club

#### Contact Details

##### Organisation Name

##### Organisation's ABN (If applicable)

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

##### Operating Address

Address

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**GST Registered \***

- ☐ Yes  
☐ No

Contact for Application

**Contact Name \***

First Name

Last Name

**Position held**

**Contact number  
(business hours): \***

**Email \***

## Activity Details

\* indicates a required field

**Activity Name \***

**Activity start date \***

Must be a date

**Activity finish date**

Must be a date

**Amount requested \***

\$

Must be a dollar amount.  
Up to \$10,000

**Location of event if  
different from operating  
address**

**Brief activity description  
\***

Describe the project or program you will deliver and/or any goods and services you plan to purchase. Please provide sufficient detail to ensure a full understanding of your proposal.

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Describe any partners and their involvement in your proposal. Please attach a program outline and additional detail unless provided below. Refer to the Disability and Access Inclusion grant listed in the Community Grant Program Guidelines (Section 11) and assessment criteria in (Section 17).

**Are you planning to acknowledge the Traditional Custodians of Whadjuk Noongar Boodjar at your event with a Welcome to Country?**

- ☐ Yes ( Please provide details)  
☐ No

**Name of provider**

(Please include costs in budget 3a if required)

**Group Beneficiaries**

- ☐ Women  
☐ Seniors  
☐ Children  
☐ Youth  
☐ Parents/ Families  
☐ Culturally and Linguistically Diverse Communities (CaLD)  
☐ Aboriginal Communities  
☐ Other

**Group Beneficiaries \***

Describe your target audience and the number of people who will participate or benefit. Describe the consultation/ activities undertaken to identify how you know the project is needed.

**Access and Inclusion**

Please list the additional steps you will take to ensure equitable access, inclusion, and participation of people with a disability in this event. Include costs in the budget 3a

**Organisation's main activities**

f) What are the main activities of your organisation? Please outline the skills/ experience of your organisation/ volunteers to deliver the proposal.

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### Activity Detail

\* indicates a required field

#### Project Objectives

- ☐ Create opportunities for shared cultural and artistic expression
  - ☐ Promote awareness and appreciation of Aboriginal culture and heritage
  - ☐ Facilitate connections, learning and activities for all
  - ☐ Build the capacity of your organisation to respond to identified community need
  - ☐ Foster collaboration between groups, business and stakeholders
  - ☐ Advocate and deliver opportunities for healthy activity and lifestyles
  - ☐ Facilitate and partner to deliver a range of recreation and leisure services/ facilities
  - ☐ Collaborate to ensure safe places and spaces for all
  - ☐ Nurture connections between people and the places they share
  - ☐ Advocate for and deliver well-managed natural areas supporting biodiversity and appropriate recreation
  - ☐ Undertake activities to minimise and reuse waste
  - ☐ Enhance the health of the Canning River, waterways and surrounding natural areas
  - ☐ Reduce reliance on fossil fuels and optimise the use of natural resources
  - ☐ Raise awareness and engage with others to protect, respect and enjoy the natural environment
  - ☐ Promote and educate the community on sustainability and waste management practices
  - ☐ Proactively respond to the impacts of climate change
  - ☐ Promote social inclusion and equitable access to all
- Select the objectives which best align with your activity.

#### How will you promote your event to potential attendees and the Canning community?

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> social media   | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> website        | <input type="checkbox"/> Other      |
| <input type="checkbox"/> media releases |                                     |

#### Website

Must be a URL.

#### Social Media URLs

#### Which suburbs will benefit from your activity/ event? \*

- |                                  |                                  |                                    |                                    |
|----------------------------------|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Bentley | <input type="checkbox"/> Leeming | <input type="checkbox"/> Riverton  | <input type="checkbox"/> Welshpool |
| <input type="checkbox"/> Canning | <input type="checkbox"/> Lynwood | <input type="checkbox"/> Rossmoyne | <input type="checkbox"/> Willetton |
- Vale

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- ☐ Cannington
- ☐ Queens Park
- ☐ Shelly
- ☐ Wilson
- ☐ East Cannington
- ☐ Parkwood
- ☐ St James
- ☐ Other
- ☐ Ferndale

List other suburbs (outside the city of Canning) if applicable

- ☐ Yes ☐ No ☐ I have attached email confirmation from City of Canning
- If yes, please include email confirmation from the City of Canning this change is approved for your application to be assessed.

Where will the items purchased with the grant be stored (if applicable)?

- ☐ Personal address
- ☐ City facility

For equipment being stored at a personal address: please advise how other members will have access to the equipment

For equipment being stored at a City facility: do you have permission to store the equipment at the outlined location?

Please confirm arrangement e.g lease, seasonal hire etc.

### Project Budget

Applicants are responsible for securing bookings, permissions, necessary insurances, and statutory compliances e.g. venue bookings, event, health and compliance, planning approvals. Each is to be obtained separately to this grant application through the appropriate section within the City of Canning.

Items totalling \$501 and over **must** include a supplier-issued quote/ screen print.

### Budget

a) List each good or service to be purchased with the grant below

Items \$501 and over without a quote will not be assessed. List quote Reference number next to item	
	\$

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

### Other Budget

**b) List other goods and services to be contributed by applicant including in-kind contributions or other funding.** \$

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

### c) Sources of Funds

**Please outline how you will pay for the items listed above** *(total expenditure)*

<b>Income</b>	<b>\$</b>
City of Canning Grant	\$
Applicant contribution	\$
Other sources... Please list	\$
	\$
	\$

**Will your activity generate any income? If yes, how will this be reinvested into the Canning community? If you plan to charge participants to attend the funded activity, please indicate the cost.**

## Documentation Check List

\* indicates a required field

### Please note

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Please submit the following documentation:

- Download, complete and sign this [Grant Payment Request form](#)

Your proof of bank details could be a bank statement, letter or screenshot (of your banking app for example), that shows:

- Bank logo
- Name of account holder
- BSB
- Account number

### Grant Payment Request Form

**Attach a completed and signed Grant Payment Request form \***

Attach a file:

Please click on the hyperlink under the Documentation Check List tab (above) to download and complete the Grant Payment Request form and submit here.

### Bank Details

**Attach copy of the bank statement header or screen shot confirming the bank account details \***

Attach a file:

### Quotes

Attach supplier issued quotations or screen prints for items of \$501 and greater

**Attach Files:**

Attach a file:

### Public Liability Insurance

**Attach a copy of your public liability insurance or your auspice organisation's liability insurance \***

Attach a file:

### Supporting Documents

**supporting documents**

Attach a file:

### Declaration

\* indicates a required field

I hereby certify that I am authorised to prepare and submit this application.

I have read, and agree to the Community Grant Program terms and conditions as outlined in the [Community Grant Program Guidelines](#).

The information contained herein is to the best of my knowledge true and correct.

<b>Authorised Person's Name *</b>	First Name	Last Name
	<div></div>	<div></div>

<b>Position held</b>	<div></div>
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<b>Date of declaration *</b>	<div></div>
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<b>I confirm that I have read, and agree to the Community Grant Program Terms and Conditions *</b>	<div><input type="radio"/> yes</div>
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