

Disability Access and Inclusion Grant Application 2026/2027

Form Preview

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* 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.

Notification of Outcome: 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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Operating Address *

Address

Disability Access and Inclusion Grant Application 2026/2027

Form Preview

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

Contact Person for Application

Contact name *

First Name

Last Name

Position held in the organization *

Contact number (business hours): *

Email address *

Activity Details

* indicates a required field

Activity Name *

Location of event if different from operating address

Expected attendance *

Must be a number.

Please provide an estimated number of attendees or participants expected for the event, activity, or project.

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

Disability Access and Inclusion Grant Application 2026/2027

Form Preview

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. 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 organize a Welcome to Country?

- Yes (Please provide details)
 No

Name of the Wadjuk Noongar Elder

Please provide the name of the Wadjuk Noongar Elder you intend to engage to deliver the Welcome to Country. (Please include costs in budget 3a if required)

Group Beneficiaries *

Describe your target audience. Describe the consultation/ activities/engagement undertaken to identify that the project is wanted by the community.

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

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

Disability Access and Inclusion Grant Application 2026/2027

Form Preview

- 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 do you believe this grant will impact the local community? *

Consider the short- and long-term benefits of your project, and how it will contribute to community wellbeing, inclusion, participation, or local development.

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

- social media website media releases Newsletter Other

Website

Must be a URL.

Social Media URLs

Will you need to make changes to any council owned facilities? e.g. Fixtures being installed in leased properties *

- 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.

Storage Location for Grant-Funded Assets

Disability Access and Inclusion Grant Application 2026/2027

Form Preview

Total grant request

This number/amount is calculated.

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*)

Income

\$

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 Checklist

* indicates a required field

Please submit the following documentation:

- Download and complete 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

Disability Access and Inclusion Grant Application 2026/2027

Form Preview

- BSB
- Account number

Grant Payment Request Form

Attach a completed Grant Payment Request form *

Attach a file:

Please click on the hyperlink to download and complete the Grant Payment Request form and submit here. <https://canning.smartygrants.com.au/d/files/dlm/8b56b157b8f1eb03751dd8263ca1fde6193bcc7>

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 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

Attach any supporting documents

Attach a file:

Declaration

* indicates a required field

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

Disability Access and Inclusion Grant Application 2026/2027

Form Preview

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.

Authorised person's name *

First Name

Last Name

Position held in the organization *

Date of declaration *

I confirm that I have read, and agree to the Community Grant Program Terms and Conditions *

yes