



Community Group Application Form

Community Living and Participation Grants (CLPG) provide up to \$10,000 for customised solutions that support people with disability to participate in family and community life.


People with disability can apply for equipment, resources, activities and projects connected to their particular social and recreational goals.

Not-for-profit community groups can apply for equipment, resources, training and activities that promote inclusion of people with disability.


This form is for **community groups**.

- The Community Living and Participation Grants program encourages you to contact us on 08 9242 5544 to discuss your potential application. In some cases, other funding schemes may need to be approached prior to submitting your application.
- The program can support you to complete and submit your application. Please contact us on 08 9242 5544 or via grants@nds.org.au
- All expenditure must take place after the grant is approved in writing as we do not fund retrospectively.
- As a condition of funding, any media or promotional activity in relation to the program must acknowledge NDS WA and Lotterywest as the source of the funding. Please contact us on 08 9242 5544 or grants@nds.org.au for logos and marketing information.
- Applications can be made at any time as no closing date applies.

Applications can be received by:

 **Mail:** National Disability Services (NDS) WA
PO Box 184, Northbridge WA 6865

 **Email:** grants@nds.org.au

 **Fax:** 08 9242 5044

The Community Living and Participation Grants (CLPG) program is managed by National Disability Services (NDS) WA and supported by Lotterywest.

 **Facebook:** www.facebook.com/CLPGprogram

 **Website:** www.clpg.org.au

1**Applicant Details**

Organisation Name:
_____**Are you GST registered?:** Yes No**Are you an Incorporated Organisation?** Yes No

For requests over \$5,000 organisations must be incorporated.

Australian Business Number (ABN):

If you do not have an ABN, please refer to the ABN declaration in the Acceptance of Grant Conditions

Contact Person:
_____**Position:**
_____**Street Address:**
_____**Postal Address:**
_____**Phone:**

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Email:
_____**How did you find out about this grant?**

2 Grant Proposal

What are you applying for? Equipment / Activity / Project / Other

Please specify:

Please describe the purpose of the application and the planned inclusion outcomes. *(Please attach additional pages if needed)*

How many individuals will benefit from the activity or project?

Number of individuals with a disability

Number of family members

Number of volunteers

3 Funding Requested

Please itemise all costs associated with your application	Cost	GST	Total
Total Requested	AU\$		

Quotes must be attached for all funding requested. You may be asked to provide more than one quote for some items.

3.1 Are you contributing in cash or in kind to this proposal? Yes No
If yes, please provide details:

3.2 Will another organisation be contributing funding towards this project?
 Yes No

3.3 Please name any other funding sources or organisations to whom you have applied to fund this request and advise of the outcome of this application/s:

Please attach evidence of any application/s and the outcome of these application/s

4 Grant Agreement

1. The grant will be used for the purpose for which it was given and will be expended in accordance with the Grant Approval Schedule, unless otherwise agreed in writing by National Disability Services.
2. Accountability for grants paid in advance of the project includes provision of copies of suppliers' invoices and an acquittal statement, being provided to National Disability Services within three (3) months of the grant being made available.
3. Any unexpended funds will be returned to National Disability Services within three (3) months of payment of the grant, unless otherwise agreed in writing by National Disability Services.
4. If there is to be any delay in the expenditure of the grant, a written request will be made seeking approval for the extension of time.
5. Any special conditions that are attached to the grant will be met.
6. All relevant records of the grant will be kept for a period of seven (7) years, and will be made available for audit at any time.
7. National Disability Services is under no obligation to verify bank details. In signing this Grant Agreement, the signatory is verifying that bank details provided are for an account that is held in the name of the applicant organisation.
8. The organisation will advise promptly in writing of any changes in bank details. This advice will be signed by the Chief Executive Officer or authorised delegate.
9. As a condition of funding, any media or promotional activity in relation to CLPG must acknowledge National Disability Services and Lotterywest as the source of the funding. Please contact the CLPG Program for logos and marketing information.
10. Recipients of any funded equipment are financially responsible for all maintenance and repairs to the equipment.

5 Acceptance of Grant Conditions

The Grant Agreement forms part of these conditions.

I certify that all the information provided is true and correct, and give permission to National Disability Services WA to contact any persons or organisations in the processing of this application.

If an ABN has not been provided I declare that the organisation:

- is not eligible for an ABN because it does not meet the definition of 'enterprise' for tax purposes; or
- has 'exempt income' status; or
- the application for an ABN has been rejected by the Tax Office.

If a GST Registered Entity: My organisation will issue tax invoices in respect of this grant. I confirm that at the time of making this application, the organisation is registered for GST, and will continue to be so for the life of the grant. I also authorise National Disability Services WA to act as an agent on behalf of my organisation should grant payments be made, at my request or as a condition of the grant, to a third party.

National Disability Services WA acknowledges that it is registered for GST at the time of entering this agreement and that it will notify the Applicant Organisation if it ceases to be registered or if it ceases to satisfy any of the requirements of the relevant 'GST Ruling'. If you are not sure about your organisation's GST or ABN status contact your accountant or the ATO.

IMPORTANT: Only the CHAIRPERSON or PRESIDENT (or another officer, formally delegated such authority*) of the organisation which is to receive the Grant should sign below.

*Where this Agreement is signed by a delegated officer, current documentation authorising such a delegation of authority signed by the Chairperson or President, must be attached to this Agreement. If the delegation is ongoing, a photocopy of the documentation must be submitted with each request, to confirm that the authority is still current. Please check with National Disability Services if you are unsure about delegation requirements.

DECLARATION CHAIRPERSON/PRESIDENT or AUTHORISED DELEGATE

Name: _____

Title: _____

Organisation: _____

Signed: _____

Date: _____

Application Checklist



- 1. I have attached a quote from a supplier for each requested item.
- 2. I have attached evidence of any applications to other funding schemes to support this proposal, and the outcomes of these applications.
- 3. The chairperson, president or authorised delegate has signed the acceptance of grant conditions.
- 4. If you are an Incorporated Organisation please attach:
 - 1. Certificate of Incorporation or equivalent.
 - 2. Bank Statement (most recent confirming your official organisation name).
- 5. If you are an unincorporated group please attach:
 - 1. Financial Statements (bank statement or treasurer's report).
 - 2. A copy of minutes from a recent meeting.