



Individual Application Form


Community Living and Participation Grants (CLPG) provide up to \$5,000 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.


This form is for individual applicants.

- The CLPG 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 CLPG 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.
- Applications can be made at any time.

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

PART A

1 Applicant

Title: Mr Miss Ms Mrs Other _____

First Name: _____ **Surname:** _____

Date of Birth: / / _____

Address: _____

Suburb: _____ **Post Code:**

Phone 1: **Phone 2:**

Email: _____

How did you find out about this grant? _____

Have you received a CLPG previously? Yes No

2 Application Contact Person (If different from applicant)

Name: _____

Relationship to applicant: _____

Phone 1: **Phone 2:**

Email: _____

Address: _____

Please indicate if you are connected to any of the following programs

NDIS Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Local Coordinator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Commonwealth Home Care Package	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Level: _____
Home & Community Care (HACC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Department of Veterans' Affairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Card Colour: _____
Aged Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(if yes, please provide copy of pension card)

4 Applicant Information

4.1. Description of disability

Please tick the boxes and describe your disability. (You may tick more than one box.)

- Physical (eg muscular dystrophy, quadriplegia, cerebral palsy)
Diagnosis _____
- Sensory (eg deaf, blind, legally blind)
Diagnosis _____
- Intellectual (eg fragile X syndrome, Rett syndrome)
Diagnosis _____
- Neurological (eg Alzheimer's disease, Huntingdon's disease)
Diagnosis _____
- Acquired Brain Injury (eg stroke, head injury)
Diagnosis _____
- Psychosocial (eg schizophrenia)
Diagnosis _____
- Other

* Please attach supporting evidence from a health professional

4.2. Cultural information (optional)

Cultural information received will only be used for statistical purposes only

- 1a.** Do you identify as an Indigenous Australian? Yes No
 Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander
- 1b.** Do you speak a language other than English at home? Yes No
- 1c.** If yes, please specify language spoken _____
- 1d.** Do you require an interpreter? Yes No

5 Grant Proposal

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

Please specify:

Please describe the purpose of the application and what you want to achieve

(Please attach additional pages if needed)

Please attach a document from a health professional in support of your application.

6 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.

6.1. Will anyone else be contributing funding towards this proposal? Yes No
If yes, please provide details:

6.2. Name all other funding sources or organisations you have requested to fund this proposal.

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

GRANT AGREEMENT

If a Grant is provided, the Applicant agrees to the following conditions:

1. The grant will be used for the purpose for which it was given and will be expended within twelve (12) months of approval, unless otherwise agreed in writing by NDS WA.
2. 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.
3. Any special conditions that are attached to the grant will be met.
4. Recipients of any funded equipment are financially responsible for all maintenance and repairs to the equipment.
5. As a condition of funding, any media or promotional activity in relation to the program must acknowledge NDS and Lotterywest as the source of the funding. Please contact us on 9242 5544 or grants@nds.org.au for logos and marketing information.

APPLICANT DECLARATION

I (Please print full name of person signing):

confirm that all the information provided in this application, including details regarding my participation in other funding schemes, is true and correct to the best of my knowledge. The equipment and/or activity being purchased is agreed to and meets my needs.

I consent to NDS sharing my personal information with external sources for the purpose of assessing my application. I agree that additional personal information can be provided to NDS should it be required.

Signed:

Date:

Applicant

Legal Guardian

PART B

Do not complete Part B if you wish National Disability Services to sponsor this application.

Sponsor Organisation (not for profit organisations only)

The sponsor organisation is responsible for purchase of requested items and proper expenditure and acquittal of grant.

Organisation name: _____

Are you GST registered?: Yes No

For requests over \$5,000 organisations MUST be Incorporated.

Australian Business Number (ABN): _____

Is this organisation contributing in cash or in kind to this proposal? Yes No

Details:

Contact Person: _____

Position: _____

Street Address: _____ Post Code:

Postal Address: _____

Phone:

Email: _____

GRANT AGREEMENT

If a Grant is provided, the Sponsor Organisation agrees to the following conditions:

- 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.

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'.

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 written statement from a health professional supporting this proposal.
- 2. I have attached confirmation of my diagnosis.
- 3. I have attached a quote from a supplier for each requested item.
- 4. I have attached evidence of any applications to other funding schemes to support this proposal, and the outcomes of these applications.
- 5. I have signed the applicant declaration.
- 6. If this application has a sponsor organisation, the chairperson, president or authorised delegate has signed the acceptance of grant conditions.