

# Building Disability Inclusive Businesses and Community Organisations funding

## Form Preview

### Application Form

\* indicates a required field

#### Welcome

Please read the [Guidelines and/or Information Page](#) before starting an application.

**You must speak to Council's Access and Healthy Ageing Officer about your project before starting an application.** Telephone 1300 BCOAST (226 278) or (03) 5671 2211 or via the National Relay Service (for people with speech or hearing difficulties) on 13 36 77 or via email [grantenquiry@basscoast.vic.gov.au](mailto:grantenquiry@basscoast.vic.gov.au)

As you fill out the application form it is highly recommended that you click the '**save progress**' button every 10 minutes or you may lose your work.

#### Declaration

I declare that I am authorised to complete and submit this application and I agree that:

- The statements made in this application are true
- All necessary permits/approvals will be obtained prior to beginning the project
- The project will be covered by appropriate insurance
- All relevant health and safety standards will be met
- Council does not accept any liability or responsibility for the project

I understand that:

- The grant funds are for a specific period and cannot be construed as being a commitment by Council for ongoing funding
- Grant funds can only be spent on the project approved by Council. If grant funds are spent on any other project or activity then Council is not obliged to pay any funding.
- Any **proposed variation** of your project should be discussed with **Council's Access and Healthy Ageing Officer** prior to undertaking the project
- **If successful**, an Acquittal and Evaluation Report must be submitted to Council prior to 30 June 2023 for payment to occur. This report will include receipts for purchase of goods and services as outlined in the application, photos and copies of any media. .

#### Council acknowledgement terms

I understand that successful funding recipients are required to acknowledge and/ or promote the financial contribution made by Council to their project.

#### Privacy Statement

Council collects and holds your personal information in accordance with the Information Privacy Act 2014 Principles.

#### Name \*

First Name

Last Name

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**Date \***

Must be a date.

## Contact Details

**Business / Organisation name \***

Organisation Name

**Contact person \***

First Name

Last Name

**Address \***

Address

  

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

**Telephone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

**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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	

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Main business location

Must be an ABN.

**Please attach a copy of your current Public Liability Insurance Certificate \***

Attach a file:

## Project Details

**Project Name**

**When will the project begin?**

Must be a date.

**When will the project end?**

Must be a date.

**Total Amount Requested \***

\$

Must be a whole dollar amount (no cents) and no more than 1000.

What is the total amount of grant funding you are requesting?

**What specifically would you like the grant funding to pay for and why? \***

Word count:

Must be between 10 and 50 words.

**How will your project have an ongoing impact on increasing the number of people with disability as customers, visitors, members or employees in your business or organisation? \***

Word count:

Must be between 20 and 100 words.

## Project In-kind support

**Please list any in-kind support directly related to the project in the table below.**

*In-kind costs are calculated at \$25 per hour for non-professional services, and \$45 per hour for professional services.*

**For example: In-kind supplier and description of goods:** Cleaning and prepping ramp for painting - 1 volunteer x 3 hours @ \$25 per hour; **\$ - Total is \$75.00 In-kind supplier and description of goods:** 10L tin of non-slip paint (donated); **\$ - Total is \$110**

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### In-kind supplier and description of goods / service \$ - Total

	\$
	\$
	\$

### In-kind total amount

\$

This number/amount is calculated.

## Project Budget - income and expenditure

Please complete the tables below to advise:

### Income:

- amount of grant funding you are requesting (max \$1,000)
- amount of funding, if any, you propose to contribute

### Expenditure:

- what do you propose to spend the money on

Income	\$	Expenditure	\$
Funding requested from BCSC	\$	list items that funding will be spent on	\$
Your funding (if any)	\$		\$
	\$		\$

## Budget Totals

**These totals will automatically populate from the amounts entered in the table above.**

Your **Total Income Amount** should be the same amount as the **Total Expenditure Amount**, meaning the **Income-Expenditure box should equal zero**. If it doesn't then you need to adjust the amounts in the tables above. **DO NOT include in-kind amounts in the table above.**

### Total Income Amount

\$

This number/amount is calculated.

### Total Expenditure Amount

\$

This number/amount is calculated.

### Income - Expenditure

\$

This number/amount is calculated.

## Quotes

As outlined in the Guidelines you are required to provide written quotes to support the amount of grant funding requested.

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Screen shots are acceptable if they show the supplier, the item and the amount of the item. If your project requests funding for wages, the quote should include the recipients business name, ABN and what works they will be doing.

### Upload quote/s \*

Attach a file:

### Is there anything else you would like to tell us about / attach in support of your application?

Attach a file:

Thank you

You have completed the application form.

**Please make sure you click the SUBMIT button** to ensure the application is lodged in SmartyGrants. After you have submitted the application you will receive an email from SmartyGrants to let you know the application was successfully received. This email will also contain the application number and a copy of the application form. **If you do not receive an email in your Inbox**, please check your Junk folder.

If you have any questions about your application, please call us.

We appreciate your feedback

### How have you found the online application process? \*

very easy  easy  neither easy or difficult  difficult  very difficult

### Is there anything you would like to tell us about the SmartyGrants application process \*