



**Community
Grants Hub**
Improving your grant experience



Disability Representative Organisations (DRO)

Submission Reference: 6HVAFYXS

Application Information

The Disability Representative Organisations (DRO) grant opportunity will run from 2024-25 to 2025-26. The DRO grant opportunity will provide \$10.208 million (GST exclusive) over 2 years (\$5.104 million per year) to organisations to provide systemic advocacy for Australians with disability.

Systemic advocacy seeks to remove systemic barriers and address discrimination to ensure the rights and freedoms of Australians with disability are maintained, promoted and valued. The funding will enable organisations to promote an understanding of the lived experiences of people with disability, promote and advocate for the rights and dignity of people with disability, and foster support for the participation of people with disability in aspects of community life.

The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government. Organisations funded under the DRO grant opportunity will participate in a range of engagement activities with the Australian Government, to ensure that disability issues and a diversity of voices are represented in decision-making, legislation, policy development and implementation of programs and policies that may affect people with disability.

The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

DRO grant recipients will both promote and work within the human rights model of disability, in recognition that the human rights and fundamental freedoms of people with disability should be promoted and protected on an equal basis with others.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Social Services.

Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Monday 27 November 2023**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [□](#) website.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au .

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' Privacy Policy . The Community Grants Hub Privacy Policy and WCaG Accessibility Information and the Department of Social Services Privacy Policy should also be read and understood.

Use of Information

Your Submission Reference is:

6HVAFYXS

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au .

Your email address *

s47F

Confirm your email address *

s47F

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree *

This document has been released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

s47G

Applicant Legal Name

First Peoples Disability Network (Australia) Limited

Registered Business Name

First Peoples Disability Network (Australia) Limited

Entity Type

Company

ABN

58169154330

State

NSW

Postcode

2000

GST Registered
 For Profit

Charity
 Withholding Tax Exempt

Are updates required to the Applicants details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

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by the Department of Health, Disability and Ageing

Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Company

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

Yes No

Please provide your supporting documentation. *

FPDN - Proof of Entity.pdf

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Contact with children is irregular or unplanned for the proposed activity

Confirmation

I confirm Child Safe measures for irregular contact will be in place prior to activity start

Australian Charities and Not-for-profits Commission Confirmation *

Confirm your organisation and project partner(s) are registered with Australian Charities and Not-for-profits Commission as a charity that helps people with disability or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

I confirm
 I am seeking to have this eligibility requirement waived by the decision maker

National Reach *

Confirm your organisation/consortium has the capacity to actively engage with and represent people with disability in all states and territories of Australia or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

NDIS Provider *

Confirm your organisation and project partner(s) **are not** a National Disability Insurance Scheme (NDIS) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

DES Provider *

Confirm your organisation and project partner(s) **are not** a Disability Employment Service (DES) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

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Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

- Yes No

2. Business plan and/or strategic plan. *

- Yes No

3. Risk management plan. *

- Yes No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , - / \ @ , all other characters including carriage returns are not accepted.

The Next Phase - Consolidating the Voice for First Nations people with disability.

(Limit: approx 38 words, 250 characters)

82 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

The First Peoples Disability Network (FPDN) has been a DRO since 2014. As a DRO, we will continue to promote the voices of First Peoples with disability, advocate for their rights, and foster support for their participation in all aspects of community life, directly to the Australian Government.

We will do this by engaging authentically with First Peoples communities and participating in a wide range of consultative opportunities with the Australian Government, thereby giving a voice to First Peoples with disability in government decision-making, legislation, policy, and the implementation of programs and policies.

FPDN works within the realms of the United Nations Convention on the Rights of People with Disability and the United Nations Declaration on the Rights of Indigenous Peoples. Further, we expand on the human rights model, to work within a cultural model of disability, to ensure First Peoples with disability have equitable participation with everyone else in society.

(Limit: approx 150 words, 1,000 characters)

992 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

Australia

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Target Cohort *

What target cohort(s) does your organisations/consortia seek to represent?

You must respond to this question.

Please select the option/s that apply.

- All people with disability
- Women and girls with disability
- Children with disability
- Culturally and linguistically diverse people with disability
- First Nations people with disability
- People with disability with physical impairments
- People with disability with mental impairments
- People with disability with intellectual impairments
- People with disability with sensory impairments (including vision and hearing)
- Another cohort group that is not specified above

Other Cohort *

If you selected 'Another cohort group that is not specified above' in the previous question, select 'Yes' and answer this question.

Please provide information on the other cohort(s) your project will service.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

- Yes
- No

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Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

Australia

2024-2025 (exc GST) *

\$		s47(1)(b)
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2025-2026 (exc GST) *

\$		
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Total funding

\$		
----	--	--

Approx. % of Total

	100
--	-----

Summary

2024-2025 Total

\$		s47(1)(b)
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2025-2026 Total

\$		
----	--	--

Total funding

\$		
----	--	--

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number *

Account number *

s47G	
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Financial Ratio Analysis

Is the Applicant able to provide the following financial information?

Note: You may be required to provide your two most recent sets of year-end statements to the Department of Social Services in order to verify the information provided in this application is accurate.

These questions are Mandatory.

If 'No' is selected for any of these questions, you will be asked to provide a brief explanation in the field provided (2000 character limit, approximately 300 words).

NOTE: the fields accept upper and lower case letters, numbers and the following special characters () . , ' & -/ \ @. No other special characters are accepted.

1. Can the Applicant provide the two most recent sets of year-end statements? *

- Yes - two recent
 Yes - one recent
 No

If 'Yes' is selected then you are required to complete the template below. You will not be able to progress with this application unless this information is provided.

2. Are all of these financial statements audited? *

- Yes
 No

3. Are all of the Applicants financial statements fully compliant with the Australian Accounting Standards? *

- Yes
 No

Ensure you populate the income/expenses in the correct year.

**Profit/Loss Statement Information -
most recent year available**

Financial Year *

2021 - 2022

Total Income 2021 - 2022 *

\$		s47G
----	--	------

Total Expenses 2021 - 2022 *

\$		
----	--	--

Net Profit 2021 - 2022

\$		
----	--	--

Balance Sheet Information Year 1

Cash and Cash equivalents 2021 - 2022 *

\$		s47G
----	--	------

Investments 2021 - 2022 *

\$		
----	--	--

Receivables 2021 - 2022 *

\$		
----	--	--

Other Current Assets 2021 - 2022 *

\$		
----	--	--

Total Current Assets 2021 - 2022

\$		
----	--	--

Non-current Assets 2021 - 2022

\$		
----	--	--

Total Assets 2021 - 2022

\$		
----	--	--

Current Liabilities 2021 - 2022 *

\$		
----	--	--

Non-current Liabilities 2021 - 2022 *

\$		
----	--	--

Total Liabilities 2021 - 2022

\$		
----	--	--

Net Assets 2021 - 2022

\$		
----	--	--

Have you provided your most current end of year financial statements to the Australian Charities and Not-for-profit Commission (ACNC)? *

- Yes
 No

This document has been released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Assessment Criteria

Criterion 1: Cohort *

When addressing the criterion strong applicants will:

- describe the cohort that your organisation(s) represents
- describe why it is important that this cohort is represented
- describe your organisations sector expertise and authority to effectively represent this cohort, including the diversity of experience within the cohort
- describe the members of your organisation(s).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

6,000 characters of 6,000 used

Criterion 2: Engagement *

When addressing the criterion strong applicants will:

- describe how you will engage in active, regular and accessible consultation and engagement with your cohort to ensure their views are being represented
- describe how you will ensure that you represent and actively engage with people of all states and territories, including harder-to-reach groups.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

5,373 characters of 6,000 used

Criterion 3: Capability *

When addressing the criterion strong applicants will:

- describe the skills, expertise and lived experience your organisation(s) has/have and the governance systems in place to support representation and engagement with the cohort
- describe how your organisation(s) will build internal capability and systems/processes that support long-term sustainability of your organisation.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

2,673 characters of 6,000 used

Criterion 4: Collaboration *

When addressing the criterion strong applicants will:

- describe how you will work collaboratively with key stakeholders to advocate for the rights of people with disability, including other organisations funded through the DRO program and the Australian Government
- if other organisations are also funded to represent the same cohort, describe how you will collaborate and/or partner to collectively address social barriers for the benefit of all people in that cohort.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

4,911 characters of 6,000 used

Additional Information

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation:** an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the most appropriate option.

- Indigenous community-controlled organisation
- Owned and operated Indigenous organisation
- Other Indigenous organisation
- Non-Indigenous organisation

Other Funding *

Will any other funding support be used for this Project/Activity?

You must respond to this question.

Please select the most appropriate option.

- Yes No

Consortium Arrangements *

Does the Applicant plan to deliver the project as the lead Agency of a consortium?

You must respond to this question.

Please select the most appropriate option.

- Yes No

If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Evidence *

Are you applying as a consortium? If so please attach evidence of consortia arrangement, including a description of administrative, funding, reporting and collaboration mechanisms.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
- No

Reporting *

What structures does your organisation/consortium have in place to ensure all reporting requirements for this grant opportunity are met?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 300 words, 2,000 characters)

902 characters of 2,000 used

Attachments

Indicative budget *

Please attach an indicative budget for the grant activity.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[FPDN - DRO Budget Final.xlsx](#)

Annual Report *

Please attach your most recent Annual Report.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[FPDN - Annual Report 2022 linkdocx.docx](#)

Financial Statement *

Please attach your most recent Financial Statement.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[FPDN - Financial Statement 2021-2022.pdf](#)

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

Mr

First Name *

s47F

Last Name *

s47

Position *

Chief Executive Officer

Telephone *

s47F

Mobile

s47F

Email address *

s47F

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

Ms

First Name *

s47

Last Name *

s47F

Position *

Program Manager

Telephone *

s47F

Mobile

s47F

Email address *

s47F

Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *

Position of Authorised Officer *

Date

s47F	Chief Executive Officer	27/11/2023
------	-------------------------	------------

Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

35	
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A copy of receipt will be sent to: s47F

This document has been released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing



**Community
Grants Hub**
Improving your grant experience



Disability Representative Organisations (DRO)

Submission Reference: ADVV3CTN

Application Information

The Disability Representative Organisations (DRO) grant opportunity will run from 2024-25 to 2025-26. The DRO grant opportunity will provide \$10.208 million (GST exclusive) over 2 years (\$5.104 million per year) to organisations to provide systemic advocacy for Australians with disability.

Systemic advocacy seeks to remove systemic barriers and address discrimination to ensure the rights and freedoms of Australians with disability are maintained, promoted and valued. The funding will enable organisations to promote an understanding of the lived experiences of people with disability, promote and advocate for the rights and dignity of people with disability, and foster support for the participation of people with disability in aspects of community life.

The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government. Organisations funded under the DRO grant opportunity will participate in a range of engagement activities with the Australian Government, to ensure that disability issues and a diversity of voices are represented in decision-making, legislation, policy development and implementation of programs and policies that may affect people with disability.

The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

DRO grant recipients will both promote and work within the human rights model of disability, in recognition that the human rights and fundamental freedoms of people with disability should be promoted and protected on an equal basis with others.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Social Services.

Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Monday 27 November 2023**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [□](#) website.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au .

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' [Privacy Policy](#) . The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility](#) Information and the Department of Social Services [Privacy Policy](#) should also be read and understood.

Use of Information

Your Submission Reference is:

ADV3CTN

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au .

Your email address *

s47F

Confirm your email address *

s47F

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree *

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Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

s47G

Applicant Legal Name

Inclusion Australia (NCID) Limited

Registered Business Name

Entity Type

Company

ABN

60084254809

State

VIC

Postcode

3066

GST Registered

For Profit

Charity

Withholding Tax Exempt

Are updates required to the Applicants details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

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by the Department of Health, Disability and Ageing

Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Company

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

Yes No

Please provide your supporting documentation. *

[IA ASIC Certificate of Registration.pdf](#)

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Contact with children is irregular or unplanned for the proposed activity

Confirmation

I confirm Child Safe measures for irregular contact will be in place prior to activity start

Australian Charities and Not-for-profits Commission Confirmation *

Confirm your organisation and project partner(s) are registered with Australian Charities and Not-for-profits Commission as a charity that helps people with disability or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

I confirm
 I am seeking to have this eligibility requirement waived by the decision maker

National Reach *

Confirm your organisation/consortium has the capacity to actively engage with and represent people with disability in all states and territories of Australia or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

NDIS Provider *

Confirm your organisation and project partner(s) **are not** a National Disability Insurance Scheme (NDIS) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

DES Provider *

Confirm your organisation and project partner(s) **are not** a Disability Employment Service (DES) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

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Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

- Yes No

2. Business plan and/or strategic plan. *

- Yes No

3. Risk management plan. *

- Yes No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , - / \ @ , all other characters including carriage returns are not accepted.

Inclusion Australia - Disability Representative Organisation for people with an intellectual disability and their families

(Limit: approx 38 words, 250 characters)

122 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

Approximately half a million Australians have an intellectual disability, making up 22% of people with disability. People with an intellectual disability face barriers to being included in their communities and providing input into government policies. The participation of people with an intellectual disability is integral to Australia's commitments under the UNCRPD.

Inclusion Australia (IA), as the funded Disability Representative Organisation, will represent the views and experiences of people with intellectual disability to government. IA will engage extensively with people with intellectual disability and their families to inform advocacy work and support them to have a voice on policy matters that impact their lives. Taking a collaborative and inclusive approach, IA will represent the diverse experiences of people with intellectual disability across Australia including the experiences of people with complex support needs and those with minimal informal support.

(Limit: approx 150 words, 1,000 characters)

982 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

Australia

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Target Cohort *

What target cohort(s) does your organisations/consortia seek to represent?

You must respond to this question.

Please select the option/s that apply.

- All people with disability
- Women and girls with disability
- Children with disability
- Culturally and linguistically diverse people with disability
- First Nations people with disability
- People with disability with physical impairments
- People with disability with mental impairments
- People with disability with intellectual impairments
- People with disability with sensory impairments (including vision and hearing)
- Another cohort group that is not specified above

Other Cohort *

If you selected 'Another cohort group that is not specified above' in the previous question, select 'Yes' and answer this question.

Please provide information on the other cohort(s) your project will service.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

- Yes
- No

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Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

Australia	
2024-2025 (exc GST) *	
\$	s47(1)(b)
2025-2026 (exc GST) *	
\$	
Total funding	
\$	
Approx. % of Total	
	100

Summary

2024-2025 Total	
\$	s47(1)(b)
2025-2026 Total	
\$	
Total funding	
\$	

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number *

Account number *

s47G

--

Financial Ratio Analysis

Is the Applicant able to provide the following financial information?

Note: You may be required to provide your two most recent sets of year-end statements to the Department of Social Services in order to verify the information provided in this application is accurate.

These questions are Mandatory.

If 'No' is selected for any of these questions, you will be asked to provide a brief explanation in the field provided (2000 character limit, approximately 300 words).

NOTE: the fields accept upper and lower case letters, numbers and the following special characters () . , ' & -/ \ @. No other special characters are accepted.

1. Can the Applicant provide the two most recent sets of year-end statements? *

- Yes - two recent
 Yes - one recent
 No

If 'Yes' is selected then you are required to complete the template below. You will not be able to progress with this application unless this information is provided.

2. Are all of these financial statements audited? *

- Yes
 No

3. Are all of the Applicants financial statements fully compliant with the Australian Accounting Standards? *

- Yes
 No

Ensure you populate the income/expenses in the correct year.

Profit/Loss Statement Information - most recent year available		Profit/Loss Statement Information - previous year	
Financial Year *		Financial Year *	
2022 - 2023		2021 - 2022	
Total Income 2022 - 2023 *		Total Income 2021 - 2022 *	
\$		\$	
Total Expenses 2022 - 2023 *		Total Expenses 2021 - 2022 *	
\$		\$	
Net Profit 2022 - 2023		Net Profit 2021 - 2022	
\$		\$	
Balance Sheet Information Year 1		Balance Sheet Information Year 2	
Cash and Cash equivalents 2022 - 2023 *		Cash and Cash equivalents 2021 - 2022 *	
\$		\$	
Investments 2022 - 2023 *		Investments 2021 - 2022 *	
\$		\$	
Receivables 2022 - 2023 *		Receivables 2021 - 2022 *	
\$		\$	
Other Current Assets 2022 - 2023 *		Other Current Assets 2021 - 2022 *	
\$		\$	
Total Current Assets 2022 - 2023		Total Current Assets 2021 - 2022	
\$		\$	
Non-current Assets 2022 - 2023 *		Non-current Assets 2021 - 2022 *	
\$		\$	
Total Assets 2022 - 2023		Total Assets 2021 - 2022	
\$		\$	
Current Liabilities 2022 - 2023 *		Current Liabilities 2021 - 2022 *	
\$		\$	
Non-current Liabilities 2022 - 2023 *		Non-current Liabilities 2021 - 2022 *	
\$		\$	
Total Liabilities 2022 - 2023		Total Liabilities 2021 - 2022	
\$		\$	
Net Assets 2022 - 2023		Net Assets 2021 - 2022	
\$		\$	

Have you provided your most current end of year financial statements to the Australian Charities and Not-for-profit Commission (ACNC)? *

- Yes
 No

If no, provide financial statements *

[Audited Financial Reports IAJune2023.pdf](#)

Assessment Criteria

Criterion 1: Cohort *

When addressing the criterion strong applicants will:

- describe the cohort that your organisation(s) represents
- describe why it is important that this cohort is represented
- describe your organisations sector expertise and authority to effectively represent this cohort, including the diversity of experience within the cohort
- describe the members of your organisation(s).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 900 words, 6,000 characters)

5,961 characters of 6,000 used

Criterion 2: Engagement *

When addressing the criterion strong applicants will:

- describe how you will engage in active, regular and accessible consultation and engagement with your cohort to ensure their views are being represented
- describe how you will ensure that you represent and actively engage with people of all states and territories, including harder-to-reach groups.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 900 words, 6,000 characters)

6,000 characters of 6,000 used

Criterion 3: Capability *

When addressing the criterion strong applicants will:

- describe the skills, expertise and lived experience your organisation(s) has/have and the governance systems in place to support representation and engagement with the cohort
- describe how your organisation(s) will build internal capability and systems/processes that support long-term sustainability of your organisation.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 900 words, 6,000 characters)

5,776 characters of 6,000 used

Criterion 4: Collaboration *

When addressing the criterion strong applicants will:

- describe how you will work collaboratively with key stakeholders to advocate for the rights of people with disability, including other organisations funded through the DRO program and the Australian Government
- if other organisations are also funded to represent the same cohort, describe how you will collaborate and/or partner to collectively address social barriers for the benefit of all people in that cohort.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 900 words, 6,000 characters)

5,942 characters of 6,000 used

Additional Information

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation:** an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the most appropriate option.

- Indigenous community-controlled organisation
- Owned and operated Indigenous organisation
- Other Indigenous organisation
- Non-Indigenous organisation

Other Funding *

Will any other funding support be used for this Project/Activity?

You must respond to this question.

Please select the most appropriate option.

- Yes No

Consortium Arrangements *

Does the Applicant plan to deliver the project as the lead Agency of a consortium?

You must respond to this question.

Please select the most appropriate option.

- Yes No

If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Evidence *

Are you applying as a consortium? If so please attach evidence of consortia arrangement, including a description of administrative, funding, reporting and collaboration mechanisms.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
- No

Reporting *

What structures does your organisation/consortium have in place to ensure all reporting requirements for this grant opportunity are met?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 300 words, 2,000 characters)

1,928 characters of 2,000 used

Attachments

Indicative budget *

Please attach an indicative budget for the grant activity.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Disability Representative Organisations - Inclusion Australia Budget.xlsx](#)

Annual Report *

Please attach your most recent Annual Report.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[inclusionAustralia_AnnualReport2023_WEB.pdf](#)

Financial Statement *

Please attach your most recent Financial Statement.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Audited Financial Reports IA 30June2023.pdf](#)

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Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

Ms

First Name *

s47F

Last Name *

Position *

Chief Executive Officer

Telephone *

s47F

Mobile

Email address *

s47F

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

Ms

First Name *

s47F

Last Name *

Position *

Administration

Telephone *

s47F

Mobile

Email address *

s47F

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Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *	Position of Authorised Officer *	Date
s47F	Chief Executive Officer	27/11/2023

Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours	Minutes
40	0

A copy of receipt will be sent to: s47F

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**Community
Grants Hub**
Improving your grant experience



Disability Representative Organisations (DRO)

Submission Reference: J372F8Q2

Application Information

The Disability Representative Organisations (DRO) grant opportunity will run from 2024-25 to 2025-26. The DRO grant opportunity will provide \$10.208 million (GST exclusive) over 2 years (\$5.104 million per year) to organisations to provide systemic advocacy for Australians with disability.

Systemic advocacy seeks to remove systemic barriers and address discrimination to ensure the rights and freedoms of Australians with disability are maintained, promoted and valued. The funding will enable organisations to promote an understanding of the lived experiences of people with disability, promote and advocate for the rights and dignity of people with disability, and foster support for the participation of people with disability in aspects of community life.

The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government. Organisations funded under the DRO grant opportunity will participate in a range of engagement activities with the Australian Government, to ensure that disability issues and a diversity of voices are represented in decision-making, legislation, policy development and implementation of programs and policies that may affect people with disability.

The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

DRO grant recipients will both promote and work within the human rights model of disability, in recognition that the human rights and fundamental freedoms of people with disability should be promoted and protected on an equal basis with others.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Social Services.

Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Monday 27 November 2023**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [□](#) website.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au [□].

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' [Privacy Policy](#) [□]. The Community Grants Hub [Privacy Policy](#) [□] and [WCaG Accessibility](#) [□] Information and the Department of Social Services [Privacy Policy](#) [□] should also be read and understood.

Use of Information

Your Submission Reference is:

J372F8Q2

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au [□].

Your email address *

s47F

Confirm your email address *

s47F

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree *

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Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

s47G

Applicant Legal Name

National Ethnic Disability Alliance

Registered Business Name

National Ethnic Disability Alliance

Entity Type

Incorporated Association

ABN

13087510232

State

ACT

Postcode

2601

GST Registered

For Profit

Charity

Withholding Tax Exempt

Are updates required to the Applicants details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

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Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Incorporated Association

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

Yes No

Please provide your supporting documentation. *

[NEDA incorp cert.pdf](#)

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Not applicable - the proposed activity does not interact with children

Confirmation

Child Safe measures are not applicable

Australian Charities and Not-for-profits Commission Confirmation *

Confirm your organisation and project partner(s) are registered with Australian Charities and Not-for-profits Commission as a charity that helps people with disability or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

I confirm
 I am seeking to have this eligibility requirement waived by the decision maker

National Reach *

Confirm your organisation/consortium has the capacity to actively engage with and represent people with disability in all states and territories of Australia or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

NDIS Provider *

Confirm your organisation and project partner(s) **are not** a National Disability Insurance Scheme (NDIS) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

DES Provider *

Confirm your organisation and project partner(s) **are not** a Disability Employment Service (DES) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

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Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

Yes No

2. Business plan and/or strategic plan. *

Yes No

3. Risk management plan. *

Yes No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , - / \ @ , all other characters including carriage returns are not accepted.

NEDA is seeking DRO funding to continue its role as the national Disabled People's Organisation representing the rights and interests of people with a disability from Culturally and Linguistically Diverse backgrounds, their families and carers.

(Limit: approx 38 words, 250 characters)

244 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

NEDA is the established and respected Disabled People's Organisation representing the rights and interests of people with disability (PWD) from CaLD backgrounds, their families and carers. Operating with a small secretariat based in Canberra, NEDA is governed by a National Council with representation from each state and territory.

NEDA will deliver the DRO objectives using our established communication and engagement systems, which enable us to gather the lived experiences, voices and views of the people we represent, quickly and efficiently. Our approach can be scaled up, or down, depending on the purpose, scope and timelines of the activity, issue, or project, and used to gather one-off or open-ended feedback to inform the Australian government.

Lived experience is embedded in everything we do. NEDA's approach is underpinned by the principles of the United Nations Convention on the Rights of Persons with Disabilities and is rights-based and trauma-informed.

(Limit: approx 150 words, 1,000 characters)

976 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

Australia

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Target Cohort *

What target cohort(s) does your organisations/consortia seek to represent?

You must respond to this question.

Please select the option/s that apply.

- All people with disability
- Women and girls with disability
- Children with disability
- Culturally and linguistically diverse people with disability
- First Nations people with disability
- People with disability with physical impairments
- People with disability with mental impairments
- People with disability with intellectual impairments
- People with disability with sensory impairments (including vision and hearing)
- Another cohort group that is not specified above

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Other Cohort *

If you selected 'Another cohort group that is not specified above' in the previous question, select 'Yes' and answer this question.

Please provide information on the other cohort(s) your project will service.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

- Yes
- No

Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

Australia	
2024-2025 (exc GST) *	s47(1)(b)
\$	
2025-2026 (exc GST) *	
\$	
Total funding	s47(1)(b)
\$	
Approx. % of Total	100
Summary	
2024-2025 Total	s47(1)(b)
\$	
2025-2026 Total	
\$	
Total funding	s47(1)(b)
\$	

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & - / \ @ , all other characters including carriage returns are not accepted.

BSB number *	Account number *
s47G	

Financial Ratio Analysis

Is the Applicant able to provide the following financial information?

Note: You may be required to provide your two most recent sets of year-end statements to the Department of Social Services in order to verify the information provided in this application is accurate.

These questions are Mandatory.

If 'No' is selected for any of these questions, you will be asked to provide a brief explanation in the field provided (2000 character limit, approximately 300 words).

NOTE: the fields accept upper and lower case letters, numbers and the following special characters () , ' & - / \ @. No other special characters are accepted.

1. Can the Applicant provide the two most recent sets of year-end statements? *

Yes - two recent
 Yes - one recent
 No

If 'Yes' is selected then you are required to complete the template below. You will not be able to progress with this application unless this information is provided.

2. Are all of these financial statements audited? *

Yes
 No

3. Are all of the Applicants financial statements fully compliant with the Australian Accounting Standards? *

Yes
 No

Ensure you populate the income/expenses in the correct year.

Profit/Loss Statement Information - most recent year available	Profit/Loss Statement Information - previous year
Financial Year * 2022 - 2023	Financial Year * 2021 - 2022
Total Income 2022 - 2023 * \$ <input type="text"/> s47G	Total Income 2021 - 2022 * \$ <input type="text"/> s47G
Total Expenses 2022 - 2023 * \$ <input type="text"/>	Total Expenses 2021 - 2022 * \$ <input type="text"/>
Net Profit 2022 - 2023 \$ <input type="text"/>	Net Profit 2021 - 2022 \$ <input type="text"/>
Balance Sheet Information Year 1	Balance Sheet Information Year 2
Cash and Cash equivalents 2022 - 2023 * \$ <input type="text"/> s47G	Cash and Cash equivalents 2021 - 2022 * \$ <input type="text"/> s47G
Investments 2022 - 2023 * \$ <input type="text"/>	Investments 2021 - 2022 * \$ <input type="text"/>
Receivables 2022 - 2023 * \$ <input type="text"/>	Receivables 2021 - 2022 * \$ <input type="text"/>
Other Current Assets 2022 - 2023 * \$ <input type="text"/>	Other Current Assets 2021 - 2022 * \$ <input type="text"/>
Total Current Assets 2022 - 2023 \$ <input type="text"/>	Total Current Assets 2021 - 2022 \$ <input type="text"/>
Non-current Assets 2022 - 2023 * \$ <input type="text"/>	Non-current Assets 2021 - 2022 * \$ <input type="text"/>
Total Assets 2022 - 2023 \$ <input type="text"/>	Total Assets 2021 - 2022 \$ <input type="text"/>
Current Liabilities 2022 - 2023 * \$ <input type="text"/>	Current Liabilities 2021 - 2022 * \$ <input type="text"/>
Non-current Liabilities 2022 - 2023 * \$ <input type="text"/>	Non-current Liabilities 2021 - 2022 * \$ <input type="text"/>
Total Liabilities 2022 - 2023 \$ <input type="text"/>	Total Liabilities 2021 - 2022 \$ <input type="text"/>
Net Assets 2022 - 2023 \$ <input type="text"/>	Net Assets 2021 - 2022 \$ <input type="text"/>

Have you provided your most current end of year financial statements to the Australian Charities and Not-for-profit Commission (ACNC)? *

Yes No

If no, provide financial statements *

National Ethnic Disability Alliance Incorporated - 2023 Financial Report SIGNE...

Assessment Criteria

Criterion 1: Cohort *

When addressing the criterion strong applicants will:

- describe the cohort that your organisation(s) represents
- describe why it is important that this cohort is represented
- describe your organisations sector expertise and authority to effectively represent this cohort, including the diversity of experience within the cohort
- describe the members of your organisation(s).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)



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(Limit: approx 900 words, 6,000 characters)

5,978 characters of 6,000 used

Criterion 2: Engagement *

When addressing the criterion strong applicants will:

- describe how you will engage in active, regular and accessible consultation and engagement with your cohort to ensure their views are being represented
- describe how you will ensure that you represent and actively engage with people of all states and territories, including harder-to-reach groups.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

5,995 characters of 6,000 used

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Criterion 3: Capability *

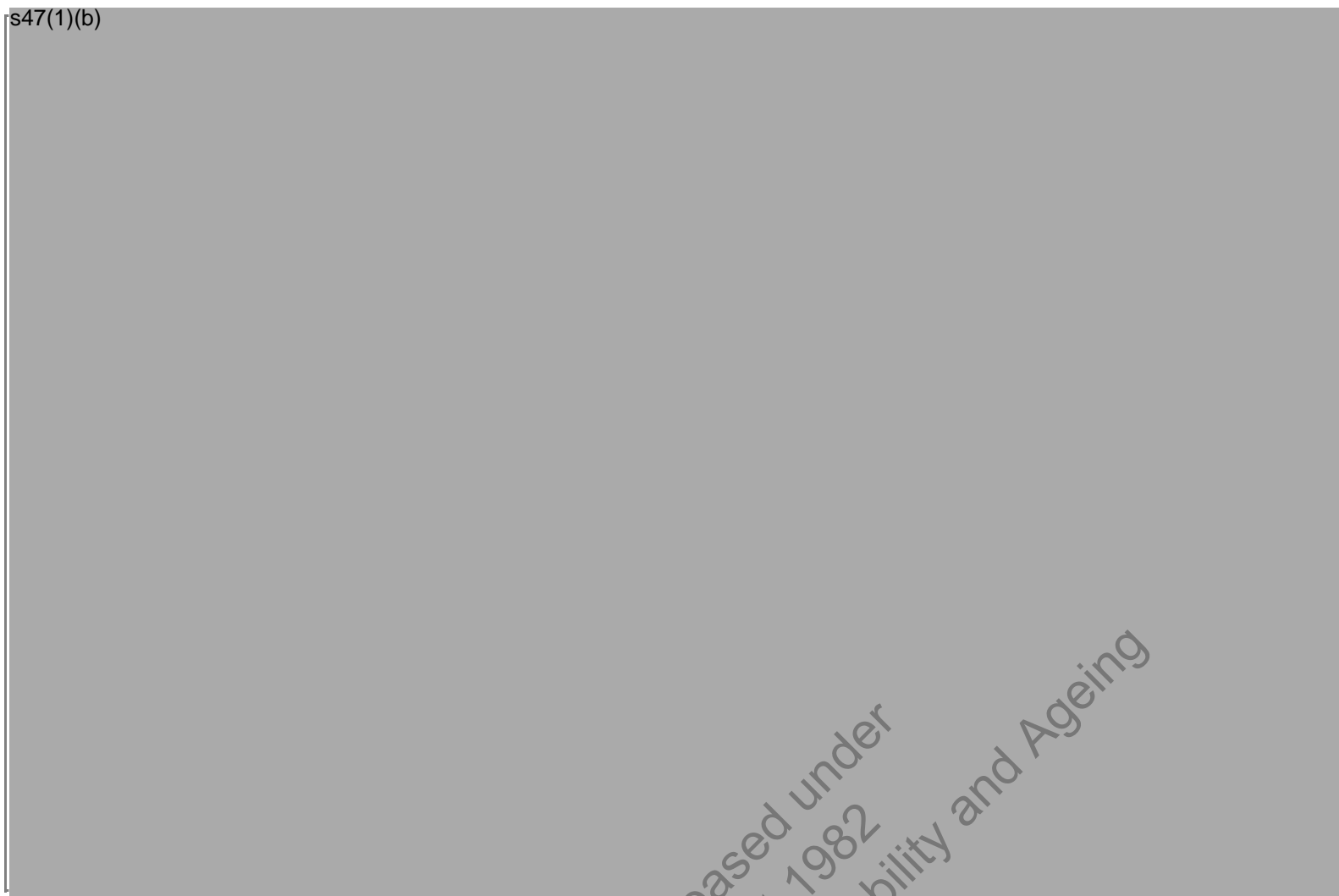
When addressing the criterion strong applicants will:

- describe the skills, expertise and lived experience your organisation(s) has/have and the governance systems in place to support representation and engagement with the cohort
- describe how your organisation(s) will build internal capability and systems/processes that support long-term sustainability of your organisation.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)



(Limit: approx 900 words, 6,000 characters)

4,947 characters of 6,000 used

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Criterion 4: Collaboration *

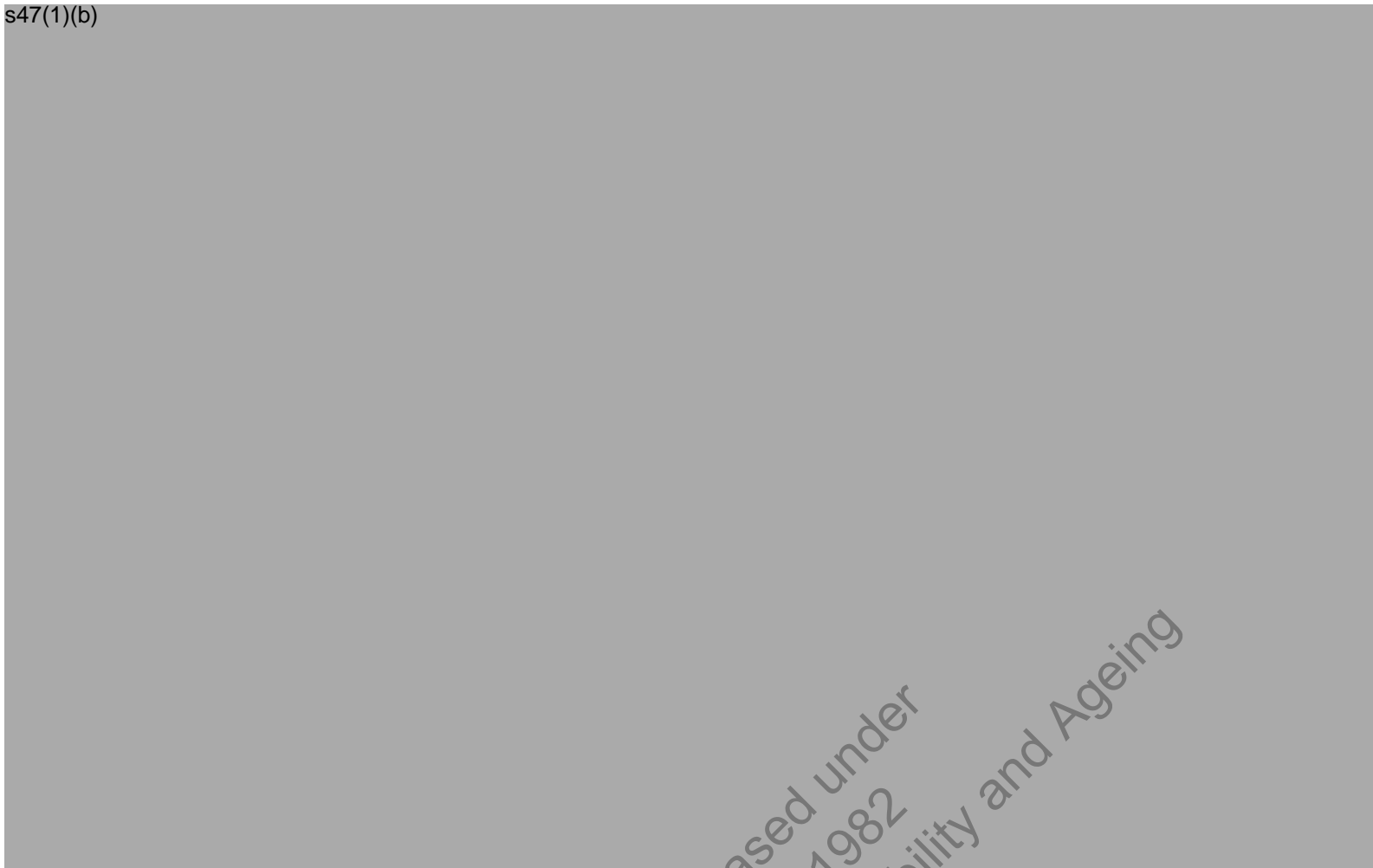
When addressing the criterion strong applicants will:

- describe how you will work collaboratively with key stakeholders to advocate for the rights of people with disability, including other organisations funded through the DRO program and the Australian Government
- if other organisations are also funded to represent the same cohort, describe how you will collaborate and/or partner to collectively address social barriers for the benefit of all people in that cohort.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)



(Limit: approx 900 words, 6,000 characters)

4,805 characters of 6,000 used

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Additional Information

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation:** an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the most appropriate option.

- Indigenous community-controlled organisation
- Owned and operated Indigenous organisation
- Other Indigenous organisation
- Non-Indigenous organisation

Other Funding *

Will any other funding support be used for this Project/Activity?

You must respond to this question.

Please select the most appropriate option.

- Yes No

Consortium Arrangements *

Does the Applicant plan to deliver the project as the lead Agency of a consortium?

You must respond to this question.

Please select the most appropriate option.

- Yes No

If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Evidence *

Are you applying as a consortium? If so please attach evidence of consortia arrangement, including a description of administrative, funding, reporting and collaboration mechanisms.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
- No

Reporting *

What structures does your organisation/consortium have in place to ensure all reporting requirements for this grant opportunity are met?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 300 words, 2,000 characters)

626 characters of 2,000 used

Attachments

Indicative budget *

Please attach an indicative budget for the grant activity.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Disability Representative Organisations - Budget Template - NEDA.xlsx](#)

Annual Report *

Please attach your most recent Annual Report.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[01102023-Neda Annual Report.pdf](#)

Financial Statement *

Please attach your most recent Financial Statement.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[National Ethnic Disability Alliance Incorporated - 2022 Financial Report Review \(2\)\[1\].pdf](#)

This document has been released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

Mr

First Name *

s47F

Last Name *

Position *

Chief Executive Officer

Telephone *

s47F

Mobile

s47F

Email address *

s47F

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

Ms

First Name *

s47

Last Name *

s47F

Position *

Manager

Telephone *

s47F

Mobile

s47F

Email address *

s47F

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Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *

Position of Authorised Officer *

Date

s47F	Chief Executive Officer	27/11/2023
------	-------------------------	------------

Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

80	
----	--

A copy of receipt will be sent to s47F

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**Community
Grants Hub**
Improving your grant experience



Disability Representative Organisations (DRO)

Submission Reference: PD6DDFC6

Application Information

The Disability Representative Organisations (DRO) grant opportunity will run from 2024-25 to 2025-26. The DRO grant opportunity will provide \$10.208 million (GST exclusive) over 2 years (\$5.104 million per year) to organisations to provide systemic advocacy for Australians with disability.

Systemic advocacy seeks to remove systemic barriers and address discrimination to ensure the rights and freedoms of Australians with disability are maintained, promoted and valued. The funding will enable organisations to promote an understanding of the lived experiences of people with disability, promote and advocate for the rights and dignity of people with disability, and foster support for the participation of people with disability in aspects of community life.

The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government. Organisations funded under the DRO grant opportunity will participate in a range of engagement activities with the Australian Government, to ensure that disability issues and a diversity of voices are represented in decision-making, legislation, policy development and implementation of programs and policies that may affect people with disability.

The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

DRO grant recipients will both promote and work within the human rights model of disability, in recognition that the human rights and fundamental freedoms of people with disability should be promoted and protected on an equal basis with others.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Social Services.

Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Monday 27 November 2023**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it as all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [□](#) website.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au .

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' [Privacy Policy](#) . The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility](#) Information and the Department of Social Services [Privacy Policy](#) should also be read and understood.

Use of Information

Your Submission Reference is:

PD6DDFC6

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au .

Your email address *

s47F

Confirm your email address *

s47F

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree *

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Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

s47G

Applicant Legal Name

Children and Young People with Disability Australia

Registered Business Name

Children and Young People with Disability Australia

Entity Type

Company

ABN

42140529273

State

VIC

Postcode

3066

GST Registered

For Profit

Charity

Withholding Tax Exempt

Are updates required to the Applicants details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

Eligibility Requirements

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What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Company

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

Yes No

Please provide your supporting documentation. *

SMT_CertificateChangeOfName_20151214.pdf

SMT_CertificateOfIncorporation_20091112.pdf

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Contact with children is direct or an expected part of the proposed activity

Confirmation

I confirm Child Safe measures for direct/expected contact will be in place prior to activity start

Australian Charities and Not-for-profits Commission Confirmation *

Confirm your organisation and project partner(s) are registered with Australian Charities and Not-for-profits Commission as a charity that helps people with disability or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

National Reach *

Confirm your organisation/consortium has the capacity to actively engage with and represent people with disability in all states and territories of Australia or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

NDIS Provider *

Confirm your organisation and project partner(s) **are not** a National Disability Insurance Scheme (NDIS) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

DES Provider *

Confirm your organisation and project partner(s) **are not** a Disability Employment Service (DES) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

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Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

Yes No

2. Business plan and/or strategic plan. *

Yes No

3. Risk management plan. *

Yes No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , - / \ @ , all other characters including carriage returns are not accepted.

Systemic advocacy to promote the rights of and an understanding of the lived experiences of children and young people with disability and their families/supporters.

(Limit: approx 38 words, 250 characters)

164 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

Children and Young People with Disability Australia (CYDA) will engage with our 5,000+ members, state-based and disability-specific organisations to understand and promote the lived experiences of children and young people with disability aged 0-25 and their families/supporters ('our cohort'). This will allow us to advocate for the removal of systemic barriers and address discrimination to ensure that Australia's laws, policies and programs recognise, value and uphold the rights of our cohort. CYDA's systemic advocacy and participation in government activities will be informed by direct engagement with our cohort through inclusive and accessible surveys, interviews and focus groups. We will meet at least quarterly with other representative organisations to identify trends in issues, allowing us to be proactive in raising concerns and responsive to requests for input from government. We'll continue our active collaboration with the National Coordination Function.

(Limit: approx 150 words, 1,000 characters)

975 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

Australia

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Target Cohort *

What target cohort(s) does your organisations/consortia seek to represent?

You must respond to this question.

Please select the option/s that apply.

- All people with disability
- Women and girls with disability
- Children with disability
- Culturally and linguistically diverse people with disability
- First Nations people with disability
- People with disability with physical impairments
- People with disability with mental impairments
- People with disability with intellectual impairments
- People with disability with sensory impairments (including vision and hearing)
- Another cohort group that is not specified above

Other Cohort *

If you selected 'Another cohort group that is not specified above' in the previous question, select 'Yes' and answer this question.

Please provide information on the other cohort(s) your project will service.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

- Yes
- No

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Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

Australia	
2024-2025 (exc GST) *	
\$	s47(1)(b)
2025-2026 (exc GST) *	
\$	
Total funding	
\$	
Approx. % of Total	
	100

Summary

2024-2025 Total	
\$	s47(1)(b)
2025-2026 Total	
\$	
Total funding	
\$	

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @ , all other characters including carriage returns are not accepted.

BSB number *	Account number *
s47G	

Financial Ratio Analysis

Is the Applicant able to provide the following financial information?

Note: You may be required to provide your two most recent sets of year-end statements to the Department of Social Services in order to verify the information provided in this application is accurate.

These questions are Mandatory.

If 'No' is selected for any of these questions, you will be asked to provide a brief explanation in the field provided (2000 character limit, approximately 300 words).

NOTE: the fields accept upper and lower case letters, numbers and the following special characters () , ' & - / \ @. No other special characters are accepted.

1. Can the Applicant provide the two most recent sets of year-end statements? *

- Yes - two recent
- Yes - one recent
- No

If 'Yes' is selected then you are required to complete the template below. You will not be able to progress with this application unless this information is provided.

2. Are all of these financial statements audited? *

- Yes
- No

3. Are all of the Applicants financial statements fully compliant with the Australian Accounting Standards? *

- Yes
- No

Ensure you populate the income/expenses in the correct year.

Profit/Loss Statement Information - most recent year available	Profit/Loss Statement Information - previous year
Financial Year *	Financial Year *
2022 - 2023	2021 - 2022
Total Income 2022 - 2023 *	Total Income 2021 - 2022 *
\$ <input type="text" value="s47G"/>	\$ <input type="text" value="s47G"/>
Total Expenses 2022 - 2023 *	Total Expenses 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Net Profit 2022 - 2023	Net Profit 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Balance Sheet Information Year 1	Balance Sheet Information Year 2
Cash and Cash equivalents 2022 - 2023 *	Cash and Cash equivalents 2021 - 2022 *
\$ <input type="text" value="s47G"/>	\$ <input type="text" value="s47G"/>
Investments 2022 - 2023 *	Investments 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Receivables 2022 - 2023 *	Receivables 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Other Current Assets 2022 - 2023 *	Other Current Assets 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Total Current Assets 2022 - 2023	Total Current Assets 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Non-current Assets 2022 - 2023 *	Non-current Assets 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Total Assets 2022 - 2023	Total Assets 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Current Liabilities 2022 - 2023 *	Current Liabilities 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Non-current Liabilities 2022 - 2023 *	Non-current Liabilities 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Total Liabilities 2022 - 2023	Total Liabilities 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Net Assets 2022 - 2023	Net Assets 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>

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Have you provided your most current end of year financial statements to the Australian Charities and Not-for-profit Commission (ACNC)? *

Yes No

If no, provide financial statements *

CYDAAuditedFinancialStatements2023.pdf

Assessment Criteria

Criterion 1: Cohort *

When addressing the criterion strong applicants will:

- describe the cohort that your organisation(s) represents
- describe why it is important that this cohort is represented
- describe your organisations sector expertise and authority to effectively represent this cohort, including the diversity of experience within the cohort
- describe the members of your organisation(s).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

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(Limit: approx 900 words, 6,000 characters)

5,867 characters of 6,000 used

Criterion 2: Engagement *

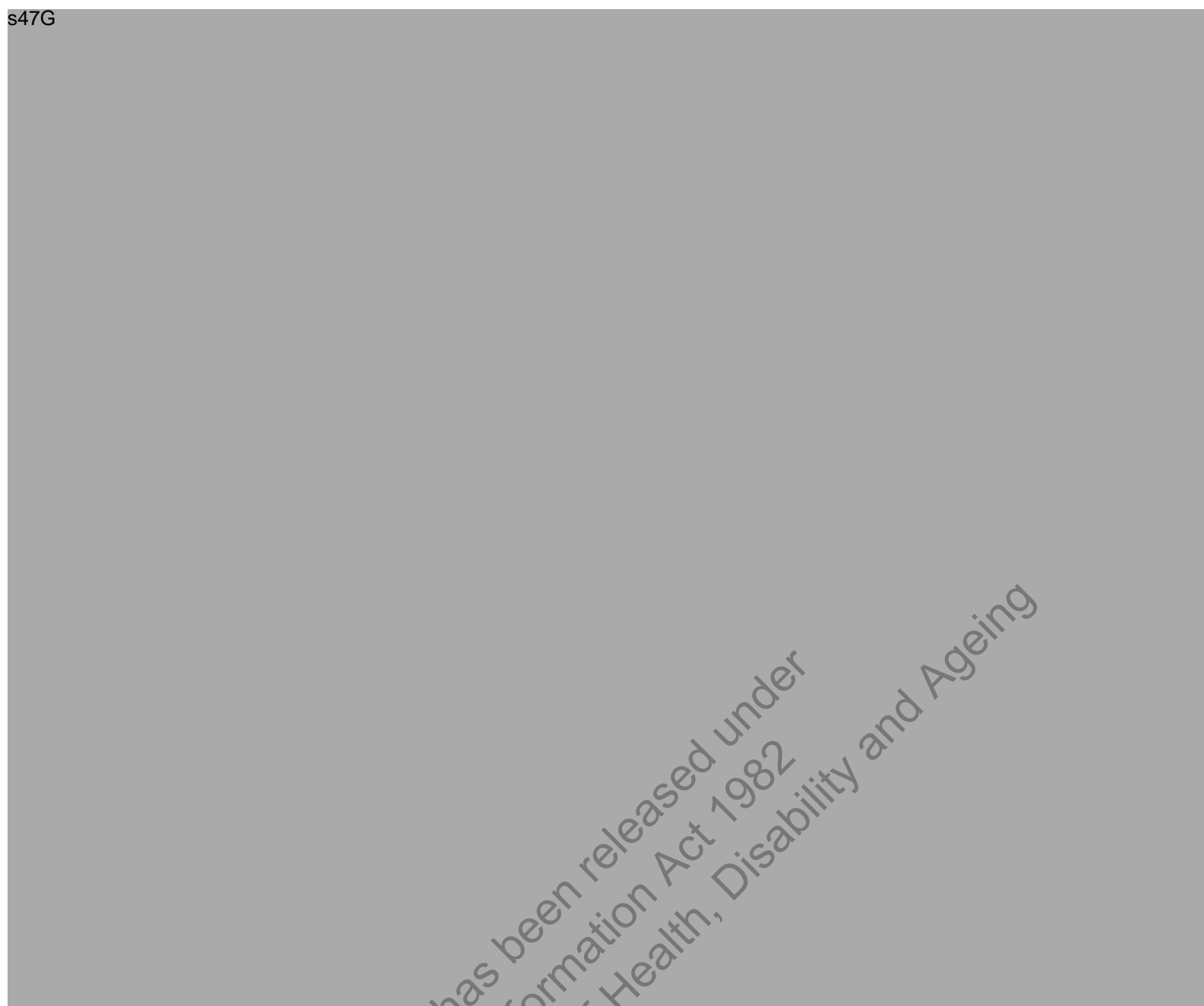
When addressing the criterion strong applicants will:

- describe how you will engage in active, regular and accessible consultation and engagement with your cohort to ensure their views are being represented
- describe how you will ensure that you represent and actively engage with people of all states and territories, including harder-to-reach groups.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G



(Limit: approx 900 words, 6,000 characters)

5,943 characters of 6,000 used

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Criterion 3: Capability *

When addressing the criterion strong applicants will:

- describe the skills, expertise and lived experience your organisation(s) has/have and the governance systems in place to support representation and engagement with the cohort
- describe how your organisation(s) will build internal capability and systems/processes that support long-term sustainability of your organisation.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 900 words, 6,000 characters)

5,993 characters of 6,000 used

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Criterion 4: Collaboration *

When addressing the criterion strong applicants will:

- describe how you will work collaboratively with key stakeholders to advocate for the rights of people with disability, including other organisations funded through the DRO program and the Australian Government
- if other organisations are also funded to represent the same cohort, describe how you will collaborate and/or partner to collectively address social barriers for the benefit of all people in that cohort.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 900 words, 6,000 characters)

5,921 characters of 6,000 used

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Additional Information

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation:** an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the most appropriate option.

- Indigenous community-controlled organisation
- Owned and operated Indigenous organisation
- Other Indigenous organisation
- Non-Indigenous organisation

Other Funding *

Will any other funding support be used for this Project/Activity?

You must respond to this question.

Please select the most appropriate option.

- Yes No

Consortium Arrangements *

Does the Applicant plan to deliver the project as the lead Agency of a consortium?

You must respond to this question.

Please select the most appropriate option.

- Yes No

If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Evidence *

Are you applying as a consortium? If so please attach evidence of consortia arrangement, including a description of administrative, funding, reporting and collaboration mechanisms.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
- No

Reporting *

What structures does your organisation/consortium have in place to ensure all reporting requirements for this grant opportunity are met?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 300 words, 2,000 characters)

1,865 characters of 2,000 used

Attachments

Indicative budget *

Please attach an indicative budget for the grant activity.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[BUD_FINAL_Core Budget Template.xlsx](#)

Annual Report *

Please attach your most recent Annual Report.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Final CYDA 2022-2023 Annual Report.pdf](#)

Financial Statement *

Please attach your most recent Financial Statement.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[REP_AuditedFinancialStatements_Signed_20231122.pdf](#)

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

Mrs

First Name *

s47F

Last Name *

Position *

Chief Executive Officer

Telephone *

s47F

Mobile

s47F

Email address *

s47F

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

Mrs

First Name *

s47F

Last Name *

s47F

Position *

Administration

Telephone *

s47F

Mobile

s47F

Email address *

s47F

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Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *

Position of Authorised Officer *

Date

s47F	Chief Executive Officer	27/11/2023
------	-------------------------	------------

Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

90	
----	--

A copy of receipt will be sent to: s47F



**Community
Grants Hub**
Improving your grant experience



Disability Representative Organisations (DRO)

Submission Reference: 29PSADKS

Application Information

The Disability Representative Organisations (DRO) grant opportunity will run from 2024-25 to 2025-26. The DRO grant opportunity will provide \$10.208 million (GST exclusive) over 2 years (\$5.104 million per year) to organisations to provide systemic advocacy for Australians with disability.

Systemic advocacy seeks to remove systemic barriers and address discrimination to ensure the rights and freedoms of Australians with disability are maintained, promoted and valued. The funding will enable organisations to promote an understanding of the lived experiences of people with disability, promote and advocate for the rights and dignity of people with disability, and foster support for the participation of people with disability in aspects of community life.

The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government. Organisations funded under the DRO grant opportunity will participate in a range of engagement activities with the Australian Government, to ensure that disability issues and a diversity of voices are represented in decision-making, legislation, policy development and implementation of programs and policies that may affect people with disability.

The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

DRO grant recipients will both promote and work within the human rights model of disability, in recognition that the human rights and fundamental freedoms of people with disability should be promoted and protected on an equal basis with others.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Social Services.

Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Monday 27 November 2023**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [□](#) website.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au .

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' [Privacy Policy](#) . The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility](#) Information and the Department of Social Services [Privacy Policy](#) should also be read and understood.

Use of Information

Your Submission Reference is:

29PSADKS

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au .

Your email address *

s47F

Confirm your email address *

s47F

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree *

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Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

s47G

Applicant Legal Name

People with Disability Australia Ltd.

Registered Business Name

Disabled Peoples Organisations Australia

Entity Type

Company

ABN

98879981198

State

NSW

Postcode

2010

GST Registered

For Profit

Charity

Withholding Tax Exempt

Are updates required to the Applicants details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

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Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Company

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

Yes No

Please provide your supporting documentation. *

PWDA's ASIC Certificate of Registration as a Company.pdf

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Contact with children is irregular or unplanned for the proposed activity

Confirmation

I confirm Child Safe measures for irregular contact will be in place prior to activity start

Australian Charities and Not-for-profits Commission Confirmation *

Confirm your organisation and project partner(s) are registered with Australian Charities and Not-for-profits Commission as a charity that helps people with disability or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

National Reach *

Confirm your organisation/consortium has the capacity to actively engage with and represent people with disability in all states and territories of Australia or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

NDIS Provider *

Confirm your organisation and project partner(s) **are not** a National Disability Insurance Scheme (NDIS) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

DES Provider *

Confirm your organisation and project partner(s) **are not** a Disability Employment Service (DES) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

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Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

Yes No

2. Business plan and/or strategic plan. *

Yes No

3. Risk management plan. *

Yes No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , - / \ @ , all other characters including carriage returns are not accepted.

A national voice for people with disability. Providing cross-disability and human rights-based systemic advocacy for all Australians with disability.

(Limit: approx 38 words, 250 characters)

149 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

PWDA will deliver a comprehensive calendar of systemic advocacy activities by and representative of all people with disability and the LGBTQIA+ disabled community. As the only national cross-disability peak representing the rights & interests of All Australians with disability, PWDA is uniquely placed to consult with disabled people about matters that affect us, ensuring Australian Government policy reforms and actions are fully informed. By consulting, engaging & deeply listening to people with disability through focus groups, interviews, surveys, events and other activations, PWDA will

- Deliver strategic communications campaigns to promote an understanding of the lived experiences of people with disability
- Constructively engage with Government and stakeholders to inform & guide policy reform
- Proactively collaborate with other DROs & key stakeholders to coordinate and advance disability rights
- Represent and advance the rights of people with disability nationally & internationally

(Limit: approx 150 words, 1,000 characters)

999 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

Australia

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Target Cohort *

What target cohort(s) does your organisations/consortia seek to represent?

You must respond to this question.

Please select the option/s that apply.

- All people with disability
- Women and girls with disability
- Children with disability
- Culturally and linguistically diverse people with disability
- First Nations people with disability
- People with disability with physical impairments
- People with disability with mental impairments
- People with disability with intellectual impairments
- People with disability with sensory impairments (including vision and hearing)
- Another cohort group that is not specified above

Other Cohort *

If you selected 'Another cohort group that is not specified above' in the previous question, select 'Yes' and answer this question.

Please provide information on the other cohort(s) your project will service.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

- Yes
- No

Provide your response. *

LGBTQIA+ people with disability

(Limit: approx 38 words, 250 characters)

31 characters of 250 used

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Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

Australia	
2024-2025 (exc GST) *	
\$	s47(1)(b)
2025-2026 (exc GST) *	
\$	
Total funding	
\$	
Approx. % of Total	
	100

Summary

2024-2025 Total	
\$	s47(1)(b)
2025-2026 Total	
\$	
Total funding	
\$	

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number *

Account number *

s47G

[Redacted]	

Financial Ratio Analysis

Is the Applicant able to provide the following financial information?

Note: You may be required to provide your two most recent sets of year-end statements to the Department of Social Services in order to verify the information provided in this application is accurate.

These questions are Mandatory.

If 'No' is selected for any of these questions, you will be asked to provide a brief explanation in the field provided (2000 character limit, approximately 300 words).

NOTE: the fields accept upper and lower case letters, numbers and the following special characters () . , ' & -/ \ @. No other special characters are accepted.

1. Can the Applicant provide the two most recent sets of year-end statements? *

- Yes - two recent
 Yes - one recent
 No

If 'Yes' is selected then you are required to complete the template below. You will not be able to progress with this application unless this information is provided.

2. Are all of these financial statements audited? *

- Yes
 No

3. Are all of the Applicants financial statements fully compliant with the Australian Accounting Standards? *

- Yes
 No

Ensure you populate the income/expenses in the correct year.

Profit/Loss Statement Information - most recent year available	Profit/Loss Statement Information - previous year
Financial Year *	Financial Year *
2022 - 2023	2021 - 2022
Total Income 2022 - 2023 *	Total Income 2021 - 2022 *
\$ <input type="text" value="s47G"/>	\$ <input type="text" value="s47G"/>
Total Expenses 2022 - 2023 *	Total Expenses 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Net Profit 2022 - 2023	Net Profit 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Balance Sheet Information Year 1	Balance Sheet Information Year 2
Cash and Cash equivalents 2022 - 2023 *	Cash and Cash equivalents 2021 - 2022 *
\$ <input type="text" value="s47G"/>	\$ <input type="text" value="s47G"/>
Investments 2022 - 2023 *	Investments 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Receivables 2022 - 2023 *	Receivables 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Other Current Assets 2022 - 2023 *	Other Current Assets 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Total Current Assets 2022 - 2023	Total Current Assets 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Non-current Assets 2022 - 2023 *	Non-current Assets 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Total Assets 2022 - 2023	Total Assets 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Current Liabilities 2022 - 2023 *	Current Liabilities 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Non-current Liabilities 2022 - 2023 *	Non-current Liabilities 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Total Liabilities 2022 - 2023	Total Liabilities 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Net Assets 2022 - 2023	Net Assets 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>

Have you provided your most current end of year financial statements to the Australian Charities and Not-for-profit Commission (ACNC)? *

- Yes
 No

Assessment Criteria

Criterion 1: Cohort *

When addressing the criterion strong applicants will:

- describe the cohort that your organisation(s) represents
- describe why it is important that this cohort is represented
- describe your organisations sector expertise and authority to effectively represent this cohort, including the diversity of experience within the cohort
- describe the members of your organisation(s).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 900 words, 6,000 characters)

5,994 characters of 6,000 used

Criterion 2: Engagement *

When addressing the criterion strong applicants will:

- describe how you will engage in active, regular and accessible consultation and engagement with your cohort to ensure their views are being represented
- describe how you will ensure that you represent and actively engage with people of all states and territories, including harder-to-reach groups.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

Criterion 3: Capability *

When addressing the criterion strong applicants will:

- describe the skills, expertise and lived experience your organisation(s) has/have and the governance systems in place to support representation and engagement with the cohort
- describe how your organisation(s) will build internal capability and systems/processes that support long-term sustainability of your organisation.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G



(Limit: approx 900 words, 6,000 characters)

5,955 characters of 6,000 used

This document has been released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Criterion 4: Collaboration *

When addressing the criterion strong applicants will:

- describe how you will work collaboratively with key stakeholders to advocate for the rights of people with disability, including other organisations funded through the DRO program and the Australian Government
- if other organisations are also funded to represent the same cohort, describe how you will collaborate and/or partner to collectively address social barriers for the benefit of all people in that cohort.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 900 words, 6,000 characters)

5,996 characters of 6,000 used

This document has been released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

Additional Information

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation:** an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the most appropriate option.

- Indigenous community-controlled organisation
- Owned and operated Indigenous organisation
- Other Indigenous organisation
- Non-Indigenous organisation

Other Funding *

Will any other funding support be used for this Project/Activity?

You must respond to this question.

Please select the most appropriate option.

- Yes No

Consortium Arrangements *

Does the Applicant plan to deliver the project as the lead Agency of a consortium?

You must respond to this question.

Please select the most appropriate option.

- Yes No

If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Evidence *

Are you applying as a consortium? If so please attach evidence of consortia arrangement, including a description of administrative, funding, reporting and collaboration mechanisms.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
- No

Reporting *

What structures does your organisation/consortium have in place to ensure all reporting requirements for this grant opportunity are met?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 300 words, 2,000 characters)

1,387 characters of 2,000 used

Attachments

Indicative budget *

Please attach an indicative budget for the grant activity.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[PWDA Disability Representative Organisations - Budget Template Final.xlsx](#)

Annual Report *

Please attach your most recent Annual Report.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[PWDA Annual Report 2022-23 Web Version.pdf](#)

Financial Statement *

Please attach your most recent Financial Statement.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[People With Disability Australia Ltd 2023 - Financial Statements with audit report \(002\).pdf](#)

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

Mr

First Name *

s47F

Last Name *

Position *

Chief Executive Officer

Telephone *

s47F

Mobile

s47F

Email address *

s47F

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

Ms

First Name *

s47F

Last Name *

s47F

Position *

Administration

Telephone *

s47F

Mobile

s47F

Email address *

s47F

Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *

Position of Authorised Officer *

Date

s47F	Chief Executive Officer	24/11/2023
------	-------------------------	------------

Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

75	0
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A copy of receipt will be sent to: s47F

This document has been released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing



**Community
Grants Hub**
Improving your grant experience



Disability Representative Organisations (DRO)

Submission Reference: N8Y26KLC

Application Information

The Disability Representative Organisations (DRO) grant opportunity will run from 2024-25 to 2025-26. The DRO grant opportunity will provide \$10.208 million (GST exclusive) over 2 years (\$5.104 million per year) to organisations to provide systemic advocacy for Australians with disability.

Systemic advocacy seeks to remove systemic barriers and address discrimination to ensure the rights and freedoms of Australians with disability are maintained, promoted and valued. The funding will enable organisations to promote an understanding of the lived experiences of people with disability, promote and advocate for the rights and dignity of people with disability, and foster support for the participation of people with disability in aspects of community life.

The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government. Organisations funded under the DRO grant opportunity will participate in a range of engagement activities with the Australian Government, to ensure that disability issues and a diversity of voices are represented in decision-making, legislation, policy development and implementation of programs and policies that may affect people with disability.

The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

DRO grant recipients will both promote and work within the human rights model of disability, in recognition that the human rights and fundamental freedoms of people with disability should be promoted and protected on an equal basis with others.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Social Services.

Closing Date/Time

Closing Time: 9:00pm Australian Eastern Daylight Time (AEDT) Monday 27 November 2023

Please note that the submission period for this grant round has closed. You are still able to submit this form, however it will be considered a late application.

You must provide a detailed explanation of the circumstances that prevented the application being submitted prior to the closing time in the text box below. Where appropriate, supporting evidence can be provided to verify the claim of exceptional circumstances.

Exceptional circumstances are events characterised by one or more of the following:

- Reasonably unforeseeable
- Beyond the applicant's control
- Unable to be managed or resolved within the application period.

Exceptional circumstances will be considered on their merits, in accordance with the Grant Opportunity Guidelines and Late Application Policy. Late applications which do not meet the requirements for exceptional circumstances will not proceed to assessment.

Contact via phone on 1800020283 or via email support@communitygrants.gov.au for any questions regarding this Application process.

Details *

s47F

(Limit: approx 300 words, 2,000 characters)

10 characters of 2,000 used

If you have any supporting documentation on your extenuating circumstances then you may attach here. Please note that this is not mandatory and is limited to one attachment only.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it as all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [website](#).

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au.

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' [Privacy Policy](#). The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility Information](#) and the Department of Social Services [Privacy Policy](#) should also be read and understood.

Use of Information

Your Submission Reference is:

N8Y26KLC

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au .

Your email address *

Confirm your email address *

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.

I agree *

Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

Applicant Details

Are you applying as a Trustee on behalf of a Trust? *

Note: The Trustee will enter into a Grant Agreement with the Department (should the applicant be successful).

Yes No

Does the Organisation have an Australian Business Number (ABN)? *

Yes No

Does the Organisation have any of the following types of Incorporation Number: Australian Company Number (ACN), Australian Registered Business Number (ARBN), Registration Number, Indigenous Corporation Number (ICN), Incorporated Association Number (IAN)? ***Note:**

An ACN (Australian Company Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). It is a unique identifier purely for companies incorporated under the Corporations Act 2001 of the Commonwealth.

An ARBN (Australian Registered Body Number) is a nine-digit number issued by the Australian Securities and Investments Commission (ASIC). Some organisations can only conduct business in their 'home' state or territory. By becoming a registered Australian body, these organisations can trade throughout all states and territories within Australia.

A Registration Number is a form of Incorporation Number for a Cooperative that has been established and/or registered under the relevant legislation in the State or Territory in which they were formed.

An ICN (Indigenous Corporation Number) is a number issued by the Office of the Registrar of Indigenous Corporations under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 – CATSI Act.

An IAN (Incorporated Association Number) is a number given to an Incorporated Association that has been incorporated or registered under the relevant incorporated associations legislation in the State or Territory in which they were formed.

Yes No

Enter the Organisation's Incorporation Number/s. *

ACN

673193596

ARBN

ICN

Registration Number

IAN

What is the legal entity name of the Organisation? *

If your Application is successful, Department of Social Services will only enter into a Grant Agreement with this legal entity. It may be different to the name the Applicant trades or provides services under.

You must respond to this question. 200 character limit.

NOTE: This field accepts the characters of A to Z, 0 to 9, (), ., * & - / @, all other characters including carriage returns are not accepted.

Autism Alliance National Limited

Attach a completed **Statement by a supplier form** (reason for not quoting an ABN to an enterprise). *

Further information about a Statement by a Supplier is available on the Australian Tax Office website [□](#).

s47G [redacted] re Legal Structure - Autism Alliance National (Australian Autism Alliance) - v1.0.pdf

What is the registered business address and main contact details of the Applicant?

The business address must be completed in full and not be a PO Box. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

Note: the address fields accept the characters of A to Z, 0 to 9, () , ' - / &, all other characters including carriage returns are not accepted.

Please note that if an Applicant selects 'Unable to validate' following an initial failed validation attempt, the Department will use this non-validated address for correspondence.

Floor / Building; Unit; Apartment

Street number, name and type *

Suburb/Town *

State *

Postcode *

Address Validated



Unable to validate

Main Telephone *

Main email address *

Web address

What is the postal address of the Applicant?

The postal address must be completed in full. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

Note: the address fields accept the characters of A to Z, 0 to 9, () , ' - / &, all other characters including carriage returns are not accepted.

Same as business address above

What is the Applicant's financial email address for the receipt of Department of Social Services payment advice should the Application be successful? *

You must respond to this question. 350 character limit.

The email address must be entered in a valid format without spaces (eg. example@business.com.au).

Payment advice includes Recipient Created tax invoices (RCTIs).

Does the Applicant operate as not-for-profit? *

For eligibility requirements, refer to the Guidelines.

For further details about not-for-profit organisations refer to the Australian Tax Office website .

You must respond to this question.

Select 'No' if the Applicant operates for profit.

Select 'Yes' if the Applicant operates as not-for-profit.

Yes

No

Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Company

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

Yes No

Please provide your supporting documentation. *

Autism Alliance National Limited ACN 673 193 596 - Certificate of Registration(1134840093.1).pdf

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Contact with children is direct or an expected part of the proposed activity

Confirmation

I confirm Child Safe measures for direct/expected contact will be in place prior to activity start

Australian Charities and Not-for-profits Commission Confirmation *

Confirm your organisation and project partner(s) are registered with Australian Charities and Not-for-profits Commission as a charity that helps people with disability or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

I confirm
 I am seeking to have this eligibility requirement waived by the decision maker

National Reach *

Confirm your organisation/consortium has the capacity to actively engage with and represent people with disability in all states and territories of Australia or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

NDIS Provider *

Confirm your organisation and project partner(s) **are not** a National Disability Insurance Scheme (NDIS) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

DES Provider *

Confirm your organisation and project partner(s) **are not** a Disability Employment Service (DES) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

This document has been released under
the Freedom of Information Act 1982
by the Department of Health, Disability and Ageing

Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

Yes No

2. Business plan and/or strategic plan. *

Yes No

3. Risk management plan. *

Yes No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

NOTE: This field accepts the characters of A to Z, 0 to 9, () , - / \ @ , all other characters including carriage returns are not accepted.

DRO United Voice for Autistic People and their Families

(Limit: approx 38 words, 250 characters)

55 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

The Autism Alliance aims to provide 'A United Voice for Autism' on systemic issues at a National level. With the Alliance membership comprised of a national cohesive network of diverse autism organisations representing and led by Autistic people, carers, advocacy groups, peak bodies, charity registered not for profits, educators, and researchers our work is informed by Autistic people and their families and carers. Our reach is well over half a million people and captures the diverse range of lived experiences, including minority cohorts and intersectionality across the lifespan. Our primary existence is to provide systemic advocacy and policy advice, uphold and promote Social and Human Rights consistent with the UNCRPD, promote awareness, acceptance, understanding and inclusion and as per our track record to date ensure extensive and diverse engagement with Autistic people, their families and the autism community, among other things.

(Limit: approx 150 words, 1,000 characters)

948 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? ***Instructions:**

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

Australia

Target Cohort *

What target cohort(s) does your organisations/consortia seek to represent?

You must respond to this question.

Please select the option/s that apply.

- All people with disability
- Women and girls with disability
- Children with disability
- Culturally and linguistically diverse people with disability
- First Nations people with disability
- People with disability with physical impairments
- People with disability with mental impairments
- People with disability with intellectual impairments
- People with disability with sensory impairments (including vision and hearing)
- Another cohort group that is not specified above

Other Cohort *

If you selected 'Another cohort group that is not specified above' in the previous question, select 'Yes' and answer this question.

Please provide information on the other cohort(s) your project will service.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

- Yes
- No

Provide your response. *

Autism. 95% of Autistic people have other co-occurring conditions such as ADHD, intellectual disability, specific learning disabilities such as dyslexia or dyspraxia, and/or mental health issues and intersect with the target cohort

(Limit: approx 38 words, 250 characters)

231 characters of 250 used

Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

Australia

2024-2025 (exc GST) *

\$		s47(1)(b)
----	--	-----------

2025-2026 (exc GST) *

\$		s47(1)(b)
----	--	-----------

Total funding

\$		s47(1)(b)
----	--	-----------

Approx. % of Total

	100
--	-----

Summary

2024-2025 Total

\$		s47(1)(b)
----	--	-----------

2025-2026 Total

\$		s47(1)(b)
----	--	-----------

Total funding

\$		s47(1)(b)
----	--	-----------

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question:

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number *

Account number *

s47G	
------	--

Financial Ratio Analysis

Is the Applicant able to provide the following financial information?

Note: You may be required to provide your two most recent sets of year-end statements to the Department of Social Services in order to verify the information provided in this application is accurate.

These questions are Mandatory.

If 'No' is selected for any of these questions, you will be asked to provide a brief explanation in the field provided (2000 character limit, approximately 300 words).

NOTE: the fields accept upper and lower case letters, numbers and the following special characters () , ' & - / \ @. No other special characters are accepted.

1. Can the Applicant provide the two most recent sets of year-end statements? *

- Yes - two recent
 Yes - one recent
- No

If 'Yes' is selected then you are required to complete the template below. You will not be able to progress with this application unless this information is provided.

s47G

(Limit: approx 300 words, 2,000 characters)

1,087 characters of 2,000 used

3. Are all of the Applicants financial statements fully compliant with the Australian Accounting Standards? *

- Yes
 No

Ensure you populate the income/expenses in the correct year.

This document has been released under
 the Freedom of Information Act 1982
 by the Department of Health, Disability and Ageing

**Profit/Loss Statement Information -
most recent year available**

Financial Year *

2022 - 2023

Total Income 2022 - 2023 *

\$ s47G

Total Expenses 2022 - 2023 *

\$

Net Profit 2022 - 2023

\$

Balance Sheet Information Year 1

Cash and Cash equivalents 2022 - 2023 *

\$ s47G

Investments 2022 - 2023 *

\$

Receivables 2022 - 2023 *

\$

Other Current Assets 2022 - 2023 *

\$

Total Current Assets 2022 - 2023

\$

Non-current Assets 2022 - 2023 *

\$

Total Assets 2022 - 2023

\$

Current Liabilities 2022 - 2023 *

\$

Non-current Liabilities 2022 - 2023 *

\$

Total Liabilities 2022 - 2023

\$

Net Assets 2022 - 2023

\$

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Have you provided your most current end of year financial statements to the Australian Charities and Not-for-profit Commission (ACNC)? *

Yes No

If no, provide financial statements *

AAA Financial Statements 2022-2023 .pdf

Assessment Criteria

Criterion 1: Cohort *

When addressing the criterion strong applicants will:

- describe the cohort that your organisation(s) represents
- describe why it is important that this cohort is represented
- describe your organisations sector expertise and authority to effectively represent this cohort, including the diversity of experience within the cohort
- describe the members of your organisation(s).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

5,932 characters of 6,000 used

Criterion 2: Engagement *

When addressing the criterion strong applicants will:

- describe how you will engage in active, regular and accessible consultation and engagement with your cohort to ensure their views are being represented
- describe how you will ensure that you represent and actively engage with people of all states and territories, including harder-to-reach groups.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

3,076 characters of 6,000 used

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Criterion 3: Capability *

When addressing the criterion strong applicants will:

- describe the skills, expertise and lived experience your organisation(s) has/have and the governance systems in place to support representation and engagement with the cohort
- describe how your organisation(s) will build internal capability and systems/processes that support long-term sustainability of your organisation.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

1,617 characters of 6,000 used

Criterion 4: Collaboration *

When addressing the criterion strong applicants will:

- describe how you will work collaboratively with key stakeholders to advocate for the rights of people with disability, including other organisations funded through the DRO program and the Australian Government
- if other organisations are also funded to represent the same cohort, describe how you will collaborate and/or partner to collectively address social barriers for the benefit of all people in that cohort.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

1,885 characters of 6,000 used

Additional Information

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation:** an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the most appropriate option.

- Indigenous community-controlled organisation
- Owned and operated Indigenous organisation
- Other Indigenous organisation
- Non-Indigenous organisation

Other Funding *

Will any other funding support be used for this Project/Activity?

You must respond to this question.

Please select the most appropriate option.

- Yes No

Consortium Arrangements *

Does the Applicant plan to deliver the project as the lead Agency of a consortium?

You must respond to this question.

Please select the most appropriate option.

- Yes No

If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Evidence *

Are you applying as a consortium? If so please attach evidence of consortia arrangement, including a description of administrative, funding, reporting and collaboration mechanisms.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
- No

Reporting *

What structures does your organisation/consortium have in place to ensure all reporting requirements for this grant opportunity are met?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Attachments

Indicative budget *

Please attach an indicative budget for the grant activity.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Disability Representative Organisations - Budget for Submission Autism Alliance.xlsx](#)

Annual Report *

Please attach your most recent Annual Report.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Overview of Strategic Plan for Australian Autism Alliance 2021-24.pdf](#)

Financial Statement *

Please attach your most recent Financial Statement.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[AAA Financial Statements 2022-2023 v1.0.pdf](#)

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

Ms

First Name *

s47F

Last Name *

Position *

Executive Officer

Telephone *

s47F

Mobile

s47F

Email address *

s47F

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

Mr

First Name *

s47F

Last Name *

Position *

General Manager

Telephone *

s47F

Mobile

s47F

Email address *

s47F

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the Freedom of Information Act 1982
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Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *

Position of Authorised Officer *

Date

s47F	Executive Officer	27/11/2023
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Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

10	0
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A copy of receipt will be sent to: s47G

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**Community
Grants Hub**
Improving your grant experience



Disability Representative Organisations (DRO)

Submission Reference: 2DZNDPKK

Application Information

The Disability Representative Organisations (DRO) grant opportunity will run from 2024-25 to 2025-26. The DRO grant opportunity will provide \$10.208 million (GST exclusive) over 2 years (\$5.104 million per year) to organisations to provide systemic advocacy for Australians with disability.

Systemic advocacy seeks to remove systemic barriers and address discrimination to ensure the rights and freedoms of Australians with disability are maintained, promoted and valued. The funding will enable organisations to promote an understanding of the lived experiences of people with disability, promote and advocate for the rights and dignity of people with disability, and foster support for the participation of people with disability in aspects of community life.

The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government. Organisations funded under the DRO grant opportunity will participate in a range of engagement activities with the Australian Government, to ensure that disability issues and a diversity of voices are represented in decision-making, legislation, policy development and implementation of programs and policies that may affect people with disability.

The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

DRO grant recipients will both promote and work within the human rights model of disability, in recognition that the human rights and fundamental freedoms of people with disability should be promoted and protected on an equal basis with others.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Social Services.

Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Monday 27 November 2023**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [□](#) website.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au.

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' [Privacy Policy](#). The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility Information](#) and the Department of Social Services [Privacy Policy](#) should also be read and understood.

Use of Information

Your Submission Reference is:

2DZNDPKK

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au.

Your email address *

s47F

Confirm your email address *

s47F

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree *

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Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

s 47G

Applicant Legal Name

Down Syndrome Australia

Registered Business Name

Down Syndrome Australia

Entity Type

Company

ABN

63150209224

State

VIC

Postcode

3051

GST Registered
 For Profit

Charity
 Withholding Tax Exempt

Are updates required to the Applicants details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

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Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Company

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

Yes No

Please provide your supporting documentation. *

[DSA Certificate of Registration.pdf](#)

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Contact with children is irregular or unplanned for the proposed activity

Confirmation

I confirm Child Safe measures for irregular contact will be in place prior to activity start

Australian Charities and Not-for-profits Commission Confirmation *

Confirm your organisation and project partner(s) are registered with Australian Charities and Not-for-profits Commission as a charity that helps people with disability or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

I confirm
 I am seeking to have this eligibility requirement waived by the decision maker

National Reach *

Confirm your organisation/consortium has the capacity to actively engage with and represent people with disability in all states and territories of Australia or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

NDIS Provider *

Confirm your organisation and project partner(s) **are not** a National Disability Insurance Scheme (NDIS) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

DES Provider *

Confirm your organisation and project partner(s) **are not** a Disability Employment Service (DES) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

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Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

Yes No

2. Business plan and/or strategic plan. *

Yes No

3. Risk management plan. *

Yes No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , - / \ @ , all other characters including carriage returns are not accepted.

Down Syndrome Australia - Disability Representative Organisations for Down syndrome and other chromosomal variations with similar characteristics and impacts.

(Limit: approx 38 words, 250 characters)

158 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

Down Syndrome Australia has formed a consortium to represent people with Down syndrome and similar chromosomal variations who experience both intellectual disability and physical disabilities, often accompanied by other cognitive and sensory impairments and complex health profiles. It is this intersection of co-occurring conditions and health presentations which makes this cohort unique and best represented by this expert consortium.

People with these chromosomal variations experience high levels of abuse, neglect and exploitation and experience worse outcomes across a range of domains and situations including education, employment, NDIS, independent living and healthcare than many other disability cohorts.

It is important that this cohort have a say about the policies and services that affect their lives. Our consortium is best placed to represent the rights of, and advocate for this unique cohort for their genuine participation in all aspects of community life.

(Limit: approx 150 words, 1,000 characters)

980 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

Australia

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Target Cohort *

What target cohort(s) does your organisations/consortia seek to represent?

You must respond to this question.

Please select the option/s that apply.

- All people with disability
- Women and girls with disability
- Children with disability
- Culturally and linguistically diverse people with disability
- First Nations people with disability
- People with disability with physical impairments
- People with disability with mental impairments
- People with disability with intellectual impairments
- People with disability with sensory impairments (including vision and hearing)
- Another cohort group that is not specified above

Other Cohort *

If you selected 'Another cohort group that is not specified above' in the previous question, select 'Yes' and answer this question.

Please provide information on the other cohort(s) your project will service.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

- Yes
- No

Provide your response. *

People with disability with social and emotional impairments

(Limit: approx 38 words, 250 characters)

60 characters of 250 used

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Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

Australia

2024-2025 (exc GST) *

\$		s47(1)(b)
----	--	-----------

2025-2026 (exc GST) *

\$		
----	--	--

Total funding

\$		
----	--	--

Approx. % of Total

	100
--	-----

Summary

2024-2025 Total

\$		s47(1)(b)
----	--	-----------

2025-2026 Total

\$		
----	--	--

Total funding

\$		
----	--	--

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @ , all other characters including carriage returns are not accepted.

BSB number *

s47G

Account number *

--	--

Financial Ratio Analysis

Is the Applicant able to provide the following financial information?

Note: You may be required to provide your two most recent sets of year-end statements to the Department of Social Services in order to verify the information provided in this application is accurate.

These questions are Mandatory.

If 'No' is selected for any of these questions, you will be asked to provide a brief explanation in the field provided (2000 character limit, approximately 300 words).

NOTE: the fields accept upper and lower case letters, numbers and the following special characters () , ' & - / \ @ . No other special characters are accepted.

1. Can the Applicant provide the two most recent sets of year-end statements? *

- Yes - two recent
 Yes - one recent
 No

If 'Yes' is selected then you are required to complete the template below. You will not be able to progress with this application unless this information is provided.

2. Are all of these financial statements audited? *

- Yes
 No

3. Are all of the Applicants financial statements fully compliant with the Australian Accounting Standards? *

- Yes
 No

Ensure you populate the income/expenses in the correct year.

Profit/Loss Statement Information - most recent year available	Profit/Loss Statement Information - previous year
Financial Year *	Financial Year *
2022 - 2023	2021 - 2022
Total Income 2022 - 2023 *	Total Income 2021 - 2022 *
\$ <input type="text"/> s47G	\$ <input type="text"/> s47G
Total Expenses 2022 - 2023 *	Total Expenses 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Net Profit 2022 - 2023	Net Profit 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Balance Sheet Information Year 1	Balance Sheet Information Year 2
Cash and Cash equivalents 2022 - 2023 *	Cash and Cash equivalents 2021 - 2022 *
\$ <input type="text"/> s47G	\$ <input type="text"/> s47G
Investments 2022 - 2023 *	Investments 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Receivables 2022 - 2023 *	Receivables 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Other Current Assets 2022 - 2023 *	Other Current Assets 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Total Current Assets 2022 - 2023	Total Current Assets 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Non-current Assets 2022 - 2023 *	Non-current Assets 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Total Assets 2022 - 2023	Total Assets 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Current Liabilities 2022 - 2023 *	Current Liabilities 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Non-current Liabilities 2022 - 2023 *	Non-current Liabilities 2021 - 2022 *
\$ <input type="text"/>	\$ <input type="text"/>
Total Liabilities 2022 - 2023	Total Liabilities 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>
Net Assets 2022 - 2023	Net Assets 2021 - 2022
\$ <input type="text"/>	\$ <input type="text"/>

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Have you provided your most current end of year financial statements to the Australian Charities and Not-for-profit Commission (ACNC)? *

Yes

No

If no, provide financial statements *

[Down Syndrome Australia - Financial Report - 30 June 2023.pdf](#)

Assessment Criteria

Criterion 1: Cohort *

When addressing the criterion strong applicants will:

- describe the cohort that your organisation(s) represents
- describe why it is important that this cohort is represented
- describe your organisations sector expertise and authority to effectively represent this cohort, including the diversity of experience within the cohort
- describe the members of your organisation(s).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

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(Limit: approx 900 words, 6,000 characters)

5,997 characters of 6,000 used

Criterion 2: Engagement *

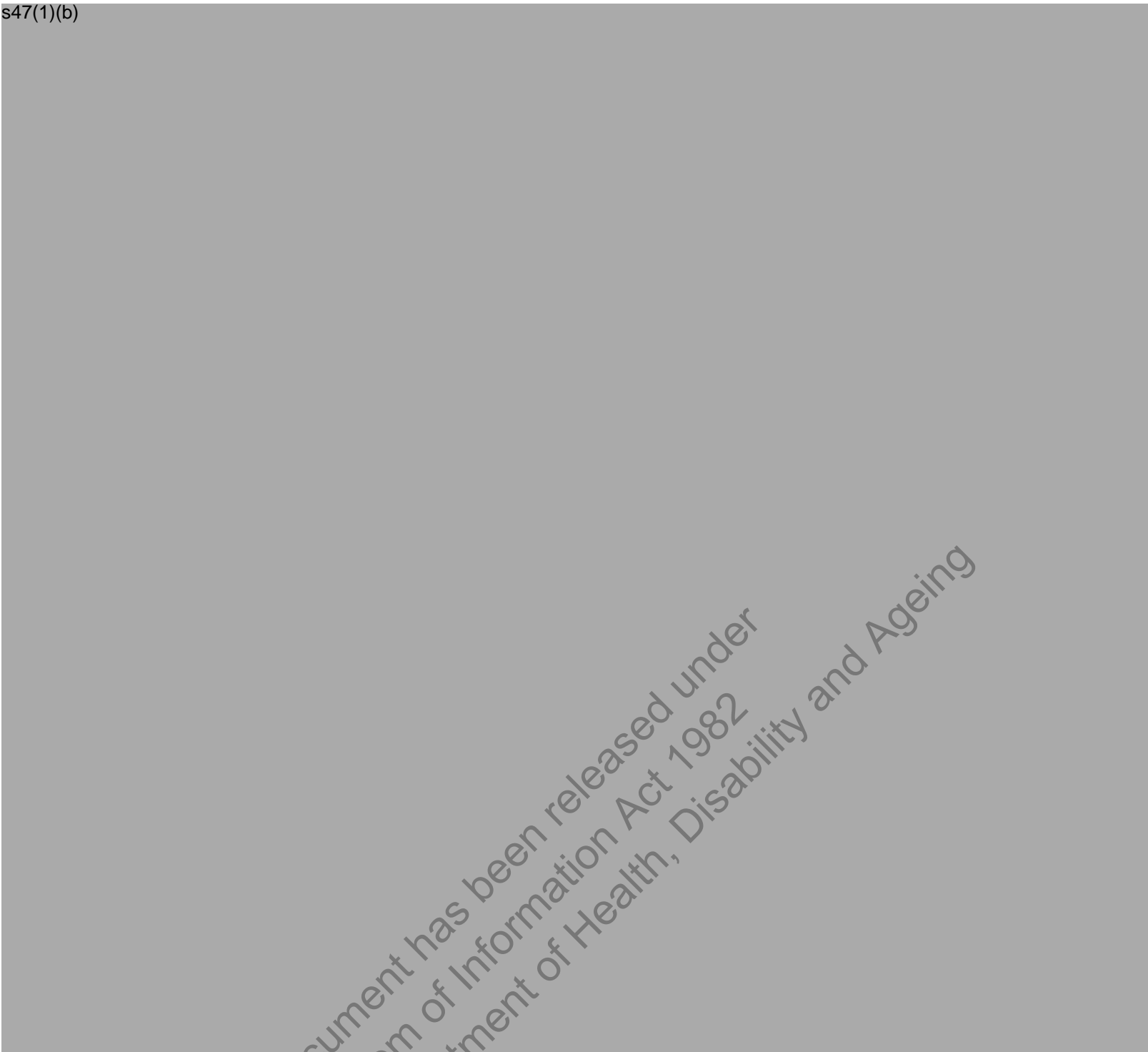
When addressing the criterion strong applicants will:

- describe how you will engage in active, regular and accessible consultation and engagement with your cohort to ensure their views are being represented
- describe how you will ensure that you represent and actively engage with people of all states and territories, including harder-to-reach groups.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)



(Limit: approx 900 words, 6,000 characters)

5,999 characters of 6,000 used

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Criterion 3: Capability *

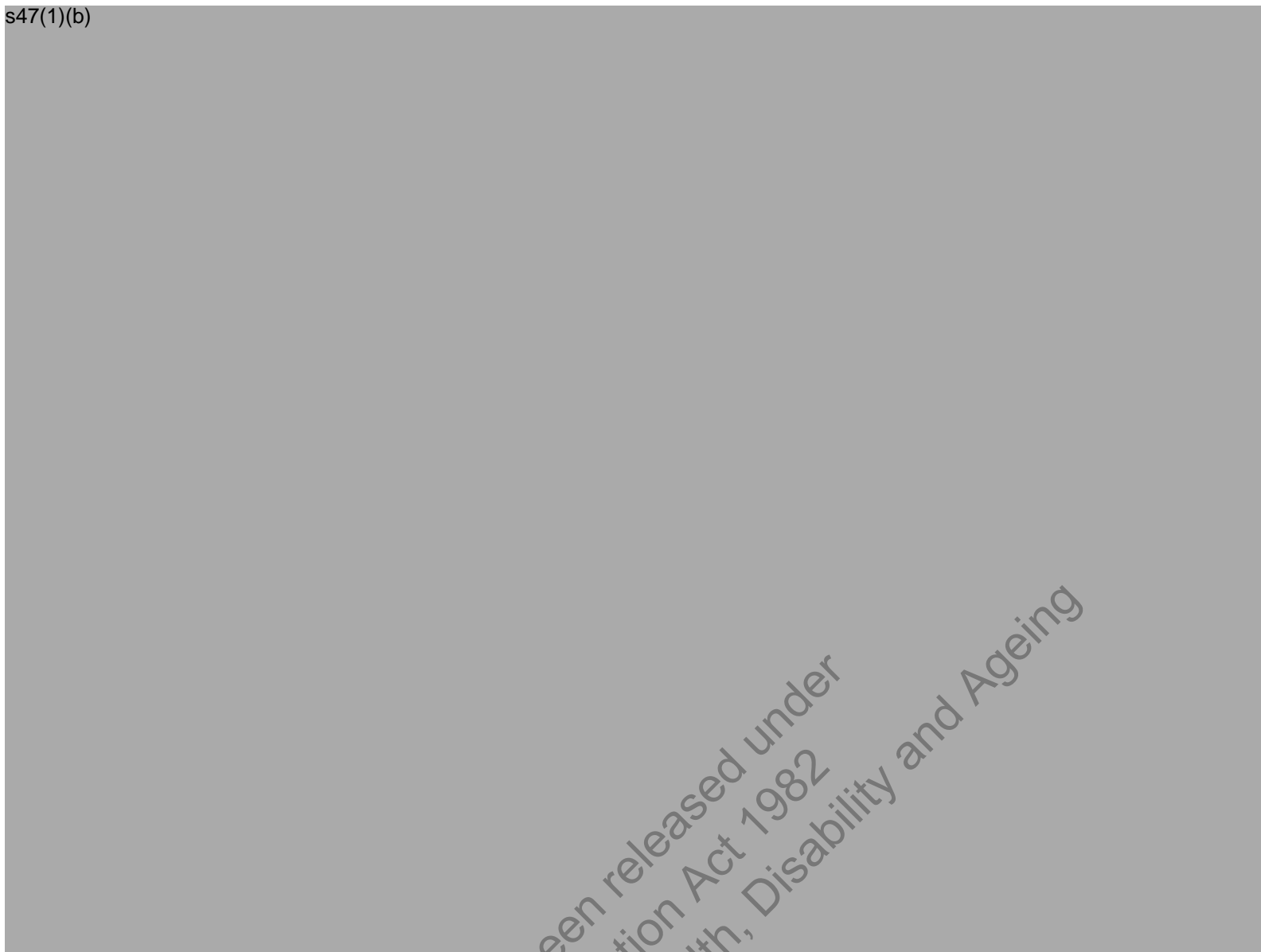
When addressing the criterion strong applicants will:

- describe the skills, expertise and lived experience your organisation(s) has/have and the governance systems in place to support representation and engagement with the cohort
- describe how your organisation(s) will build internal capability and systems/processes that support long-term sustainability of your organisation.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)



(Limit: approx 900 words, 6,000 characters)

5,208 characters of 6,000 used

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Criterion 4: Collaboration *

When addressing the criterion strong applicants will:

- describe how you will work collaboratively with key stakeholders to advocate for the rights of people with disability, including other organisations funded through the DRO program and the Australian Government
- if other organisations are also funded to represent the same cohort, describe how you will collaborate and/or partner to collectively address social barriers for the benefit of all people in that cohort.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

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(Limit: approx 900 words, 6,000 characters)

5,835 characters of 6,000 used

Additional Information

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation:** an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the most appropriate option.

- Indigenous community-controlled organisation
- Owned and operated Indigenous organisation
- Other Indigenous organisation
- Non-Indigenous organisation

Other Funding *

Will any other funding support be used for this Project/Activity?

You must respond to this question.

Please select the most appropriate option.

- Yes No

Consortium Arrangements *

Does the Applicant plan to deliver the project as the lead Agency of a consortium?

You must respond to this question.

Please select the most appropriate option.

- Yes No

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s47G

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If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Evidence *

Are you applying as a consortium? If so please attach evidence of consortia arrangement, including a description of administrative, funding, reporting and collaboration mechanisms.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
- No

Provide attachment. *

[DRO Consortium Arrangements.pdf](#)

Reporting *

What structures does your organisation/consortium have in place to ensure all reporting requirements for this grant opportunity are met?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

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(Limit: approx 300 words, 2,000 characters)

1,972 characters of 2,000 used

Attachments

Indicative budget *

Please attach an indicative budget for the grant activity.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Disability Representative Organisations - DSA Budget submission.xlsx](#)

Annual Report *

Please attach your most recent Annual Report.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[DSA Annual Report 2023.pdf](#)

Financial Statement *

Please attach your most recent Financial Statement.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Financial Report - 30 June 2023.pdf](#)

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

Mr

First Name *

s47F

Last Name *

Position *

Chief Executive Officer

Telephone *

s47F

Mobile

Email address *

s47F

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

Ms

First Name *

s47F

Last Name *

s47F

Position *

General Manager

Telephone *

s47F

Mobile

Email address *

s47F

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Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *

Position of Authorised Officer *

Date

s47F	Chief Executive Officer	27/11/2023
------	-------------------------	------------

Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

49	
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A copy of receipt will be sent to: s47F

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**Community
Grants Hub**
Improving your grant experience



Disability Representative Organisations (DRO)

Submission Reference: ARZH8M8S

Application Information

The Disability Representative Organisations (DRO) grant opportunity will run from 2024-25 to 2025-26. The DRO grant opportunity will provide \$10.208 million (GST exclusive) over 2 years (\$5.104 million per year) to organisations to provide systemic advocacy for Australians with disability.

Systemic advocacy seeks to remove systemic barriers and address discrimination to ensure the rights and freedoms of Australians with disability are maintained, promoted and valued. The funding will enable organisations to promote an understanding of the lived experiences of people with disability, promote and advocate for the rights and dignity of people with disability, and foster support for the participation of people with disability in aspects of community life.

The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government. Organisations funded under the DRO grant opportunity will participate in a range of engagement activities with the Australian Government, to ensure that disability issues and a diversity of voices are represented in decision-making, legislation, policy development and implementation of programs and policies that may affect people with disability.

The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

DRO grant recipients will both promote and work within the human rights model of disability, in recognition that the human rights and fundamental freedoms of people with disability should be promoted and protected on an equal basis with others.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Social Services.

Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Monday 27 November 2023**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [□](#) website.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au .

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' [Privacy Policy](#) . The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility](#) Information and the Department of Social Services [Privacy Policy](#) should also be read and understood.

Use of Information

Your Submission Reference is:

ARZH8M8S

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au .

Your email address *

s47F

Confirm your email address *

s47F

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree *

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Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

s47G

Applicant Legal Name

Community Mental Health Australia

Registered Business Name

Entity Type

Incorporated Association

ABN

82323047390

State

ACT

Postcode

2601

GST Registered

For Profit

Charity

Withholding Tax Exempt

Are updates required to the Applicants details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

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Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Incorporated Association

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

Yes No

Please provide your supporting documentation. *

Certificate.pdf

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Contact with children is irregular or unplanned for the proposed activity

Confirmation

I confirm Child Safe measures for irregular contact will be in place prior to activity start

Australian Charities and Not-for-profits Commission Confirmation *

Confirm your organisation and project partner(s) are registered with Australian Charities and Not-for-profits Commission as a charity that helps people with disability or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

I confirm
 I am seeking to have this eligibility requirement waived by the decision maker

National Reach *

Confirm your organisation/consortium has the capacity to actively engage with and represent people with disability in all states and territories of Australia or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

NDIS Provider *

Confirm your organisation and project partner(s) **are not** a National Disability Insurance Scheme (NDIS) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

DES Provider *

Confirm your organisation and project partner(s) **are not** a Disability Employment Service (DES) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

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Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

Yes No

2. Business plan and/or strategic plan. *

Yes No

3. Risk management plan. *

Yes No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , - / \ @ , all other characters including carriage returns are not accepted.

Making Rights Real - A National Psychosocial Disability Engagement and Systemic Advocacy Project

(Limit: approx 38 words, 250 characters)

96 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

Community Mental Health Australia (CMHA) is the national coalition of the state/territory community mental health peaks. CMHA advocates for systemic reform and encompasses the broadest national network of connection to people living with psychosocial disabilities (PPD) and the organisations that support and advocate for them. CMHA can engage directly with PPD across Australia, consult and listen to diverse views, and communicate those views through a range of engagement activities with Commonwealth and State/Territory Governments and other decision makers.

The state/territory peak bodies represent 700+ community-managed mental health organisations (CMOs), including 'lived experience' peaks representing PPD and carers. These CMOs are connected to tens of thousands of PPD from across all diversity groups. These broad-based CMO networks also include large numbers of PPD who are also employees of those CMOs, presenting a unique opportunity to hear their broad ranging views.

(Limit: approx 150 words, 1,000 characters)

985 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

Australia

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Target Cohort *

What target cohort(s) does your organisations/consortia seek to represent?

You must respond to this question.

Please select the option/s that apply.

- All people with disability
- Women and girls with disability
- Children with disability
- Culturally and linguistically diverse people with disability
- First Nations people with disability
- People with disability with physical impairments
- People with disability with mental impairments
- People with disability with intellectual impairments
- People with disability with sensory impairments (including vision and hearing)
- Another cohort group that is not specified above

Other Cohort *

If you selected 'Another cohort group that is not specified above' in the previous question, select 'Yes' and answer this question.

Please provide information on the other cohort(s) your project will service.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

- Yes
- No

Provide your response. *

People with psychosocial disability

(Limit: approx 38 words, 250 characters)

35 characters of 250 used

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Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

Australia	
2024-2025 (exc GST) *	
\$	s47(1)(b)
2025-2026 (exc GST) *	
\$	
Total funding	
\$	
Approx. % of Total	
	100

Summary

2024-2025 Total	
\$	s47(1)(b)
2025-2026 Total	
\$	
Total funding	
\$	

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number *	Account number *
s47G	

Financial Ratio Analysis

Is the Applicant able to provide the following financial information?

Note: You may be required to provide your two most recent sets of year-end statements to the Department of Social Services in order to verify the information provided in this application is accurate.

These questions are Mandatory.

If 'No' is selected for any of these questions, you will be asked to provide a brief explanation in the field provided (2000 character limit, approximately 300 words).

NOTE: the fields accept upper and lower case letters, numbers and the following special characters () . , ' & -/ \ @. No other special characters are accepted.

1. Can the Applicant provide the two most recent sets of year-end statements? *

- Yes - two recent
 Yes - one recent
 No

If 'Yes' is selected then you are required to complete the template below. You will not be able to progress with this application unless this information is provided.

2. Are all of these financial statements audited? *

- Yes
 No

3. Are all of the Applicants financial statements fully compliant with the Australian Accounting Standards? *

- Yes
 No

Ensure you populate the income/expenses in the correct year.

Profit/Loss Statement Information - most recent year available	Profit/Loss Statement Information - previous year
Financial Year *	Financial Year *
2022 - 2023	2021 - 2022
Total Income 2022 - 2023 *	Total Income 2021 - 2022 *
\$ s47G	\$ s47G
Total Expenses 2022 - 2023 *	Total Expenses 2021 - 2022 *
\$	\$
Net Profit 2022 - 2023	Net Profit 2021 - 2022
\$	\$
Balance Sheet Information Year 1	Balance Sheet Information Year 2
Cash and Cash equivalents 2022 - 2023 *	Cash and Cash equivalents 2021 - 2022 *
\$ s47G	\$ s47G
Investments 2022 - 2023 *	Investments 2021 - 2022 *
\$	\$
Receivables 2022 - 2023 *	Receivables 2021 - 2022 *
\$	\$
Other Current Assets 2022 - 2023 *	Other Current Assets 2021 - 2022 *
\$	\$
Total Current Assets 2022 - 2023	Total Current Assets 2021 - 2022
\$	\$
Non-current Assets 2022 - 2023 *	Non-current Assets 2021 - 2022 *
\$	\$
Total Assets 2022 - 2023	Total Assets 2021 - 2022
\$	\$
Current Liabilities 2022 - 2023 *	Current Liabilities 2021 - 2022 *
\$	\$
Non-current Liabilities 2022 - 2023 *	Non-current Liabilities 2021 - 2022 *
\$	\$
Total Liabilities 2022 - 2023	Total Liabilities 2021 - 2022
\$	\$
Net Assets 2022 - 2023	Net Assets 2021 - 2022
\$	\$

Have you provided your most current end of year financial statements to the Australian Charities and Not-for-profit Commission (ACNC)? *

- Yes
 No

Assessment Criteria

Criterion 1: Cohort *

When addressing the criterion strong applicants will:

- describe the cohort that your organisation(s) represents
- describe why it is important that this cohort is represented
- describe your organisations sector expertise and authority to effectively represent this cohort, including the diversity of experience within the cohort
- describe the members of your organisation(s).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

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(Limit: approx 900 words, 6,000 characters)

5,883 characters of 6,000 used

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Criterion 2: Engagement *

When addressing the criterion strong applicants will:

- describe how you will engage in active, regular and accessible consultation and engagement with your cohort to ensure their views are being represented
- describe how you will ensure that you represent and actively engage with people of all states and territories, including harder-to-reach groups.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

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(Limit: approx 900 words, 6,000 characters)

5,922 characters of 6,000 used

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Criterion 3: Capability *

When addressing the criterion strong applicants will:

- describe the skills, expertise and lived experience your organisation(s) has/have and the governance systems in place to support representation and engagement with the cohort
- describe how your organisation(s) will build internal capability and systems/processes that support long-term sustainability of your organisation.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

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(Limit: approx 900 words, 6,000 characters)

5,821 characters of 6,000 used

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Criterion 4: Collaboration *

When addressing the criterion strong applicants will:

- describe how you will work collaboratively with key stakeholders to advocate for the rights of people with disability, including other organisations funded through the DRO program and the Australian Government
- if other organisations are also funded to represent the same cohort, describe how you will collaborate and/or partner to collectively address social barriers for the benefit of all people in that cohort.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

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(Limit: approx 900 words, 6,000 characters)

5,340 characters of 6,000 used

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Additional Information

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation:** an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the most appropriate option.

- Indigenous community-controlled organisation
- Owned and operated Indigenous organisation
- Other Indigenous organisation
- Non-Indigenous organisation

Other Funding *

Will any other funding support be used for this Project/Activity?

You must respond to this question.

Please select the most appropriate option.

- Yes No

Consortium Arrangements *

Does the Applicant plan to deliver the project as the lead Agency of a consortium?

You must respond to this question.

Please select the most appropriate option.

- Yes No

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If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Evidence *

Are you applying as a consortium? If so please attach evidence of consortia arrangement, including a description of administrative, funding, reporting and collaboration mechanisms.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
 No

Provide attachment. *

Consortium Arrangements and Note on Financial Statement .pdf

Reporting *

What structures does your organisation/consortium have in place to ensure all reporting requirements for this grant opportunity are met?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47G

(Limit: approx 300 words, 2,000 characters)

1,364 characters of 2,000 used

Attachments

Indicative budget *

Please attach an indicative budget for the grant activity.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

DRO Budget.xlsx

Annual Report *

Please attach your most recent Annual Report.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Note on CMHA Annual Report and copy of MHCC Annual Report.pdf

Financial Statement *

Please attach your most recent Financial Statement.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

2023 Signed Financial Statements with Auditor's Report.pdf

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

Mr

First Name *

s47F

Last Name *

Position *

Chief Executive Officer

Telephone *

s47F

Mobile

Email address *

s47F

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

Ms

First Name *

s47F

Last Name *

Position *

President

Telephone *

s47F

Mobile

Email address *

s47F u

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Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *

Position of Authorised Officer *

Date

s47F	Chief Executive Officer	27/11/2023
------	-------------------------	------------

Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

80	
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A copy of receipt will be sent to: s47F

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**Community
Grants Hub**
Improving your grant experience



Disability Representative Organisations (DRO)

Submission Reference: RJ46D99W

Application Information

The Disability Representative Organisations (DRO) grant opportunity will run from 2024-25 to 2025-26. The DRO grant opportunity will provide \$10.208 million (GST exclusive) over 2 years (\$5.104 million per year) to organisations to provide systemic advocacy for Australians with disability.

Systemic advocacy seeks to remove systemic barriers and address discrimination to ensure the rights and freedoms of Australians with disability are maintained, promoted and valued. The funding will enable organisations to promote an understanding of the lived experiences of people with disability, promote and advocate for the rights and dignity of people with disability, and foster support for the participation of people with disability in aspects of community life.

The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government. Organisations funded under the DRO grant opportunity will participate in a range of engagement activities with the Australian Government, to ensure that disability issues and a diversity of voices are represented in decision-making, legislation, policy development and implementation of programs and policies that may affect people with disability.

The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

DRO grant recipients will both promote and work within the human rights model of disability, in recognition that the human rights and fundamental freedoms of people with disability should be promoted and protected on an equal basis with others.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Social Services.

Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Monday 27 November 2023**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [□](#) website.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au .

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' [Privacy Policy](#) . The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility](#) Information and the Department of Social Services [Privacy Policy](#) should also be read and understood.

Use of Information

Your Submission Reference is:

RJ46D99W

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au .

Your email address *

s47F

Confirm your email address *

s47F

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree *

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Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

s47G

Applicant Legal Name

Australian Federation of Disability Organisations (AFDO) Ltd

Registered Business Name

Entity Type

Company

ABN

25105510898

State

VIC

Postcode

3051

GST Registered

For Profit

Charity

Withholding Tax Exempt

Are updates required to the Applicants details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

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Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Company

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

Yes No

Please provide your supporting documentation. *

[AFDO Certificate of Registration.pdf](#)

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Not applicable - the proposed activity does not interact with children

Confirmation

Child Safe measures are not applicable

Australian Charities and Not-for-profits Commission Confirmation *

Confirm your organisation and project partner(s) are registered with Australian Charities and Not-for-profits Commission as a charity that helps people with disability or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

I confirm
 I am seeking to have this eligibility requirement waived by the decision maker

National Reach *

Confirm your organisation/consortium has the capacity to actively engage with and represent people with disability in all states and territories of Australia or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

NDIS Provider *

Confirm your organisation and project partner(s) **are not** a National Disability Insurance Scheme (NDIS) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

DES Provider *

Confirm your organisation and project partner(s) **are not** a Disability Employment Service (DES) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

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Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

- Yes No

2. Business plan and/or strategic plan. *

- Yes No

3. Risk management plan. *

- Yes No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , - / \ @ , all other characters including carriage returns are not accepted.

Consortium led by Australian Federation of Disability Organisations, all members currently funded DRO's & Disabled Peoples Organisations systemically advocating for people with disability from both population based or specific disability communities.

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

Our project, led by the Australian Federation of Disability Organisations and a Consortium of six experienced disability organisations, aims to deliver systemic advocacy for Australians with disability. With over 200 years of combined sector advocacy experience, we will engage with the Federal Government & other stakeholders to uphold the rights of people with disability (PwD). Our focus includes legislative impact, reviews, inquiries, operational changes & proposed initiatives. This aligns with the Disability Representative Organisations grant opportunity & by participating in government engagement activities, we will ensure diverse voices & disability issues are heard to influence/inform decision-making, policy development, & program implementation. The project supports the UNCRPD, actively involving PwD through representation via our Disabled Peoples Organisations & promotes the human rights model of disability for equal protection & promotion of their fundamental freedoms.

(Limit: approx 150 words, 1,000 characters)

991 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

Australia

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Target Cohort *

What target cohort(s) does your organisations/consortia seek to represent?

You must respond to this question.

Please select the option/s that apply.

- All people with disability
- Women and girls with disability
- Children with disability
- Culturally and linguistically diverse people with disability
- First Nations people with disability
- People with disability with physical impairments
- People with disability with mental impairments
- People with disability with intellectual impairments
- People with disability with sensory impairments (including vision and hearing)
- Another cohort group that is not specified above

Other Cohort *

If you selected 'Another cohort group that is not specified above' in the previous question, select 'Yes' and answer this question.

Please provide information on the other cohort(s) your project will service.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

- Yes
- No

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Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

Australia

2024-2025 (exc GST) *

\$		s47(1)(b)
----	--	-----------

2025-2026 (exc GST) *

\$		
----	--	--

Total funding

\$		
----	--	--

Approx. % of Total

	100
--	-----

Summary

2024-2025 Total

\$		s47(1)(b)
----	--	-----------

2025-2026 Total

\$		s47(1)(b)
----	--	-----------

Total funding

\$		s47(1)(b)
----	--	-----------

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @ , all other characters including carriage returns are not accepted.

BSB number *
s47G

Account number *

--	--

Financial Ratio Analysis

Is the Applicant able to provide the following financial information?

Note: You may be required to provide your two most recent sets of year-end statements to the Department of Social Services in order to verify the information provided in this application is accurate.

These questions are Mandatory.

If 'No' is selected for any of these questions, you will be asked to provide a brief explanation in the field provided (2000 character limit, approximately 300 words).

NOTE: the fields accept upper and lower case letters, numbers and the following special characters () , ' & - / \ @. No other special characters are accepted.

1. Can the Applicant provide the two most recent sets of year-end statements? *

- Yes - two recent
 Yes - one recent
 No

If 'Yes' is selected then you are required to complete the template below. You will not be able to progress with this application unless this information is provided.

2. Are all of these financial statements audited? *

- Yes
 No

3. Are all of the Applicants financial statements fully compliant with the Australian Accounting Standards? *

- Yes
 No

Ensure you populate the income/expenses in the correct year.

Profit/Loss Statement Information - most recent year available		Profit/Loss Statement Information - previous year	
Financial Year *		Financial Year *	
2022 - 2023		2021 - 2022	
Total Income 2022 - 2023 *		Total Income 2021 - 2022 *	
\$	s47G	\$	s47G
Total Expenses 2022 - 2023 *		Total Expenses 2021 - 2022 *	
\$		\$	
Net Profit 2022 - 2023		Net Profit 2021 - 2022	
\$		\$	
Balance Sheet Information Year 1		Balance Sheet Information Year 2	
Cash and Cash equivalents 2022 - 2023 *		Cash and Cash equivalents 2021 - 2022 *	
\$	s47G	\$	s47G
Investments 2022 - 2023 *		Investments 2021 - 2022 *	
\$		\$	
Receivables 2022 - 2023 *		Receivables 2021 - 2022 *	
\$		\$	
Other Current Assets 2022 - 2023 *		Other Current Assets 2021 - 2022 *	
\$		\$	
Total Current Assets 2022 - 2023		Total Current Assets 2021 - 2022	
\$		\$	
Non-current Assets 2022 - 2023 *		Non-current Assets 2021 - 2022 *	
\$		\$	
Total Assets 2022 - 2023		Total Assets 2021 - 2022	
\$		\$	
Current Liabilities 2022 - 2023 *		Current Liabilities 2021 - 2022 *	
\$		\$	
Non-current Liabilities 2022 - 2023 *		Non-current Liabilities 2021 - 2022 *	
\$		\$	
Total Liabilities 2022 - 2023		Total Liabilities 2021 - 2022	
\$		\$	
Net Assets 2022 - 2023		Net Assets 2021 - 2022	
\$		\$	

Have you provided your most current end of year financial statements to the Australian Charities and Not-for-profit Commission (ACNC)? *

Yes

No

Assessment Criteria

Criterion 1: Cohort *

When addressing the criterion strong applicants will:

- describe the cohort that your organisation(s) represents
- describe why it is important that this cohort is represented
- describe your organisations sector expertise and authority to effectively represent this cohort, including the diversity of experience within the cohort
- describe the members of your organisation(s).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

6,000 characters of 6,000 used

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Criterion 2: Engagement *

When addressing the criterion strong applicants will:

- describe how you will engage in active, regular and accessible consultation and engagement with your cohort to ensure their views are being represented
- describe how you will ensure that you represent and actively engage with people of all states and territories, including harder-to-reach groups.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

4,626 characters of 6,000 used

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Criterion 3: Capability *

When addressing the criterion strong applicants will:

- describe the skills, expertise and lived experience your organisation(s) has/have and the governance systems in place to support representation and engagement with the cohort
- describe how your organisation(s) will build internal capability and systems/processes that support long-term sustainability of your organisation.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

5,145 characters of 6,000 used

Criterion 4: Collaboration *

When addressing the criterion strong applicants will:

- describe how you will work collaboratively with key stakeholders to advocate for the rights of people with disability, including other organisations funded through the DRO program and the Australian Government
- if other organisations are also funded to represent the same cohort, describe how you will collaborate and/or partner to collectively address social barriers for the benefit of all people in that cohort.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

s47(1)(b)

(Limit: approx 900 words, 6,000 characters)

5,862 characters of 6,000 used

Additional Information

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation:** an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the most appropriate option.

- Indigenous community-controlled organisation
- Owned and operated Indigenous organisation
- Other Indigenous organisation
- Non-Indigenous organisation

Other Funding *

Will any other funding support be used for this Project/Activity?

You must respond to this question.

Please select the most appropriate option.

- Yes No

Consortium Arrangements *

Does the Applicant plan to deliver the project as the lead Agency of a consortium?

You must respond to this question.

Please select the most appropriate option.

- Yes No

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s47G

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If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Evidence *

Are you applying as a consortium? If so please attach evidence of consortia arrangement, including a description of administrative, funding, reporting and collaboration mechanisms.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
 No

Provide attachment. *

[AFDO DRO Consortium Agreement Details.docx](#)

Reporting *

What structures does your organisation/consortium have in place to ensure all reporting requirements for this grant opportunity are met?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s47(1)(b)

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(Limit: approx 300 words, 2,000 characters)

1,976 characters of 2,000 used

Attachments

Indicative budget *

Please attach an indicative budget for the grant activity.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[AFDO - Lead Member - DRO - Consortium - Budget FY25 FY26 - Final 1.0.xlsx](#)

Annual Report *

Please attach your most recent Annual Report.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Annual Report 2022-23 Text Only .docx](#)

Financial Statement *

Please attach your most recent Financial Statement.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[2023 FINAL Financials & Auditors Report - AFDO \(1\).pdf](#)

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

Mr

First Name *

s47F

Last Name *

Position *

Chief Executive Officer

Telephone *

s47F

Mobile

s47F

Email address *

s47F

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

Ms

First Name *

s47F

Last Name *

s47F

Position *

Manager

Telephone *

s47F

Mobile

s47F

Email address *

s47F

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Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *

Position of Authorised Officer *

Date

s47F	Chief Executive Officer	27/11/2023
------	-------------------------	------------

Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

78	45
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A copy of receipt will be sent to: s47F

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**Community
Grants Hub**
Improving your grant experience



Disability Representative Organisations (DRO)

Submission Reference: 4KGWSWHC

Application Information

The Disability Representative Organisations (DRO) grant opportunity will run from 2024-25 to 2025-26. The DRO grant opportunity will provide \$10.208 million (GST exclusive) over 2 years (\$5.104 million per year) to organisations to provide systemic advocacy for Australians with disability.

Systemic advocacy seeks to remove systemic barriers and address discrimination to ensure the rights and freedoms of Australians with disability are maintained, promoted and valued. The funding will enable organisations to promote an understanding of the lived experiences of people with disability, promote and advocate for the rights and dignity of people with disability, and foster support for the participation of people with disability in aspects of community life.

The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government. Organisations funded under the DRO grant opportunity will participate in a range of engagement activities with the Australian Government, to ensure that disability issues and a diversity of voices are represented in decision-making, legislation, policy development and implementation of programs and policies that may affect people with disability.

The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

DRO grant recipients will both promote and work within the human rights model of disability, in recognition that the human rights and fundamental freedoms of people with disability should be promoted and protected on an equal basis with others.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Social Services.

Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Monday 27 November 2023**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [□](#) website.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au .

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' [Privacy Policy](#) . The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility](#) Information and the Department of Social Services [Privacy Policy](#) should also be read and understood.

Use of Information

Your Submission Reference is:

4KGWSWHC

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au .

Your email address *

s47F

Confirm your email address *

s47F

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree *

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Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

s47G

Applicant Legal Name

Women With Disabilities (Australia)

Registered Business Name

Entity Type

Incorporated Association

ABN

23627650121

State

TAS

Postcode

7000

GST Registered
 For Profit

Charity
 Withholding Tax Exempt

Are updates required to the Applicants details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

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the Freedom of Information Act 1982
by the Department of Health, Disability and Ageing

Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Incorporated Association

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

Yes No

Please provide your supporting documentation. *

Certificate of Incorporation.pdf

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Contact with children is irregular or unplanned for the proposed activity

Confirmation

I confirm Child Safe measures for irregular contact will be in place prior to activity start

Australian Charities and Not-for-profits Commission Confirmation *

Confirm your organisation and project partner(s) are registered with Australian Charities and Not-for-profits Commission as a charity that helps people with disability or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

I confirm
 I am seeking to have this eligibility requirement waived by the decision maker

National Reach *

Confirm your organisation/consortium has the capacity to actively engage with and represent people with disability in all states and territories of Australia or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

NDIS Provider *

Confirm your organisation and project partner(s) **are not** a National Disability Insurance Scheme (NDIS) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

DES Provider *

Confirm your organisation and project partner(s) **are not** a Disability Employment Service (DES) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

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Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

Yes No

2. Business plan and/or strategic plan. *

Yes No

3. Risk management plan. *

Yes No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , - / \ @ , all other characters including carriage returns are not accepted.

Promoting, protecting and advancing the human rights of women and girls with disability in the development and implementation of Australian Government legislation, policies and programs

(Limit: approx 38 words, 250 characters)

185 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

WWDA is the national Disabled People's Organisation (DPO) for women, girls, feminine identifying and non-binary people with disability (WGwD) in Australia. WWDA's work is grounded in an intersectional human-rights based framework which links gender and disability issues to a full range of civil, political, economic, social and cultural rights. WWDA undertakes systemic advocacy across a wide range of government portfolio areas and a wide range of sectors to ensure that the voices and views of WGwD are heard and included in decision-making, legislation, policy development and implementation of programs and policies that affect WGwD and people with disability more broadly. WWDA services a large direct membership and engages and consults with our members and constituents through many well-established mechanisms and processes. We utilise a wide range of accessible digital platforms and multi-modal content approaches to maximise communication, consultation, and engagement opportunities.

(Limit: approx 150 words, 1,000 characters)

995 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

Australia

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Target Cohort *

What target cohort(s) does your organisations/consortia seek to represent?

You must respond to this question.

Please select the option/s that apply.

- All people with disability
- Women and girls with disability
- Children with disability
- Culturally and linguistically diverse people with disability
- First Nations people with disability
- People with disability with physical impairments
- People with disability with mental impairments
- People with disability with intellectual impairments
- People with disability with sensory impairments (including vision and hearing)
- Another cohort group that is not specified above

Other Cohort *

If you selected 'Another cohort group that is not specified above' in the previous question, select 'Yes' and answer this question.

Please provide information on the other cohort(s) your project will service.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

- Yes
- No

Provide your response. *

WWDA uses the term 'women and girls with disability' (WGWD), on the understanding that this term is inclusive and supportive of, women and girls with disability along with feminine identifying and non-binary people with disability in Australia.

(Limit: approx 38 words, 250 characters)

244 characters of 250 used

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by the Department of Health, Disability and Ageing

Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

Australia	
2024-2025 (exc GST) *	
\$	s47(1)(b)
2025-2026 (exc GST) *	
\$	
Total funding	
\$	
Approx. % of Total	
	100

Summary

2024-2025 Total	
\$	s47(1)(b)
2025-2026 Total	
\$	
Total funding	
\$	

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number *	Account number *
s 47G	

Financial Ratio Analysis

Is the Applicant able to provide the following financial information?

Note: You may be required to provide your two most recent sets of year-end statements to the Department of Social Services in order to verify the information provided in this application is accurate.

These questions are Mandatory.

If 'No' is selected for any of these questions, you will be asked to provide a brief explanation in the field provided (2000 character limit, approximately 300 words).

NOTE: the fields accept upper and lower case letters, numbers and the following special characters () . , ' & -/ \ @. No other special characters are accepted.

1. Can the Applicant provide the two most recent sets of year-end statements? *

Yes - two recent
 Yes - one recent
 No

If 'Yes' is selected then you are required to complete the template below. You will not be able to progress with this application unless this information is provided.

2. Are all of these financial statements audited? *

Yes No

3. Are all of the Applicants financial statements fully compliant with the Australian Accounting Standards? *

Yes No

Ensure you populate the income/expenses in the correct year.

Profit/Loss Statement Information - most recent year available		Profit/Loss Statement Information - previous year	
Financial Year *		Financial Year *	
2022 - 2023		2021 - 2022	
Total Income 2022 - 2023 *	\$ s 47G	Total Income 2021 - 2022 *	\$ s 47G
Total Expenses 2022 - 2023 *	\$	Total Expenses 2021 - 2022 *	\$
Net Profit 2022 - 2023	\$	Net Profit 2021 - 2022	\$
Balance Sheet Information Year 1		Balance Sheet Information Year 2	
Cash and Cash equivalents 2022 - 2023 *	\$ s 47G	Cash and Cash equivalents 2021 - 2022 *	\$ s 47G
Investments 2022 - 2023 *	\$	Investments 2021 - 2022 *	\$
Receivables 2022 - 2023 *	\$	Receivables 2021 - 2022 *	\$
Other Current Assets 2022 - 2023 *	\$	Other Current Assets 2021 - 2022 *	\$
Total Current Assets 2022 - 2023	\$	Total Current Assets 2021 - 2022	\$
Non-current Assets 2022 - 2023 *	\$	Non-current Assets 2021 - 2022 *	\$
Total Assets 2022 - 2023	\$	Total Assets 2021 - 2022	\$
Current Liabilities 2022 - 2023 *	\$	Current Liabilities 2021 - 2022 *	\$
Non-current Liabilities 2022 - 2023 *	\$	Non-current Liabilities 2021 - 2022 *	\$
Total Liabilities 2022 - 2023	\$	Total Liabilities 2021 - 2022	\$
Net Assets 2022 - 2023	\$	Net Assets 2021 - 2022	\$

Have you provided your most current end of year financial statements to the Australian Charities and Not-for-profit Commission (ACNC)? *

Yes No

Assessment Criteria

Criterion 1: Cohort *

When addressing the criterion strong applicants will:

- describe the cohort that your organisation(s) represents
- describe why it is important that this cohort is represented
- describe your organisations sector expertise and authority to effectively represent this cohort, including the diversity of experience within the cohort
- describe the members of your organisation(s).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

s 47G

(Limit: approx 900 words, 6,000 characters)

4,710 characters of 6,000 used

Criterion 2: Engagement *

When addressing the criterion strong applicants will:

- describe how you will engage in active, regular and accessible consultation and engagement with your cohort to ensure their views are being represented
- describe how you will ensure that you represent and actively engage with people of all states and territories; including harder-to-reach groups.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

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(Limit: approx 900 words, 6,000 characters)

4,175 characters of 6,000 used

Criterion 3: Capability *

When addressing the criterion strong applicants will:

- describe the skills, expertise and lived experience your organisation(s) has/have and the governance systems in place to support representation and engagement with the cohort
- describe how your organisation(s) will build internal capability and systems/processes that support long-term sustainability of your organisation.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

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(Limit: approx 900 words, 6,000 characters)

5,212 characters of 6,000 used

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Criterion 4: Collaboration *

When addressing the criterion strong applicants will:

- describe how you will work collaboratively with key stakeholders to advocate for the rights of people with disability, including other organisations funded through the DRO program and the Australian Government
- if other organisations are also funded to represent the same cohort, describe how you will collaborate and/or partner to collectively address social barriers for the benefit of all people in that cohort.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s 47G

(Limit: approx 900 words, 6,000 characters)

5,982 characters of 6,000 used

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Additional Information

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation:** an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the most appropriate option.

- Indigenous community-controlled organisation
- Owned and operated Indigenous organisation
- Other Indigenous organisation
- Non-Indigenous organisation

Other Funding *

Will any other funding support be used for this Project/Activity?

You must respond to this question.

Please select the most appropriate option.

- Yes No

Consortium Arrangements *

Does the Applicant plan to deliver the project as the lead Agency of a consortium?

You must respond to this question.

Please select the most appropriate option.

- Yes No

If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Evidence *

Are you applying as a consortium? If so please attach evidence of consortia arrangement, including a description of administrative, funding, reporting and collaboration mechanisms.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
- No

Reporting *

What structures does your organisation/consortium have in place to ensure all reporting requirements for this grant opportunity are met?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s 47G

(Limit: approx 300 words, 2,000 characters)

1,992 characters of 2,000 used

Attachments

Indicative budget *

Please attach an indicative budget for the grant activity.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Disability Representative Organisations - BudgetFinal.xlsx](#)

Annual Report *

Please attach your most recent Annual Report.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[WWDA Annual Report 2021-2022.pdf](#)

Financial Statement *

Please attach your most recent Financial Statement.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[WWDA Inc - Audited Financial Statements 2023.pdf](#)

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

First Name *

Last Name *

Position *

Telephone *

Mobile

Email address *

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

First Name *

Last Name *

Position *

Telephone *

Mobile

Email address *

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Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *

Position of Authorised Officer *

Date

s47F	Chief Executive Officer	25/11/2023
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Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

35	
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A copy of receipt will be sent to: s47F

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**Community
Grants Hub**
Improving your grant experience



Disability Representative Organisations (DRO)

Submission Reference: VQWTQQYM

Application Information

The Disability Representative Organisations (DRO) grant opportunity will run from 2024-25 to 2025-26. The DRO grant opportunity will provide \$10.208 million (GST exclusive) over 2 years (\$5.104 million per year) to organisations to provide systemic advocacy for Australians with disability.

Systemic advocacy seeks to remove systemic barriers and address discrimination to ensure the rights and freedoms of Australians with disability are maintained, promoted and valued. The funding will enable organisations to promote an understanding of the lived experiences of people with disability, promote and advocate for the rights and dignity of people with disability, and foster support for the participation of people with disability in aspects of community life.

The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government. Organisations funded under the DRO grant opportunity will participate in a range of engagement activities with the Australian Government, to ensure that disability issues and a diversity of voices are represented in decision-making, legislation, policy development and implementation of programs and policies that may affect people with disability.

The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

DRO grant recipients will both promote and work within the human rights model of disability, in recognition that the human rights and fundamental freedoms of people with disability should be promoted and protected on an equal basis with others.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Social Services.

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the Freedom of Information Act 1982
by the Department of Health, Disability and Ageing

Closing Date/Time

Closing Time: 9:00pm Australian Eastern Daylight Time (AEDT) Monday 27 November 2023

Please note that the submission period for this grant round has closed. You are still able to submit this form, however it will be considered a late application.

You must provide a detailed explanation of the circumstances that prevented the application being submitted prior to the closing time in the text box below. Where appropriate, supporting evidence can be provided to verify the claim of exceptional circumstances.

Exceptional circumstances are events characterised by one or more of the following:

- Reasonably unforeseeable
- Beyond the applicant's control
- Unable to be managed or resolved within the application period.

Exceptional circumstances will be considered on their merits, in accordance with the Grant Opportunity Guidelines and Late Application Policy. Late applications which do not meet the requirements for exceptional circumstances will not proceed to assessment.

Contact via phone on 1800020283 or via email support@communitygrants.gov.au for any questions regarding this Application process.

Details *

s47F

(Limit: approx 300 words, 2,000 characters)

1,999 characters of 2,000 used

If you have any supporting documentation on your extenuating circumstances then you may attach here. Please note that this is not mandatory and is limited to one attachment only.

s47F

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Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it as all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [website](#).

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on www.business.gov.au.

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' Privacy Policy [and](#) the Community Grants Hub Privacy Policy [and](#) WCaG Accessibility [Information](#) and the Department of Social Services Privacy Policy [should also be read and understood](#).

Use of Information

Your Submission Reference is:

VQWTQQYM

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au.

Your email address *

s47F

Confirm your email address *

s47F

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.



I agree *

Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

s47G

Applicant Legal Name

Physical Disability Australia Ltd

Registered Business Name

Physical Disability Australia Ltd

Entity Type

Company

ABN

79081345164

State

NSW

Postcode

2440

GST Registered
 For Profit

Charity
 Withholding Tax Exempt

Are updates required to the Applicants details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

Eligibility Requirements

This document has been released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Company

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

Yes No

Please provide your supporting documentation. *

[PDA Company and Charity Registration Details 15Nov23.pdf](#)

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
 - the National Principles for Child Safe Organisations;
 - the Grantee's risk management strategy;
 - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
 - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.
- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

Note: If your proposed activity involves irregular or unplanned contact with children, you will be confirming the following measures will be in place before the activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding.

You must respond to this question.

Please select the most appropriate option.

Level of contact with children

Not applicable - the proposed activity does not interact with children

Confirmation

Child Safe measures are not applicable

Australian Charities and Not-for-profits Commission Confirmation *

Confirm your organisation and project partner(s) are registered with Australian Charities and Not-for-profits Commission as a charity that helps people with disability or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

I confirm
 I am seeking to have this eligibility requirement waived by the decision maker

National Reach *

Confirm your organisation/consortium has the capacity to actively engage with and represent people with disability in all states and territories of Australia or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

NDIS Provider *

Confirm your organisation and project partner(s) **are not** a National Disability Insurance Scheme (NDIS) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

DES Provider *

Confirm your organisation and project partner(s) **are not** a Disability Employment Service (DES) provider or are seeking to have this eligibility requirement waived by the decision maker.

You must respond to this question.

Please select the most appropriate option.

- I confirm
- I am seeking to have this eligibility requirement waived by the decision maker

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the Freedom of Information Act 1982
by the Department of Health, Disability and Ageing

Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents?

Note: You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *
- Yes No
2. Business plan and/or strategic plan. *
- Yes No
3. Risk management plan. *
- Yes No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , - / \ @, all other characters including carriage returns are not accepted.

The 2024-26 Physical Disability Australia (PDA) Disability Representative Organisations (DRO) Program Participation Project

(Limit: approx 38 words, 250 characters)

123 characters of 250 used

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

To achieve the objectives of the 2024-26 Disability Representative Organisations (DRO) Program, Physical Disability Australia (PDA), looks forward to building-upon the successes it has achieved in effectively undertaking activities and implementing services as it has in current and former DRO Programs.

PDA is the only peak nationally organised DRO for the 'People with Disability with physical impairments' cohort and is therefore well placed undertake activities to effectively consult, engage with, and represent this cohort's members in upcoming activities as they relate to the physical, social, and economic access ramifications of national programs and policy settings going forwards.

The advice PDA provides to Australian Government through its membership of current and former DRO Programs has always been informed by the lived experiences and perspectives of 'People with Disability with physical impairments' and it looks forward to providing more well-informed advice as required.

(Limit: approx 150 words, 1,000 characters)

995 characters of 1,000 used

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

Australia

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the Freedom of Information Act 1982
by the Department of Health, Disability and Ageing

Target Cohort *

What target cohort(s) does your organisations/consortia seek to represent?

You must respond to this question.

Please select the option/s that apply.

- All people with disability
- Women and girls with disability
- Children with disability
- Culturally and linguistically diverse people with disability
- First Nations people with disability
- People with disability with physical impairments
- People with disability with mental impairments
- People with disability with intellectual impairments
- People with disability with sensory impairments (including vision and hearing)
- Another cohort group that is not specified above

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Other Cohort *

If you selected 'Another cohort group that is not specified above' in the previous question, select 'Yes' and answer this question.

Please provide information on the other cohort(s) your project will service.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

- Yes
- No

Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s. *

Australia	
2024-2025 (exc GST) *	
\$	s47(1)(b)
2025-2026 (exc GST) *	
\$	
Total funding	
\$	
Approx. % of Total	
	100

Summary

2024-2025 Total	
\$	s47(1)(b)
2025-2026 Total	
\$	
Total funding	
\$	

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @, all other characters including carriage returns are not accepted.

BSB number *	Account number *
s 47G	

Financial Ratio Analysis

Is the Applicant able to provide the following financial information?

Note: You may be required to provide your two most recent sets of year-end statements to the Department of Social Services in order to verify the information provided in this application is accurate.

These questions are Mandatory.

If 'No' is selected for any of these questions, you will be asked to provide a brief explanation in the field provided (2000 character limit, approximately 300 words).

NOTE: the fields accept upper and lower case letters, numbers and the following special characters () . , ' & -/ \ @. No other special characters are accepted.

1. Can the Applicant provide the two most recent sets of year-end statements? *

- Yes - two recent
 Yes - one recent
 No

If 'Yes' is selected then you are required to complete the template below. You will not be able to progress with this application unless this information is provided.

2. Are all of these financial statements audited? *

- Yes
 No

3. Are all of the Applicants financial statements fully compliant with the Australian Accounting Standards? *

- Yes
 No

Ensure you populate the income/expenses in the correct year.

**Profit/Loss Statement Information -
most recent year available**

Financial Year *

2022 - 2023

Total Income 2022 - 2023 *

\$ s 47G

Total Expenses 2022 - 2023 *

\$

Net Profit 2022 - 2023

\$

**Profit/Loss Statement Information -
previous year**

Financial Year *

2021 - 2022

Total Income 2021 - 2022 *

\$ s 47G

Total Expenses 2021 - 2022 *

\$

Net Profit 2021 - 2022

\$

Balance Sheet Information Year 1

Cash and Cash equivalents 2022 - 2023 *

\$ s 47G

Investments 2022 - 2023 *

\$

Receivables 2022 - 2023 *

\$

Other Current Assets 2022 - 2023 *

\$

Total Current Assets 2022 - 2023

\$

Non-current Assets 2022 - 2023 *

\$

Total Assets 2022 - 2023

\$

Current Liabilities 2022 - 2023 *

\$

Non-current Liabilities 2022 - 2023 *

\$

Total Liabilities 2022 - 2023

\$

Net Assets 2022 - 2023

\$

Balance Sheet Information Year 2

Cash and Cash equivalents 2021 - 2022 *

\$ s 47G

Investments 2021 - 2022 *

\$

Receivables 2021 - 2022 *

\$

Other Current Assets 2021 - 2022 *

\$

Total Current Assets 2021 - 2022

\$

Non-current Assets 2021 - 2022 *

\$

Total Assets 2021 - 2022

\$

Current Liabilities 2021 - 2022 *

\$

Non-current Liabilities 2021 - 2022 *

\$

Total Liabilities 2021 - 2022

\$

Net Assets 2021 - 2022

\$

Have you provided your most current end of year financial statements to the Australian Charities and Not-for-profit Commission (ACNC)? *

- Yes
 No

Assessment Criteria

Criterion 1: Cohort *

When addressing the criterion strong applicants will:

- describe the cohort that your organisation(s) represents
- describe why it is important that this cohort is represented
- describe your organisations sector expertise and authority to effectively represent this cohort, including the diversity of experience within the cohort
- describe the members of your organisation(s).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

s 47G

(Limit: approx 900 words, 6,000 characters)

4,036 characters of 6,000 used

Criterion 2: Engagement *

When addressing the criterion strong applicants will:

- describe how you will engage in active, regular and accessible consultation and engagement with your cohort to ensure their views are being represented
- describe how you will ensure that you represent and actively engage with people of all states and territories, including harder-to-reach groups.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @, other characters and formatting are not accepted.

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(Limit: approx 900 words, 6,000 characters)

5,331 characters of 6,000 used

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Criterion 3: Capability *

When addressing the criterion strong applicants will:

- describe the skills, expertise and lived experience your organisation(s) has/have and the governance systems in place to support representation and engagement with the cohort
- describe how your organisation(s) will build internal capability and systems/processes that support long-term sustainability of your organisation.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s 47G

(Limit: approx 900 words, 6,000 characters)

5,319 characters of 6,000 used

Criterion 4: Collaboration *

When addressing the criterion strong applicants will:

- describe how you will work collaboratively with key stakeholders to advocate for the rights of people with disability, including other organisations funded through the DRO program and the Australian Government
- if other organisations are also funded to represent the same cohort, describe how you will collaborate and/or partner to collectively address social barriers for the benefit of all people in that cohort.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s 47G

(Limit: approx 900 words, 6,000 characters)

2,908 characters of 6,000 used

Additional Information

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation:** an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the most appropriate option.

- Indigenous community-controlled organisation
- Owned and operated Indigenous organisation
- Other Indigenous organisation
- Non-Indigenous organisation

Other Funding *

Will any other funding support be used for this Project/Activity?

You must respond to this question.

Please select the most appropriate option.

- Yes No

Consortium Arrangements *

Does the Applicant plan to deliver the project as the lead Agency of a consortium?

You must respond to this question.

Please select the most appropriate option.

- Yes No

If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Consortium Evidence *

Are you applying as a consortium? If so please attach evidence of consortia arrangement, including a description of administrative, funding, reporting and collaboration mechanisms.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
- No

Reporting *

What structures does your organisation/consortium have in place to ensure all reporting requirements for this grant opportunity are met?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

s 47G

(Limit: approx 300 words, 2,000 characters)

1,633 characters of 2,000 used

Attachments

Indicative budget *

Please attach an indicative budget for the grant activity.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[PDA 24-26 DRO Program Indicative Budget.xlsx](#)

Annual Report *

Please attach your most recent Annual Report.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[2023 PDA Annual Report - FINAL.pdf](#)

Financial Statement *

Please attach your most recent Financial Statement.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[2023 PDA Financial Statement - FINAL.pdf](#)

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

Mr

First Name *

s47F

Last Name *

s47F

Position *

Executive Officer

Telephone *

s47F

Mobile

Email address *

s47F

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

Mr

First Name *

s47F

Last Name *

s47F

Position *

President

Telephone *

s47F

Mobile

Email address *

s47F

Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *

Position of Authorised Officer *

Date

s47F	Executive Officer	01/12/2023
------	-------------------	------------

Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

100	0
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A copy of receipt will be sent to: s47F

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Australian Government
Department of Social Services

Community
Grants Hub
Improving your grant experience



Probity Briefing

DISABILITY REPRESENTATIVE ORGANISATIONS
2023-1387

JANUARY 2024

This document has been released under
the Freedom of Information Act 1982 and Ageing
by the Department of Health, Disability and Ageing

Aim of Briefing

- To provide an awareness and understanding of the issues which can affect the probity of process and decisions made in the context of Disability Representative Organisations Grant Round.

s47F

Galent Management Consulting

E: s47F

M: s47F

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by the Department of Health, Disability and Ageing

What is Probity?

Probity is the evidence of ethical behaviour, & can be defined as complete & confirmed integrity, uprightness & honesty in a particular process.

In seeking to achieve the outcomes required by the Parliament and Australian Government for citizens, the Australian public sector operates under frameworks that establish high expectations of probity, integrity and ethics.

Applies to everyone involved in the grants process.

Refer: Commonwealth Grants Rules & Guidelines – Section 13 (Probity & Transparency).

What is Probity?

- *Public Governance, Performance and Accountability Act 2013* requires entities ‘to meet high standards of governance, performance and accountability’.
- *Public Service Act 1999*’s main objects is “to establish an apolitical public service that is efficient and effective in serving the Government, the Parliament and the Australian public”.
- There is both collective and individual responsibility for promoting and maintaining integrity, probity and ethics. Responsibility is shared by the heads of public sector organisations, their leaders and personnel.

Why Is It Important?

Government

- Confidence in the processes & procedures, including alignment with Commonwealth Grants Rules & Guidelines.
- Avoidance of issues which could threaten process integrity &/or Government Reputation.
- Provides protection from unfounded claims of bias, favouritism or conflict of interest.
- Defensibility of decisions.
- Assures fairness & equity for grantees.

Why Is It Important?

Assessors

- Provides clarity of accountability & process.
- Provides protection from unfounded claims of bias, favouritism, conflict of interest or corruption.
- Assists in the Identification of (actual, potential or perceived) bias, favouritism, conflict of interest, breach of confidentiality or corruption.

This document has been released under
the Freedom of Information Act (1982)
by the Department of Health, Disability and Ageing

Why Is It Important?

Community & Respondents

- Assures interests of potential/actual respondents:
 - Equitable processes – process can be trusted;
 - Respondents do not gain an advantage; &
 - Assessment fairly against the same criteria.
- Safeguard Respondent information.
- The Community gains the maximum benefit arising from the grant opportunity.

Probity Advisor

- Promotion of an environment and culture of probity and process integrity.
- Works with & as part of the Team.
- Tries to keep team “out of trouble” whilst maximising best business outcome.
- Advises on probity & process issues as they arise.
- Provide advice & guidance on how probity is to be addressed.
- Offer advice & solutions if any issues or concerns arise.

Government Scrutiny of Grants

- Complaints by Respondents
 - Departmental Process
 - Commonwealth Ombudsman
- Audits
 - Australian National Audit Office.
 - Internal Audit.
- Government
 - Senate Estimates.
 - Committees.
- Public/Media

This document has been released under
the Freedom of Information Act 1982
by the Department of Health, Disability and Ageing

National Anti-Corruption Commission

- On 30 November 2022, Parliament passed the National Anti-Corruption Commission Act 2022 (the NACC Act) to establish the National Anti-Corruption Commission (the NACC).
- The NACC Act imposes a range of new obligations and responsibilities on accountable authorities under the Public Governance, Performance and Accountability Act 2013 (and in some cases, statutory office holders and others), including mandatory referral obligations of corruption matters considered 'serious' or 'systemic'.
- www.nacc.gov.au

Important to Recognise

- Probity is concerned with the procedures, processes & systems used rather than the outcome of an activity, undertaking or project.
- Despite good management of probity risks – mistakes, delays & disputes can arise. Even the best probity processes do not guarantee that a grant process will be immune from problems or criticism.
- But good management & controls support good decision making & the defensibility of the decisions.
- People with good intent can create probity risks & issues.

Probity Risk – Program Alignment

- For organisations to provide systemic advocacy for Australians with disability.
- The DRO program provides the opportunity for people with disability, and their representative organisations, to have their views communicated to the Australian Government.
- The DRO grant opportunity supports the Australian Government's responsibilities under the United Nations Convention on the Rights of Persons with Disabilities, including that governments closely consult with and actively involve persons with disabilities on matters that affect them, through their representative organisations.

Key Criteria in Assessment

- Eligibility Criteria
 - *Who is eligible & who is not eligible.*
 - *Additional & child safe eligibility requirements (pp9)*
 - *What qualifications, skills or checks are required.*
- What the grant money can be used for.
 - *Eligible grant activities & expenditure.*
 - *What the grant money cannot be used for.*
- Assessment Criteria
 - Four equally weighted selection criteria.

Probity Risk – Inequitable Applicant Treatment

- Equitable and fair treatment of applicants is one of the cornerstones of probity in the public sector.
- Assessment of responses consistently and on the basis of the applications submitted.
- Apply assessment criteria as published in Grant Opportunity Guidelines.
- Be conscious of personal biases or preferences.
- Communicate with applicants only through approved channels.

Probity Risk - Conflict of Interest

- Arises where a person makes a decision or exercises a power in a way that may be, or may be perceived to be, influenced by either material personal interests (financial or non-financial) or material personal associations.
- Can be damaging to government, granting entities & its officials, potential grantees & grantees.

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Conflict of Interest

- May arise where:
 - Decision makers or officials have a direct or indirect interest, which may influence the selection of a particular grant activity.
 - Members of external committees have a direct or indirect interest in informing a decision about expenditure or providing advice.
 - Potential grantee has a direct or indirect interest, which may influence the selection of their proposed grant activity.

Probity Risk - Information Security

Protection of confidential & commercially sensitive information

- Includes all material:
 - of the grant related not in the public domain; &
 - received from respondents and assessment documents.
- Integral to ensuring process probity.
- Comply with established procedures for documentation storage & management.

Information Security

- Keep information & discussions confidential
- Maintain discretion
 - Do not discuss matters with anyone not directly involved the grant unless authorised.
 - Do not discuss matters where anyone not directly involved in the activity can hear.
 - Use rooms (conference, meeting, offices) for discussions.
 - Do not leave documents unsecure.

During Assessment Keep in Mind

- Declare any actual, potential or perceived conflict of interest as soon as it become apparent.
- Carefully manage contact with potential grantees & always use defined communication channels.
- Carefully manage “business as usual” interactions.
- Avoid placing yourself in a position where there could be a potential for claims of bias.

During Assessment Keep in Mind

- Ensure assessment is in accordance with published Grants Opportunity Guidelines & criteria.
- Soundly document the assessment, scoring & basis of decisions.
- Do not disclose any confidential information.
- Be consistent.

In Closing

■ If in doubt – ASK!





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4 March 2024

Anita Davis
 Grant Opportunity Delegate
 Branch Manager
 Advocacy and Inclusion Executive
 Advocacy and Inclusion Branch

Dear Ms Davis

**Disability Representative Organisations – Selection Advisory Panel Final Report
 Probity Sign-Off**

Galent Management Consulting (Galent) was appointed as the Independent Probity Adviser to the Department of Social Services supporting the Community Grants Hub. It is noted that Galent's involvement is on an "as requested" the basis by the Department, coordinated through the Hub Operations Probity Team.

As part of our engagement, we attended the Selection Advisory Panel for Disability Representative Organisations, providing the following:

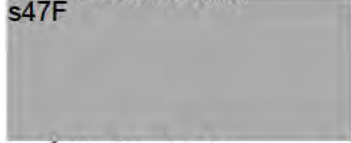
- Providing a probity briefing to Selection Advisory Panel members 31 January 2024; noting the following Selection Advisory Panel members were not in attendance and therefore not probity briefed;
 - s47F (National Disability Insurance Agency);
 - s47F and
 - s47F .
- Attended the Selection Advisory Panel meetings of Disability Representative Organisations Grant Opportunity on 7-8 February 2024 and 28 February 2024;
- Providing a probity reminder briefing to Selection Advisory Panel members at the commencement of the meeting on 7 February 2024; and
- Reviewed Draft *MS24-000170: Disability Representative Organisations Grant Opportunity - Approve grant opportunity outcomes and grant expenditure* and is attachments (provided 4 March 2024), solely in relation to the Disability Representative Organisations Grant round.

To the extent of Galent Management Consulting's involvement in the Selection Advisory Panel, up to the date of this letter, the Selection Advisory Panel assessment and subsequent deliberations were conducted consistent with the:

- Commonwealth Grants Rules and Guidelines probity principles; and
- Grant Opportunity Guidelines as published for Disability Representative Organisations.

Yours sincerely,

s47F



Probity Adviser

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