Disability Application Form - September 2026
Form Preview

Eligibility

* indicates a required field

Important Information

Before completing this application form, you should have read the **Community Grants Program** guidelines. **Please read Sections 2 and 3 carefully to make sure your project is eligible for this grant before you apply.**

Incomplete applications and/or applications received after the closing date will not be considered.

Projects are expected to be delivered in 2027. You can choose to start your project at any time in 2027, but projects should be completed by the end of 2027.

If you have any questions in regards to these eligibility criteria, please contact **The Grants Team** on 9725 0222 or **grants@fairfieldcity.nsw.gov.au.**

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- is able to demonstrate alignment between their project and the aims of this program
- is a not-for-profit organisation, or group auspiced by an incorporated organisation for the purposes of this application. Grant definition of group: two or more persons bound by a common purpose for the benefit of the community. The applicant group may be required to demonstrate previous group activities. Evidence may include but not restricted to previous event promotion, meeting minutes or relevant material.
- is located in Fairfield Local Government Area (LGA) or will provide services to residents within Fairfield LGA.
- is able to demonstrate financial viability
- does not owe any reports or money to **Fairfield City Council** as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant

Please select below: *

○ Yes ○ No

You must confirm that all statements above are true and correct.

Disability Grants

Before applying, please ensure your project aligns with the purpose and scope of the Disability Grants Program.

The Fairfield City Council Community Development Disability Grants aim to build the capacity of people with disability, their carers or their families through the delivery and implementation of community development projects.

The priorities for this grant are to:

- Address social isolation, disadvantage and/or exclusion.
- Build community connections and capacity.
- Provide sustainable and meaningful opportunities for people with disability, their carers and/or their families.
- Encourage positive community attitudes and behaviours towards people with disability and carers.
- Provide support for carers.
- Support programs or events that celebrate or support people with disability and their carers, including activities held during Carers Week or on the International Day of People with Disability.

Eligible activity types can include:

- Initiatives that help people with disability, their carers and/or their families connect and actively participate in the community through group activities, such as creative programs, interest groups or community events.
- Activities that build independence and living skills for people with disability who do not receive NDIS support.

Total amount of grant sought must not exceed $4,000.

Child Safety

The applicant must:

1. comply with all relevant legislation relating to the employment or engagement of Child-Related Personnel in relation to the services, including all necessary Working With Children Checks however described; and
2. ensure that Working With Children Checks obtained in accordance with this clause remain current and that all Child-Related Personnel continue to comply with all relevant legislation for the duration of their involvement in the services

I agree to the above *

○ Yes ○ No

Contact Details

* indicates a required field

Applicant Organisation Details

Applicant organisation name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ACNC or ATO.

Applicant primary address *

Address

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

Applicant website

Must be a URL

Primary contact person *

Title | First Name | Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant. Please make sure this email is regularly checked

Organisation Details

* indicates a required field

Is your organisation a not for profit? *

☐ Yes ☐ No

Only incorporated not for profit organisations are eligible for funding. If your organisation is an unincorporated organisation, you will require an auspice (not for profit organisation) to proceed with the application.

As you selected no to being a not for profit organisation, to proceed with this form you must have an incorporated not for profit organisation auspice your project.

Please provide your organisations ABN details

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Your organisation must have an ABN to be eligible.

Please upload your Certificate of Currency for $10 million Public Liability Insurance
Attach a file:

Please upload the certificate that will be valid in 2027 or whenever you are doing your project. Also, if you are being auspiced remember you would need to load the auspice organisations here rather than your own.

Are you registered for GST? *
☐ Yes ☐ No

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purposes of this grant?
○ Yes ○ No
Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Name of auspicing organisation *
Organisation Name

Auspicing organisation's website

Must be a URL

Primary contact person at auspicing organisation *
Title First Name Last Name

Auspice primary address *
Address

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

Position held in organisation *

e.g. Manager, CEO

Contact person's primary phone number *

Contact person's email address *

Must be an email address that is regularly checked

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *
Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

ABN of auspicing organisation *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Your auspicing organisation must have an ABN to be eligible.

Project Details

* indicates a required field

Project Details

What is your project title? *

Hint: Provide a name for your project. Your title should be short but descriptive.

What partners are involved in or connected to this project?

Hint: Partners can be community organisations, groups or other stakeholders involved in or connected to the project. Briefly describe their role or relationship to the project, including any community engagement, collaboration, consultation or support they have provided. If your project does not have any partners, please leave this section blank.

Briefly describe your project: *

Hint: Provide a short description (100 words recommended) of your project, including what activities, with who, where and when.

Why is this project necessary for the community? *

Word count:
Must be no more than 150 words.
Hint: Tell us why your project is needed in the Fairfield City community and how your proposed activities will address the identified need. Provide evidence of the need, such as relevant statistics, research, community consultation or feedback, Council strategies or identified community priorities in Fairfield Conversations. For information around statistics and evidence of community need visit: https://www.fairfieldcity.nsw.gov.au/Community/Fairfield-Conversations.

Anticipated project start date

Must be a date.

Anticipated project end date

Must be a date.

Activity and Outcomes

Use the table below to tell us about your activities and how your activity will link to Councils outcomes. For example you might have an activity that is to run a social group for older people. In the drop down under Alignment with FCC Framework you would then choose Healthy Community - Residents have an improved sense of mental wellbeing.

Your activity	**Alignment with FCC Framework**
Tell us about the activities you will undertake. If you have more than one activity, list how many (eg 5 workshops, 1 event, etc). List one type of activity per row.	Which of FCC outcomes will your project contribute to? No more than 1 choice may be selected.

How many community members will participate in your activities?

Council would like to know how many community members will engage with your project.

In the table below, select the Fairfield City Council (FCC) Outcome/s your project will contribute to and enter the number of people you expect to reach for each outcome under the Target column.

You can only select the outcomes you identified in **Section 3**. For example, if you selected **Healthy Community – Residents** in Section 3, you could enter **50 people** as the number of people expected to achieve this outcome in the Target column.

Outcome - FCC Framework	**Target**
Remember that the outcome you choose here should also be chosen above. No more than 1 choice may be selected.	Identify the number of people you will assist in relation to the outcome Must be a number.

Accessibility & Inclusiveness

How will you address the needs of people with disability in your project? What specific steps will you take to ensure your project is inclusive and accessible? *

Word count:
Must be no more than 100 words.
Hint: Think beyond physical accessibility. Consider communication, sensory needs, participation, transport, information, activities, venue access and any adjustments or support that may be needed. This inclusion checklist may be useful for your planning https://www.adcet.edu.au/disability-practitioner/your-role/inclusive-and-accessible-events

Budget

* indicates a required field

Total Amount Requested

Must be a dollar amount.
What is the total financial support you are requesting in this application? It should be no more than $4,000.

Total Project Cost

Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

Other funding

Will you receive funding from another source for this project? *

☐ YES ☐ NO

If you answer yes you will need to provide us with information on other funding you may receive

Income

Please provide information on any additional income your project will receive. If there is no additional income please ensure you answer NO in the previous question.

Fairfield City Council encourages funded programs to be free of charge or low cost to participants. Any proposed charge to participants, must be reflected in the project budget as income.

Income Description	Income Amount ($)	Notes
List any additional funding for the delivery of this project.	Must be a dollar amount.	You can add any extra information in this column
	$	
	$	
	$	
	$	

Expenditure

Please outline your expected project expenditure (money spent) in the table below.

If you have money from other sources and/or contributing resources from your own organisation in addition to the FCC grant for this project, please use the *In-kind Expenditure Description* and *In-Kind Expenditure Amount* columns to show what your organisation is contributing.

Provide clear descriptions for each budget item in the expenditure column.

Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

FCC Grant Expenditure Description	FCC Grant Expenditure Amount ($)	In-Kind Expenditure Description	In-kind Expenditure Amount ($)
What are you expecting to spend the funding provided by FCC on? Provide a detailed budget and show all workings e.g. 10 x 2hr sessions @ $80.00 per session)	Make sure this adds up to the maximum amount of $4,000. Anything over $4,000 will be ineligible. Must be a dollar amount.	Please include other sources of funding and in-kind value if applicable (e.g. staff costs, administration, other grants received)	Must be a dollar amount.
	$		$
	$		$
	$		$
	$		$
	$		$

Expenditure Total

FCC Grant Expenditure Total

$

This number/amount is calculated.
Councils contribution will be $4000

In-Kind Expenditure Total

$

This number/amount is calculated.

Applicant Capacity

* indicates a required field

Did you receive a Community Development Grant from us within the last 24 months? *

- ○ Yes
- ○ No

If you answered yes then we already know about you. If you answered no go on to the next question to tell us a little about your organisation.

Tell us about your organisation

Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application.

Word count:
Must be no more than 100 words.
Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree * ○ Yes ○ No

Name of authorised person * Title | First Name | Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Feedback

Do you have any feedback on completing this form?