

Submission Reference:  
**8WHDKTG**

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# Implementing Information, Linkages and Capacity Building (ILC) - ILC Jurisdictional Based Grants - ACT - Grants over \$10,000

## Application Information

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Information, Linkages and Capacity Building (ILC) is all about inclusion of people with disability. It is about creating connections between people with disability and their communities. One way the NDIA wants to help create those connections is through providing grants to organisations.

The objective of the ILC Jurisdictional Based Grants - Australian Capital Territory funding round is to facilitate the roll out of ILC in the Australian Capital Territory. This objective will be achieved by funding organisations to implement activities that deliver outcomes for people with disability, their families and carers in each of the following four Activity Areas of the ILC Policy:

- Information, linkages and referrals
- Capacity building for mainstream services
- Community awareness and capacity building
- Individual capacity building.

The NDIA encourages applications from organisations for proven and/or innovative models of delivery across all Activity Areas that increase the independence, social and community participation of people with a disability. The activities funded will meet identified needs and interests of people with disability, and will reflect a contemporary, positive and progressive approach to inclusion.

### Closing Date/Time

Applications must be submitted by **2:00pm** Canberra local time on **Wednesday 8 March 2017** .

### Making Sure Your Application is Saved

The 'Continue' button will not save your Application. For your Application to be saved, you will need to click on:

- 'Save and Exit', 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 Exit' 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.

## Application Pack

Read all information in the Application Pack before completing this Application Form. The Application Pack is available on the National Disability Insurance Agency ([NDIS](#)) website. Applications will be assessed using the process outlined in the Program Guidelines.

## Application Help

Information about the Application process is available on the [National Disability Insurance Agency](#) website.

Applicants must submit any questions relating to the Program or this Application process in writing to [support@communitygrants.gov.au](mailto: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](mailto:support@communitygrants.gov.au)

## Attachment Limits

This Application Form has been set up to allow users to attach files within the form. The maximum size allowable for individual attachments is no larger than 2MB and the form will not accept individual attachments above this size. In some areas of the form there are limits to the numbers of attachments being entered in a particular section.

Please read individual question instructions carefully to be informed of these limits. The total size of all of the attachments combined in the form will not be allowed to exceed 15MB. Please plan to modify your attachment files accordingly if necessary.

## Sharing this Form

Please note that more than one person should not be accessing this form at the same time.

If this is done then there is a risk that information may be lost in the form and all information will not be transferred in submission.

If you wish to share this form and the access details, please ensure that only one user at a time is accessing and saving information. I.e. one person needs to be completed their updates and have saved and exited the form prior to another starting on their updates in 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 electronic submission, a message with your Submission Reference ID will appear on your screen. An email will be sent to the main email contact provided in the Application Form. A function is also available on the submission page to allow you to send a receipt email to the address of your choosing. Please save this email receipt for future reference and use it in all correspondence about this Application.

**Note:** Applications will be assessed using the process outlined in the Application Pack and Program Guidelines. The Department will notify all Applicants of the grant funding outcome on completion of the assessment process.

## National Relay Service (NRS)

National Disability Insurance Agency 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.

## Privacy

The Department uses an integrated Smartform service assisted by the Department of Industry, Innovation and Science on [www.business.gov.au](http://www.business.gov.au).

If you are providing information to access a non-Department of Industry, Innovation and Science programme, that information will not be accessed by Department of Industry, Innovation and Science employees. The only exception to this is where Senior Analysts within the Department of Industry, Innovation and Science 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.

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

## Use of Information

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Your Submission Reference is:

**8WHDKTG**

Please note that your saved form, if not updated or submitted within a set period of time, will be deleted.

**Please 'Send yourself a reminder email' below. This email details the date and time your form will be deleted, the Submission Reference number, a link to access your saved form and information on how to contact us for further assistance.**

Your email address \*

## Use of Information

National Disability Insurance Agency may use the information, other than personal information, provided in this Application Form to assist National Disability Insurance Agency to:

- comply with the Australian Government requirement to publish the details of all grant recipients on the National Disability Insurance Agency website,
- inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that programme, and/or
- inform future assessments for Applications.

You can only apply if you agree to National Disability Insurance Agency using the information (not personal information) you provide in this form for the purposes listed at above.

Check this box if you agree to the National Disability Insurance Agency using the information (not personal information) you provide in this Application Form.

I agree \*

## Existing Grant Recipient

Is the Applicant an existing Grant Recipient? \*

You must respond to this question.

Select 'No' if the Applicant is not an existing National Disability Insurance Agency Grant Recipient.

Select 'Yes' if the Applicant is an existing National Disability Insurance Agency Grant Recipient. If yes is selected you then must enter your organisation ID number in the next field. The Applicant's organisation ID number should be entered as it appears on the National Disability Insurance Agency Grant Agreement. After entering the organisation ID, click on the 'Search' button to validate the ID to bring back key organisation details for this Application. Should there be any issues with validation, a message will be returned to give a choice on actions to progress. 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 number' to confirm the details are correct**

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

Organisation Id \*

Application Legal Name

Application Trading Name

Entity Type

ABN

State

Postcode

GST Registered

Charity

For Profit

Withholding Tax Exempt

Are updates required to the Applicant's details? \*

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the National Disability Insurance Agency.

Select 'Yes' if updates are required to the Applicant's details as currently held by the National Disability Insurance Agency. You will be required to contact your National Disability Insurance Agency Grant Agreement Manager to update your details.

Yes

No

## Eligibility Requirements

What is the Applicant's legal entity type? \*

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

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

What is the Applicant's legal entity type?

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

NOTE: Use the field's scroll-bar or the keyboard's down-arrow to view all available options.

If you are unsure about the Applicant's legal entity type, please seek independent advice (e.g. from your Accountant) or refer to <http://www.abr.business.gov.au/> for further information.

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

You must respond to this question. At least one attachment must be provided if the response to "Does the Applicant have an Australian Business Number (ABN)?" was 'No'.

Select 'No' if the Applicant is not able to provide documentation to support the legal entity type.

Select 'Yes' if the Applicant is able to provide documentation to support the legal entity type. If 'Yes' is selected, click the 'Click to Upload' button to add the file in each attachment section and then click the 'Add Attachment' button to add sections for subsequent attachments. Note: the maximum size permitted per attachment file is 2mb and the overall form has the capacity to take 15MB of attachments in total. Once a file has been uploaded or an attachment section has been added, select the appropriate 'X' symbol button to delete.

Yes

No

Which ILC Activity Area does this application relate to?

- a. Information, linkages and referrals
- b. Capacity building for mainstream services
- c. Community awareness and capacity building
- d. Individual capacity building\*

(Limit: approx 300 words, 2000 characters)

Characters entered:

Which ILC Focus Areas does this application relate to?

- a. Specialist or expert delivery
- b. Cohort-focussed delivery
- c. Multi-regional delivery
- d. Remote/rural delivery
- e. Delivery by people with disability, for people with disability (including delivery in each of the preceding areas)\*

(Limit: approx 300 words, 2000 characters)

Characters entered:

Which ILC outcome/s does the activity in this application contribute to?

- a. People with disability are connected and have the information they need to make decisions and choices
- b. People with disability have the skills and confidence to participate and contribute to the community and protect their rights
- c. People with disability use and benefit from the same mainstream services as everyone else
- d. People with disability participate in and benefit from the same community activities as everyone else
- e. People with disability actively contribute to leading, shaping and influencing their community\*

(Limit: approx 300 words, 2000 characters)

Characters entered:

Is your organisation a registered provider of supports with the NDIA? \*

- Yes       No

Does your organisation provide services through the NDIS Partners in the Community Program?\*

- Yes       No

# Financial Viability and Governance

## Do any of the following legal situations apply to the Applicant?

Has the Applicant been involved in any litigation or prosecution in the past three years? \*

You must respond to this question.

Select 'No' if the Applicant has not been involved in any litigation or prosecution in the past three years.

Select 'Yes' if the Applicant has been involved in any litigation or prosecution in the last three years. If 'Yes' is selected, you must then provide details and/or explanation of why the litigation or prosecution should not be considered relevant to the Application in the 2000 character limit (approximately 300 words) field provided. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. If the Applicant has settled a claim on confidential terms, please indicate this in your response. National Disability Insurance Agency may request further information as part of the assessment process. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @ , all other characters including carriage returns are not accepted.

Yes  No

Has any senior official or person directly involved in delivering the Activity (should the Application be successful) been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application? \*

You must respond to this question.

Select 'No' if no senior official or person directly involved in delivering the Activity (should the Application be successful) has been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application.

Select 'Yes' if any senior official or person directly involved in delivering the Activity (should the Application be successful) has been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application. If 'Yes' is selected, you must then provide the details of any senior official or person directly involved in delivering the Activity and details of the litigation or prosecution in the 2000 character limit (approximately 300 words) field provided. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. If the Applicant has settled a claim on confidential terms, please indicate this in your response. National Disability Insurance Agency may request further information as part of the assessment process. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @ , all other characters including carriage returns are not accepted.

Yes  No

Has there been any significant financial matter which may impact on the Applicant in the performance of the Activity? \*

You must respond to this question.

Select 'No' if there has not been any significant financial matter which may impact on the Applicant in the performance of the Activity.

Select 'Yes' if there has been any significant financial matter which may impact on the Applicant in the performance of the Activity.

Note: you may be required to provide documentation upon request. \*

Yes  No

Are there any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity? \*



You must respond to this question.

Select 'No' if there are not any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity.

Select 'Yes' if there are any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity.

Note: you may be required to provide documentation upon request. \*

Yes  No

## Is the Applicant able to provide the following financial information?

A 'Yes' or 'No' response to all sub questions on whether the Applicant is able to provide the following financial information is Mandatory.

- Two most recent sets of year-end audited financial statements.
- Current year-to-date management financial information, for example, income and expenditure statement and balance sheet.
- The Applicant's financial statements fully compliant with the Australian Accounting Standards.

If 'No' is selected for any of these sub questions, you must then provide a brief explanation for the 'No' response in the 2000 character limit (approximately 300 words) field provided. 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.

Note: you may be required to provide documentation upon request.

- |  |                           |                          |
|--|---------------------------|--------------------------|
| 1. Two most recent sets of year-end financial statements. *  | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Current year-to-date management financial information, for example, income and expenditure statement and balance sheet. * | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Are the Applicant's financial statements fully compliant with the Australian Accounting Standards? *                      | <input type="radio"/> Yes | <input type="radio"/> No |

## Does the Applicant have the following documents?

Note: you may be required to provide documentation upon request.

A 'Yes' or 'No' response to all sub questions on whether the Applicant is able to provide the following documents is Mandatory.

- Documented organisational and financial policies and procedures.
- Business plan and/or strategic plan.
- Risk management plan.

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

- |   |                           |                          |
|---|---------------------------|--------------------------|
| 1. Documented organisational & financial policies & procedures. * | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Business plan and/or strategic plan. *                         | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Risk management plan. *  | <input type="radio"/> Yes | <input type="radio"/> No |

## Activity Details

## Provide a short title of your Application for this Activity. \*

You must respond to this question. 250 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.

## Provide a brief description of your Application for this Activity. \*

You must respond to this question. 1000 character limit (approximately 150 words). 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.

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

Characters entered:

## In which coverage area/s is the Applicant proposing to deliver the Activity?

### IMPORTANT:

- If applicable and your form has more than **40** coverage areas available for selection, note that Applicants can only select up to **40** coverage areas per Application form due to the large amount of data required for a detailed response.
- If you wish to apply for more than **40** coverage areas, a separate form/s will need to be completed. If you wish to reuse data from your first form submission for this purpose, upon submission of your first form immediately open a new copied form off the submission page using the '**Start and new form prefilled with the same data**' link. This will open the same form data with only the coverage area and attachment information removed. You must open and save this form immediately as the previously submitted data will not be captured in any new form if not done this way.
- If the '**Start and new form prefilled with the same data**' option is not done at the time of the initial form submission then a new Application form will need to be completed for all information, as well as the extra coverage areas.

### Instructions:

- The Coverage type field below indicates the areas used in this Application form.
- If applicable, select a State to refine the available coverage area values.
- A list of values will appear in the Available coverage area/s for selection. Choose the appropriate value/s and click Add to insert the highlighted value/s into the Chosen coverage area/s. Repeat the process as required.

### Tips:

- Enter text in the 'Search list...' to search for the specific area or to reduce the list of available areas.
- To choose multiple values to add at one time, use Shift+Left-Click to select a group of values, or use Ctrl+Left-Click to select a range of alternating values, and then click Add.
- To delete from the 'Chosen coverage area/s', choose the value in the right list box and click the Delete button.
- For further details of the available coverage area/s refer to the [National Disability Insurance Agency](#) website

### Coverage Areas

## Coverage Areas

Does the Applicant plan to deliver the Activity as part of, or as the lead agency of, a consortium or use subcontractors? \*

Does the Applicant plan to deliver services as part of, or as the lead agency, of a consortium or use subcontractors?

An Applicant may determine that service delivery is best achieved through the use of a consortium arrangement or use subcontractors.

If yes, you will be required to provide the details of each consortium member/subcontractor details. Up to 10 consortium members/subcontractors can be included in the Application Form by clicking the add button at the end of this question.

Yes

No

An Applicant may determine that service delivery is best achieved through the use of a consortium arrangement.

**If the Application is successful, the Applicant will be offered a Grant Agreement with National Disability Insurance Agency 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 with National Disability Insurance Agency. 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.

## Area Financials

Provide a breakdown of the proposed grant funding by the chosen coverage type/s. \*

Provide a breakdown of the proposed National Disability Insurance Agency grant funding by the chosen coverage type/s.

You must complete a separate row for each chosen coverage area.

Please note that you must complete the "In which coverage types is the Applicant proposing to deliver the Activity?" question before you can commence this question.

Financial year	Amount(\$ exc GST)	Total funding	Approx.% of Total
2017-2018	\$0	\$0	100
<b>Total funding</b>	<b>\$0</b>	<b>\$0</b>	

Does the Activity rely on any contributions other than those requested in this Application (including commercial borrowings, donations and co-contributions)? \*

Does the Activity rely on any contributions other than those requested in this Application? Include any other Applications for funding that you have submitted in relation to this Activity and indicate that these are pending the outcome of an Application. Mandatory.

If Yes, you will be required to provide the details of the other funding submissions. Up to 10 records can be included in the Application Form by clicking the add button at the end of this question.

Yes

No

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 \*

Account name \*

## Selection Criteria

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Demonstrated alignment with CICD Activity objectives and evidence of need

Responses should demonstrate:

- evidence of need/s;
- how the proposed activity will effectively address the need/s;
- consistency with one of the four Activity Streams in the ILC Policy;
- consistency with one or more of the five Focus Areas described in the ILC Commissioning Framework; and
- that the implementation of the activity(ies) will contribute to one or more of the five identified outcomes for ILC described in the ILC Commissioning Framework.\*

(Limit: approx 900 words, 6000 characters)

Characters entered:

Demonstrated methodology to achieve outcomes for people with disability to live an ordinary life and/or for community to facilitate opportunities for inclusion

Responses should demonstrate that:

- implementation of the activity(ies) and the methodology will develop capability and independence the target group and reduce the need for formal supports over time;
- implementation of the activity(ies) facilitates opportunities for people with disabilities to live an ordinary life;
- activity(ies) involves people with disability, including roles at a governance, staff or volunteer level;
- activity(ies) involves relevant stakeholders; and
- how the applicant intends to measure progress towards the ILC outcomes.\*

(Limit: approx 900 words, 6000 characters)

Characters entered:

Demonstrated organisational capacity and capability

Responses should demonstrate:

- an appropriate project management approach including the development and implementation of effective governance structures, and project, human resource and budget management arrangements. This should include mechanisms for monitoring of activities commensurate with scale;
- the experience of key staff in managing activity(ies) that have produced high quality and sustainable outcomes for people with disabilities within budget and on time; and
- the organisation's history of successful delivery of the proposed activity or other relevant experience and expertise\*

(Limit: approx 900 words, 6000 characters)

Characters entered:

## Sustainability

Responses should demonstrate:

- how the proposal will ensure impact, knowledge, skills and processes will be embedded at an individual, organisational and/or community level and retained to be utilised over time and how this may reduce demand for formal individualised funded supports over time.
- consideration of how the Activity will contribute to outcomes for people with disability and/or community beyond the life of the grant.
- how any risks associated with the proposed Activity will be mitigated.\*

(Limit: approx 900 words, 6000 characters)

Characters entered:

## Attachments

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Attach a Budget for your proposal using the template provided in the Application Pack available on the Community Grants Hub website.\*

File: Test Doc Attachment - Copy - Copy - Copy.pdf

## Applicant Contacts

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

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. \*

Provide an alternate authorised contact for this Application. Mandatory.

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 \*

## Applicant Referees

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Provide the name and contact details of two referees who can support the Applicant's claims made against the selection criteria as outlined in this Application.

**Referee One**

Title \*

First name \*

Last name \*

Position \*

Organisation \*

Relationship \*

Telephone \*

Mobile

Email address \*

**Referee Two**

Title \*

First name \*

Last name \*

Position \*

Organisation \*

Relationship \*

Telephone \*

Mobile

Email address \*



# Declaration

Please read and complete the following declaration.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Program Guidelines overview.
- 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 this Application is successful.
- 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.
- I give consent to the **National Disability Insurance Agency** to make public the details of the Applicant and the funding received, should this Application be successful.

Describe any conflicts of interest that may occur from submitting this Application.

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

Characters entered:

I understand and agree to the declaration above. \*

I acknowledge that giving false or misleading information to the Department 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

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 and;
- time spent completing all questions in the Application Form.

Hours

Minutes