

ILC DISABILITY EQUIPMENT GRANT

Application Form

Please refer to the Disability Equipment Grant (DEG) Information Package for eligibility criteria BEFORE completing this application form

Any expenditure must occur AFTER grant approval

ORGANISATION NAME: _____

CONTACT DETAILS *Name and title of the most appropriate to discuss this application*

Name: _____ Position Title: _____

Place of Work: _____

Phone: _____ Mobile: _____

Fax: _____ E-Mail: _____

Availability: When is the best time to contact you? _____

BENEFICIARY DETAILS:

Name: _____ Age: _____

Grant amount requested: \$ _____

Equipment requested: _____

Send completed application to:

**Project Manager
Disability Equipment Grants
Independent Living Centre of WA
The Niche
11 Aberdare Road
NEDLANDS WA 6009**

ILC DISABILITY EQUIPMENT GRANT

PART 1: APPLICANT ORGANISATION DETAILS:

Please note that applications from groups NOT incorporated, otherwise legally constituted and /or, registered for GST, will be limited to grants for up to \$5,000

Official name of applicant organisation: _____

(This must be the same as it appears on the Certificate of Incorporation if incorporated)

Also known as (if applicable): _____

Street Address: _____

Postal Address: _____

Post Code: _____ **Phone:** _____ **Fax:** _____

Organisation's E-mail: _____

Website Address: _____

Does your organisation have an Australian Business Number (ABN)? Yes No

If yes, please provide your Australian Business Number: (ABN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If not providing an ABN please refer to the special ABN declaration in the Grant Agreement (see page 8)

Are you a GST Registered Organisation? Yes No

Please note that for requests over \$5,000, organisations must be registered for GST.

If approved, your grant may be paid by Electronic Funds Transfer (EFT). Please provide details of your organisation's **main operating account**.

Account Name: _____

BSB Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank Name: _____

Please note that this section must be completed for each application, even if previously supplied. Once approved, grant payments will be made by Electronic Funds transfer (EFT) into the nominated account.

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PART 2: BENEFICIARY DETAILS:

DETAILS OF INDIVIDUAL TO BENEFIT FROM THE GRANT

Mr Mrs Ms Miss Other _____

Surname: _____ First Name: _____

DOB: _____ Male Female

Address: _____

_____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____

Occupation:

Disability Support Pension (DSP) Yes No

Other pension: Yes No

Are you partnered? Yes No

Non English Speaking Background Yes No

Aboriginal/Torres Strait Islander (ATSI) Yes No

Contact Person: *(if different from above)* _____

Has the beneficiary had a previous grant from Lotterywest? Yes No

If yes: Date of grant: _____ Amount \$ _____

Purpose: _____

DISABILITY / DIAGNOSIS: (include date of onset)

Functional difficulties: (related to the equipment requested) _____

What need, related to the disability, will be met by the request?

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PART 3: SUPPORTING HEALTH PROFESSIONAL DETAILS

Details of Health Professional who is able to confirm the need for the item, and its suitability for the purpose intended. Please attach written supporting information.

Name: _____ Position: _____

Qualifications / Membership of Professional Association: _____

Place of Work: _____

Address: _____

Post Code: _____

Contact Details:

Phone: _____ Fax: _____

Mobile: _____ E-Mail: _____

Availability – When is the best time to contact you? _____

PART 4: YOUR REQUEST

4.1: PROPOSED FUNDING:

Total cost of this proposal: (# see below) \$ _____

Contribution by beneficiary \$ _____

Amount from other sources (please specify)
_____ \$ _____

Disability Equipment Grant amount requested: (# see below) \$ _____

Funds are normally expected to be used within three (3) months of the receipt of grant, though extensions can be negotiated.

Please indicate the date that you plan to start using these funds. _____

*# If registered for GST amount should **Not** include GST*

SECOND HAND MODIFIED VEHICLE GRANT

If applying for a grant towards the purchase of a second hand modified vehicle:

(Please attached additional information including)

Details of vehicle - make, model and year of manufacture.

Details of vehicle modifications - type of modifications eg: hoist & tracking, condition, date of installation, company, and service history.

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4.2: DETAILS OF EQUIPMENT COSTS:

Two (2) quotes are required for all items over \$1,000. For items under \$1,000 provide either one (1) quote or a written estimate. Low value, miscellaneous items can be grouped together (to \$500).

(Written quotes must be attached)

Details of quotes:

Supplier	Cost	GST	Total Cost Of Item	Quotation number

It is expected that the preferred quote will be for the lower price unless there are particular reasons to do otherwise. Where the more expensive quote is preferred, evidence must be provided to support this decision.

RECOMMENDED SUPPLIER AND TENDERED PRICE:

COMPANY NAME: _____ ABN Number: _____

ADDRESS: _____

POSTCODE: _____

CONTACT: _____ PHONE: _____ FAX: _____

QUOTE NUMBER: _____

PRICE: _____ GST: _____ TOTAL : _____

REASON FOR SELECTION: _____

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5.0 BENEFICIARY DECLARATION:

To be signed by the beneficiary (or parent/ guardian/carer)

I _____ confirm that all the information,
(please print full name of person signing)

Including financial details, provided for this application are true and correct to the best of my knowledge.

The equipment being purchased is agreed to and meets my needs.

If applying for an Air Conditioner:

Is there currently air conditioning in any area of the house?

Yes No Please tick

If applying for Vehicle Modifications:

Does the driver use modified driving controls?

Yes No

If yes, does the driver hold a current endorsed drivers licence?

Yes No Please provide a copy of both sides of your licence.

I agree that additional personal information can be provided to ILC should it be required.

Signed (Beneficiary) _____ **Date** _____

Relationship to beneficiary if signed on their behalf: _____

6.0 FINANCIAL ELIGIBILITY

Please provide **proof of income** to supporting organisation or the ILC.

- Centrelink Income Statement/s
- Pay slips/ATO assessment
- Other

To be completed by the Representative of the Applicant Organisation

I confirm that I have carefully considered the financial circumstances of the applicant, and am satisfied that he/she is not in a position to purchase the item without assistance from a Disability Equipment Grant.

I confirm that the beneficiary's income is

Level 1 2 3 Please tick

(Please refer to DEG Information Package for income levels for assessment purposes)

Representative of the Organisation should sign this Declaration

Signed: _____ **Date:** _____

Full name: _____ **Position:** _____

ILC DISABILITY EQUIPMENT GRANT

(For Organisations Only)

Please note: The Australian Taxation Office considers a grant to an organisation to be an 'agreement to supply' and therefore a GST is payable on the actual grant itself. Grants to 'registered organisations' will include the GST, which must be remitted to the ATO. The ILC will issue Recipient Created Tax Invoices (RCTI) on behalf of successful applicants, for this purpose.

GRANT AGREEMENT

DECLARATION

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

1. The grant will be used for the purpose for which it was given and will be expended in accordance with the Grant Approval Schedule, unless otherwise agreed in writing by the Independent Living Centre of WA.
2. If the organisation winds up, or if the assets purchased are no longer required for the purpose granted, the assets will be transferred to an organisation eligible to receive Disability Equipment Grants, to be used for a purpose approved by the Independent Living Centre.
3. Accountability for unconditional grants, (ie. paid in full on approval), will include the provision of documentation including copies of suppliers' invoices and a certified acquittal statement, being provided to the Independent Living Centre within three (3) months of the grant being made available.
4. Any unexpended funds will be returned to the Independent Living Centre within three (3) months of payment of the grant, unless otherwise agreed in writing by the Independent Living Centre.
5. If there is to be any delay in the expenditure of the grant, a written request will be made seeking approval for the extension of time.
6. Any special conditions that are attached to the grant will be met.
7. All relevant records of the grant will be kept for a period of seven (7) years, and will be made available for audit at any time.
8. The Independent Living Centre is under no obligation to verify bank details. In signing this Grant Agreement, the signatory is verifying that the details provided are for an account that is held in the name of the applicant organisation.
9. The organisation will advise promptly in writing of any changes in bank details. This advice will be signed by the Chairperson, President or Chief Executive Officer.

ILC DISABILITY EQUIPMENT GRANT

(For Organisations Only)

ACCEPTANCE OF GRANT CONDITIONS

I certify that all the information provided is true and correct, and give permission to the Independent Living Centre of WA Inc to contact any persons or organisations in the processing of this application.

If an ABN has not been provided I declare that the organisation:

- is not eligible for an ABN because it does not meet the definition of 'enterprise' for tax purposes; or
- has 'exempt income' status; or
- the application for an ABN has been rejected by the Tax Office.

If a GST Registered Entity: To comply with GST requirements, I authorise the Independent Living Centre to issue a Recipient Created Tax Invoice (RCTI) in respect of this grant. My organisation will not issue tax invoices in respect of this grant. I confirm that at the time of making this application, the organisation is registered for GST, and will continue to be so for the life of the grant. I also authorise the Independent Living Centre to act as an agent on behalf of my organisation should grant payments be made, at my request or as a condition of the grant, to a third party.

The Independent Living Centre acknowledges that it is registered for GST at the time of entering this agreement and that it will notify the Applicant Organisation if it ceases to be registered or if it ceases to satisfy any of the requirements of the relevant 'GST Ruling'.

If you are not sure about your organisation's GST or ABN status contact your accountant or the ATO.

IMPORTANT:

Only the CHAIRPERSON or PRESIDENT (or another officer, formally delegated such authority*) of the organisation which is to receive the Grant should sign below. For Local Government Authorities, the CHIEF EXECUTIVE OFFICER should sign below.

*Where this Agreement is signed by a delegated officer, current documentation authorising such a delegation of authority signed by the Chairperson or President, must be attached to this Agreement. If the delegation is ongoing, a photocopy of the documentation must be submitted with each request, to confirm that the authority is still current. Please check with the Project Officer at the Independent Living Centre if you are unsure about delegation requirements.

Signed: _____ **Date:** _____

Chairperson/President or Authorised Delegate

Name: _____ **Position:** _____

Name of Applicant Organisation: _____

Address: _____

_____ **Post Code:** _____ **Phone:** _____

PLEASE NOTE: We cannot accept e-mailed applications. You may lodge applications by mail, or in person.

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CHECKLIST FOR REQUIRED INFORMATION

Please complete the checklists below to ensure that you have included all the information required to process your application.

We need proof of your organisational and financial stability unless you are a local Government Authority.

ORGANISATION INFORMATION

1. **Incorporated or other legally constituted organisations**, must provide the following annually to the Independent Living Centre, by the 31st October or with the first application for each financial year, or if any changes occur within that period. Organisations will be required to provide a declaration with each application stating the details provided to the Independent Living Centre are true and correct.

2. **Unincorporated organisations** must provide the following documentation with every application.

1. The latest **Annual Report** of the organisation

2. **Copies of the minutes** of your last two Board or Committee meetings

1. Copy of the current **Certificate of Incorporation or equivalent**

2. Any documentation that provides evidence of your organisation's role and function eg. Constitution, Annual Reports, press clippings etc

1. Copy of the latest **Constitution or equivalent**

2. Copy of a recent **Bank Statement**, confirming your official organisation name

1. Most recent audited **Financial Statements, for the organisation.**

2. Most recent **Financial Statements (audited accounts, bank statement or Treasurer's report**

Signed Acceptance of Grant Agreement

BENEFICIARY INFORMATION

Please make sure you have included:

Supporting health professional information

Quotes for equipment

Proof of income (e.g. Centrelink Income Statement) to supporting Organisation or the Independent Living Centre

Signed beneficiary declaration

Copy of drivers licence (if applicable)