

Access and Inclusion Grant Program Application Form 2026 - 2027

Form Preview

About this Grant Program

Greater Shepparton City Council has a proud history of working in partnership with the community to meet local needs and expectations. One of the ways the Council supports the community is through the Access and Inclusion Grant Program. This program aims to deliver funding to support not-for-profit organisations and community groups to improve access and inclusion for people with disabilities.

For the 2026/2027 Financial Year, there is a total funding pool of **\$5,000** available. Individual grants of **up to \$1,500** are available for successful applicants to conduct activities or deliver their projects.

Funding is limited and not all applications that meet the guidelines may be funded. No recurrent grants, capital works or annual funding commitments are available from this fund.

Council strongly advises you to contact the Community Wellbeing department prior to making an application to discuss your proposed activity and eligibility. You can contact Council's Access and Positive Ageing Officer via telephone on 5832 9700 or via email at positiveageing@shepparton.vic.gov.au

Name of Person Completing this Form

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Applicant Project Contact Position

Applicant Project Contact Primary Phone Number

Must be an Australian phone number.

Applicant Project Contact Primary Email

Must be an email address.

Applicant Project Contact Primary Address

Address

Application Contact Details

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* indicates a required field

Applicant Primary Contact Details

Applicant Name *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Name of Organisation *

Contact Person *

Title First Name Last Name

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This is the person we will correspond with about this grant.

Position held in Organisation, Group or Business *

e.g., Manager, Board Member or Fundraising Coordinator.

Address *

Address

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

Telephone Number *

Must be an Australian phone number.

Contact Email Address *

Must be an email address. This is the email address we will use to correspond with you about this grant.

Primary activities of group or organisation

What is the primary activity of your group or organisation? *

Word count:

Must be no more than 250 words.

If someone had never heard about your organisation or group, what would you tell them?

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How many members are in your Organisation or Group?

Must be a number

Is your Organisation or Group incorporated?

- ☐ Yes (Including State Government Entity)
- ☐ No
- ☐ Community Asset Committee of Greater Shepparton City Council

Incorporated Organisation and State Government Entities

Incorporation Number

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	

Must be an ABN.

Does your organisation have Public Liability Insurance?

- ☐ Yes - please attach a copy in the Documents Checklist section
- ☐ No - Your business is not eligible for this grant.

A minimum of \$20,000,000 Public Liability Insurance is required. Note: If your organisation, group or business is not incorporated, you will need to find an organisation, group or business that is able to auspice your project. Please attach an electronic copy of a letter from your auspice organisation, group or business stating their willingness to accept and administer the grant. This can be attached in Section 10.

Auspice Organisation

Auspice Organisation, Group or Business Details

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Only complete this section if your organisation, group or business is not incorporated.

Name of Auspice Organisation

Organisation Name

Auspice 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	

Must be an ABN.

Name

Title

First Name

Last Name

Position within Auspice Organisation

Auspice Organisation's Address

Address

Telephone Number

Must be an Australian phone number.

Email Address

Must be an email address.

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Auspicing organisation Incorporation Number

Does the auspice organisation have public liability insurance that will cover your project?

- ☐ Yes- provide a copy at the Document Checklist section
- ☐ No - Please contact Greater Shepparton City Council

A minimum of \$20,000,000 Public Liability Insurance is required.

Project Details

* indicates a required field

Project Description

Project Title *

Start Date *

Projects MUST NOT COMMENCE PRIOR to 01/10/2026.

End Date *

Projects MUST BE COMPLETED by 01/06/2027.

Please outline your project proposal in detail and how you intend to expend the grant funds? *

Word count:

Must be no more than 300 words.

What are you looking to achieve? Be as specific as possible.

Please detail how your project responds to the objectives of the program you are applying for. *

Word count:

Must be no more than 300 words.

How did you identify the need for this project?

Additional Information

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Alignment with key priorities of the Greater Shepparton Universal Access and Inclusion Plan 2022 - 2026

Please select which of the following align with your project. You can view the full plan here:

https://greater-shepparton.com.au/assets/files/documents/community/aged_disability/Greater_Shepparton_Universal_Access_and_Inclusion_Plan_2022-2026.pdf

Which of the following four key priorities from the Greater Shepparton Universal Access and Inclusion Plan, does your project align with?

- ☐ Social: Our people feel connected, included and valued.
- ☐ Built and Natural: Our people can participate in our built and natural environment.
- ☐ Economic: Our people have a better choice of pathways that lead to education, employment and volunteering opportunities.
- ☐ Leadership and Governance: Our people have a role in leading the way and are supported through good governance and policy direction.

Tick all the boxes that apply.

Regulatory Authorities Requirements

In some cases, approvals and permits may be required to carry out the proposed project.

Applicants should discuss their project with the responsible regulatory authority prior to submitting their application.

Your offer of funding will be conditional and subject to obtaining the required regulatory approvals.

What permits are required to undertake your project? If permits are not required for your project, please advise how you determined this.

Consider any permits required by legislation. Please speak with Council officer to determine and add costs of permits into your budget expenditure.

Budget

How much funding are you applying for?

Must be a dollar amount.

Income & Expenditure

It is important to demonstrate that your application is financially viable and can be delivered within the budget specified here.

Under **Income** you MUST list **the Grant amount you are seeking from Council in the first line of the Income table below.**

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Income and Expenditure must be equal

Please see the application guidelines for further information on how to fill in your budget:

<https://greater/shepparton.com.au/community/grants-and-funding/access-and-inclusion-grant>

Income	\$	Expenditure	\$
This box must have the amount of funding you are requesting from this Grant Program.			Must be a dollar amount.
Council grant requested	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

In Kind Support

Please include details of any contributions to the project that you would normally pay for, but are being received at no cost to the project.

Please note only stream one applications can use In-Kind Support as part of their budget submission.

If you have volunteers working on the project, include their contributions which are valued at the following rates:

- \$25 per hour for unskilled labour
- \$40 per hour for qualified labour

In-kind contributions are not required for stream two applications, however are favourable.

Person or organisation	Task	Hours/Rate	Amount in-kind \$

Document Checklist

* indicates a required field

Incorporated Organisation applying

**Attach a copy of your
Certificate of Currency
for your Public Liability
Insurance ***

Attach a file:

Applying with an Auspice Organisation

Attach an electronic copy of a letter from your auspice organisation stating their willingness to accept and administer the grant

Attach a file:

Only complete if you are using an auspice organisation.

Attach a copy of your auspice organisations Certificate of Currency for Public Liability Insurance

Attach a file:

Only complete if you are using an auspice organisation.

Support Documents

Please attach quotes for your proposed project.

Attach a file:

Please attach any maps, plans, drawings, photos for your proposed project.

Attach a file:

Declaration & Privacy Statement

* indicates a required field

Privacy Statement

Greater Shepparton City Council manages your personal information in accordance with its Privacy Policy and the Privacy and Data Protection Act 2014 (Vic). Your personal information is collected to communicate with you regarding your grant application. It is disclosed to Council Officers for review of your application and may be disclosed to other areas of Council to administer your grant application. If you do not provide the requested information we may be unable to process your application and keep you informed of the outcome of the application. Council may also use your personal information to contact you regarding future grant rounds. To opt out of future notification, gain access to or update your personal information please contact Council's Grants Coordinator on (03) 5832 9872.

Declaration *

- ☐ I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.
- ☐ I have read the accompanying guidelines for applicants provided with this application form.
- ☐ I have considered Council's access and inclusion requirements.
- ☐ I agree that I will contact the Greater Shepparton City Council immediately if any information provided in this application changes or is incorrect.
- ☐ I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.
- ☐ I agree to provide final acquittal reports as required.

Authorised person *

☐ Individual ☐ Organisation
Organisation Name

Title First Name Last Name

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Position *

Date *

Must be a date.

Applicant Feedback

You are nearing the end of the application form. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

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How did you find out about this grant round?

- ☐ Councils Website
- ☐ Other Website
- ☐ Council Staff
- ☐ Word of Mouth
- ☐ Facebook or other Social Media
- ☐ Newspaper
- ☐ Radio
- ☐ Other:

Please indicate how you found the online application process:

- ☐ Very Easy
- ☐ Easy
- ☐ Natural
- ☐ Dificult
- ☐ Very Difficult

How many hours did it take you to complete this application?

Please provide us with your suggestions about any improvements to the process and or form that you think we need to consider.