

EOI Accessible Australia Application Form

Form Preview

Introduction

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the [program guidelines](#).

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

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact dsgrants@families.qld.gov.au

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Privacy Notice

We treat your personal information according to the Information Privacy Act 2009. This includes letting you know:

- what personal information we collect;
- why we collect your personal information; and
- who we give your personal information to.

You can find our privacy policy [here](#).

In submitting an EOI, you agree to the Queensland Government collecting your personal information, including your name, contact details and role in your organisation, so we can assess your response and for the purpose of grants administration. If you do not provide this information, we cannot assess your EOI response.

The Queensland Government may also use and disclose information collected about you under this EOI in any other Queensland Government business or function. This includes disclosing grant information on the DFSDSCS website and giving information to the Australian Taxation Office for compliance purposes.

We may share the information you give us in your response, including personal information, with other State entities, the responsible Minister and their staff, and with Members of Parliament, for other purposes including government administration, research or service delivery, or as otherwise authorised or required by law.

About this Program

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Accessible Australia supports the goals of the Queensland's Disability Plan 2022-27 Together, a better Queensland, by fostering an inclusive environment that promotes participation, provides support, and encourages community engagement for people with disability.

The Australian Government's Department of Health, Disability and Ageing (DHDA) is responsible for the implementation of Accessible Australia, which is being undertaken in partnership with state and territory governments.

EOI process

DFSDSCS is conducting an EOI process to gain preliminary information from Respondents regarding the service requirements in Part B: Service Requirements and determine the level of interest to participate.

As outline in the grant guidelines, this EOI process will provide information regarding the potential procurement of the services described in Part B and invites prospective Respondents to submit an EOI. Respondents should be aware that DFSDSCS has discretion to proceed with the requirements in a manner that is different from that described in Part B or may not proceed with the activity at all.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you are able to demonstrate alignment between your project and the aims of this program
- your organisation is a not-for-profit organisation or a government owned entity
- your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- your organisation is located in (and/or supplies services to) **Queensland**
- your organisation is registered for GST or hold a GST exemption
- your organisation is able to demonstrate financial viability
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant

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

☐ Yes

Contact Details

* indicates a required field

Applicant Details

Applicant Organisation *

Organisation Name

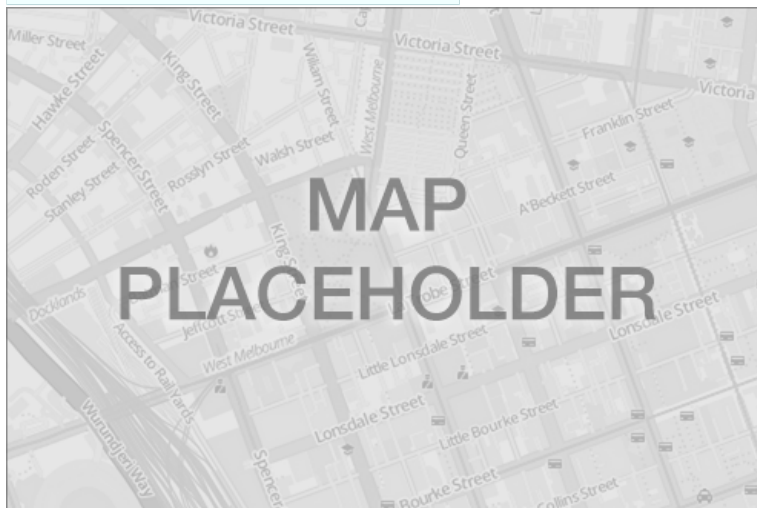
Make sure you provide the same name that is listed in official documentation.

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Applicant primary address

Address



Applicant postal address

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Primary Contact Details

Primary contact *

Title First Name Last Name

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

Position in organisation *

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e.g., Manager, Director or Fundraising Coordinator.

Primary contact primary phone number *

Must be an Australian phone number.

Primary contact office phone number

Must be an Australian phone number.

Primary contact email address *

This is the address we will use to correspond with you about this grant.

Organisation Details and Eligibility

* indicates a required field

Organisation Type

Are you a government owned entity or a not-for-profit organisation? *

- ☐ A government owned entity
- ☐ A not-for-profit organisation

What is your organisation's annual revenue? *

- ☐ Less than \$50,000
- ☐ \$50,000 or more, but less than \$250,000
- ☐ \$250,000 or more, but less than \$1 million
- ☐ \$1 million or more, but less than \$10 million
- ☐ \$10 million or more, but less than \$100 million
- ☐ \$100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here:

<https://www.acnc.gov.au/tools/topic-guides/revenue>

GST status: *

- ☐ Registered for GST
- ☐ Hold a GST exemption

Is your organisation based/have operations in Queensland? *

- ☐ Yes
- ☐ No

Do you have current and adequate insurance appropriate to the activities/ services funded to cover any liability of the recipient that might arise in connection with the performance of its obligations under a grant funding agreement? *

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- ☐ Yes
- ☐ No

This must include but is not limited to a minimum of \$10 million Public Liability Insurance.

Ineligible

You have indicated that your organisation is not based in QLD - in order to be eligible to apply your organisation needs to be based in QLD and have operations there.

Applicant 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	

Project Eligibility

Is your project a new project that has not yet started? *

- ☐ Yes
- ☐ No

Has your project commenced? *

- ☐ Yes
- ☐ No

Will your project deliver one or more of the following eligible Accessible Australia amenities? *

- ☐ Fixed Changing Places facilities
- ☐ Portable Changing Places facilities
- ☐ Inclusive beach equipment
- ☐ Inclusive national park equipment
- ☐ Inclusive play space equipment

Will the amenity/facility be open to the public and accessible for use? *

- ☐ Yes

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☐ No

Can you commence purchase/construction within 12 months of receiving the funds? *

☐ Yes

☐ No

If successful, can you complete installation/construction within 18 months of commencement? *

☐ Yes

☐ No

Project ineligible

You have indicated from your answers that your project do not meet project eligibility criteria, as per the guidelines.

Project Details

* indicates a required field

Project title *

Must be no more than 250 characters.

Provide a name for your project/program/initiative. Your title should be short but descriptive

Please provide a short summary of your initiative *

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Project Overview

Please describe your project in detail, giving details on why the proposed site and project are suitable, accessible, sustainable and a good investment. *

Word count:

Must be no more than 500 words.

Please include the type of amenity proposed, the project location, the key accessible features, intended uses, demand, accessible features, public access arrangements or restrictions, maintenance required etc.

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Supporting Documents

Attach a file:

This can include: site plan, concept design, photographs etc.

Identified Need and Public Benefit

Please describe the need for the project and describe the benefits the project will deliver to people with disabilities and the wider community. *

Word count:

Must be no more than 500 words.

You can include evidence of the need, any consultation with people with disabilities and other stakeholders, community support for the project and expected community benefits.

Organisational Capacity

Please describe your organisation's capacity and capability to successfully deliver this project on time and within budget.

Word count:

Must be no more than 500 words.

You can include relevant experience delivering similar projects, project management and governance arrangements, risk management strategies and any plans to promote the availability of the amenity.

Milestones

What are the major steps / stages (i.e. milestones) involved in delivering your initiative?

Milestone	Start Date	End Date	Notes
One per row. e.g. Planning; recruitment; evaluation. Add more rows if you want to list additional milestones.	Leave blank if date is unknown or not relevant. Must be a date.	Leave blank if date is unknown or not relevant. Must be a date.	Add notes if you need to provide more context.

Project Budget

* indicates a required field

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Please insert the total amount you are requesting from this grant. If you have selected more than one eligible amenity, please add them together and insert the total amount in Total Amount Requested.

Total Project/Program Cost is the amount the entire project is going to cost (inclusive of the amount you are requesting from this grant).

Total Amount Requested *

What is the total financial support you are requesting in this application?

Total Project/Program Cost *

What is the total budgeted cost (dollars) of your project?

Changing Places

Funding is available for:

- up to 100% of the total build cost of **portable** Changing Places toilet facilities - **up to \$200,000**
- up to 50% of the total build cost of **fixed** Changing Places toilet facilities - **up to \$250,000**

Note: It does not provide funding for accreditation costs.

Priority will be given to EOIs to deliver projects for fixed amenities that:

- are from LGAs where there are no other fixed Changing Places facilities within that municipality (refer to the [Changing Places Toilet Map](#) to see LGAs without a Changing Places toilet);

Inclusive Beaches

Funding is available for:

- 100% of the total build cost of Inclusive Beaches - **up to \$300,000**

Inclusive portable beach infrastructure may include:

- beach wheelchairs: wheelchairs designed to access sand, mud, gravel and uneven terrain;
- floating wheelchairs: wheelchairs that allow the user to be partially submerged in water, allowing the sensation of floating; and
- a roll-out access mat designed to provide a stable surface for people who use wheelchairs or have reduced mobility.

Inclusive National Parks

Funding is available for:

- 100% of the total build cost of Inclusive National Parks - **up to \$20,000**

Inclusive portable national park infrastructure may include:

- all-terrain wheelchairs: all terrain wheelchairs allow visitors to access more rugged walking tracks that are not otherwise accessible with conventional wheelchairs. They

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often have adjustable seating and supports, making them suitable for adults and children with varying abilities; and

- accessible paths: these modular systems provide temporary, wheelchair-accessible pathways for outdoor areas and can be placed on various terrains including gravel.

Note: Funding is only available for portable resources in urban/natural park and beach environments. Accessible paths must be portable (e.g. accessible beach matting) rather than fixed; sealed or compacted gravel paths do not meet the portability criteria.

Inclusive Play Spaces

Funding is available for:

- 50% of the total build cost of Inclusive Play Spaces - **up to \$300,000**

Inclusive play spaces may include:

- inclusive play equipment such as liberty swings, sensory play platforms and all-access spinners. Inclusive play equipment is accessible to individuals regardless of age or ability; and
- inclusive equipment for people with physical and psychosocial disability, including visual communication toys for non-verbal children or those with communication delays.

Project Budget (Income)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

If you selected more than one eligible amenity please put each amenity with the amount in separate lines of the table.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

The first income line item should be the requested grant from Accessible Australia.

Income description	Income type	Is this funding confirmed?	Income amount (budgeted) GST Inclusive	Notes
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Accessible Australia	Earned Income Government Grants Philanthropic Grants Donations Sponsorship Pro Bono/In-kind	Confirmed Unconfirmed		
Provide a clear description for each budget item. Examples of income could include 'council	Please select the type of income		Enter the total amount expected to be received. Must be a dollar amount.	Add notes if you need to provide more context

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community grant', 'trivia fundraising night', 'company X sponsorship'.				
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Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below.

If you have a quote for the expense please include it in the upload.

Please note, that if you are eligible for the grant we may ask you for quotes and other evidence of your expense items at a later stage.

Expenditure description	Expenditure type	Expenditure amount (budgeted) GST Inclusive	Notes	Quotes
Provide clear descriptions for each budget item. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.	Please select the type of expenditure.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	Add notes if you need to provide more context.	

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.

What other inputs will you need in order to successfully carry out this project?

Input	Confirmed?
Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

Budget Acknowledgement

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The Organisation confirms it accepts responsibility for the ongoing costs associated with the amenity being open and available for use by the general public. *

☐ Yes

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

Name of authorised person *

Title

First Name

Last Name

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

Position *

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

Phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Applicant Feedback

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

Please indicate how you found the online application process.

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

How many minutes in total did it take you to complete this application?

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Estimate in minutes i.e. 1 hour = 60

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