

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

2026-27 Julia Farr Disability Inclusion Grant Round 1 Tier 1

* indicates a required field

1.1 Welcome to the 2026-27 Julia Farr Disability Inclusion Grant Round 1

During the 2026-2027 Julia Farr Disability Inclusion Grant rounds, DHS is offering funding to eligible organisations for projects that foster **Inclusive Environments and Communities**. This initiative supports the vision of South Australia where all people with disability can participate as equal citizens and feel connected to their communities.

This funding round is designed to support eligible organisations in delivering initiatives that improve the lives of South Australians living with disability. Funding will be prioritised for projects that:

- develop programs, activities, events or other support services that respond to community need, promote participation, accessibility and inclusion; and
- build, develop or strengthen partnerships or collaboration with other community organisations to deliver these initiatives.

Projects funded under this program must align with *Domain 1: Inclusive environments and communities* under the [State Disability Inclusion Plan 2025-2029](#) and address one or more of the following five priority areas:

- 1.Active Participation
- 2.Inclusive communities and attitudes
- 3.Universal Design - Accessible Environments
- 4.Accessible facilities
- 5.Communications and information

Please use this form to apply for funding up to **\$20,000**. This funding is designed to support smaller scale initiatives with a contract period of 12 months.

Please note:

- If your application is successful there is no guarantee that you will receive the full amount of funding requested.

If you have problems completing the form or have questions about the process, including eligibility please contact the Disability Policy and Reform team on 1300 990 256 or at JuliaFarrDisabilityInclusionGrants@sa.gov.au

1.2 Eligibility

The [guidelines](#) provide detailed information about the requirements for completing this application, including applicant and project eligibility. Please read the Guidelines carefully to check that you meet the following requirements.

1.2.1 Organisations must be:

Eligible Applicants

To be eligible to apply, organisations **must be:**

- An **Aboriginal Community Controlled Organisation** that is governed by a board or committee and is:

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

- incorporated under the Associations Incorporation Act 1985, or the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

or

- An organisation in South Australia, such as **Voluntary, Community Service or Faith-Based organisation or community centre that is Non-Profit** and provides services to South Australians, and is
- incorporated under the *Associations Incorporation Act 1985*, or the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, or have evidence of a comparable legal status, such as Australian Public Company limited by guarantee.

or

- a **Local Government entity in South Australia**, that is constituted under the *Local Government Act 1999 (SA)*
- **Social Enterprise certified by Social Traders** (Social Traders certification - <https://www.socialtraders.com.au>)

And

- is connected to the community in which it intends to deliver the services.

Organisations **must also**:

- have an Australian bank account in the name of the legal entity
- have been operating for at least 12 months, and
- agree to the terms and conditions of the grant agreement.

All applicants **must**:

- be currently operating within South Australia, and recipients of the program/service/initiative are residents of South Australia
- be currently registered with a valid and eligible Australian Business Number (ABN).

1.2.2 Do you comply with the above eligibility? *

☐ Yes

☐ No - You may not be eligible. Please contact us before submitting this form.

If you are unsure whether your organisation meets eligibility requirements, refer to pages 7 & 8 of the Grant Guidelines or contact DHS before submitting your application.

1.2.3 Is this applicant organisation a registered NDIS provider? *

☐ Yes

☐ No

NDIS service providers may apply for a Julia Farr Disability Inclusion Grant, provided the proposed project aligns with the program themes and delivers benefits that extend beyond NDIS supports. Projects must not duplicate NDIS funded services or require participants to use their NDIS plans to take part.

1.2.4 Does your Organisation operate both a for-profit entity and a not-for-profit entity? *

☐ Yes

☐ No

There must be a clearly identifiable and transparent separation between the two entities. To be eligible for funding, organisations with mixed structures must demonstrate:

- Distinct separation between the NFP / charity operations and for profit business activities (eg. governance, decision making, financial reporting).
- No real or perceived risk that grant funds could subsidise, support the for profit entity.
- Assurance that the proposed project is delivered solely through the NFP or charitable component, and that all benefits and funding flows remain within that entity. Grant funding must not support for profit activities, commercial ventures, or any initiative that could reasonably benefit or expand a for profit business line.

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

If you answered 'Yes' to the above question, please load a document outlining the Organisation Structure.

Attach a file:

1.2.5 Applications will not be accepted from organisations that:

- Have any outstanding contractual or financial obligations (including reports, acquittals, unpaid invoices) for any funded Department of Human Services projects/programs.
- Have licensed gaming machines in their facilities or hold a gaming machine license.
- Are educational institutions or related representative bodies. For example, schools and/or their parent or student associations, universities, colleges.
- Are family trusts and are not Social Trader certified Social Enterprises.
- Are individuals, sole traders, or organisations applying on behalf of an individual.
- Are for-profit organisations or private companies and are not Social Trader certified Social Enterprises.
- Are Government agencies - Commonwealth or State Departments
- Organisations that have been operating *for less than 12 months*.

2. Applicant Organisation

* indicates a required field

2.1 • ABN

To be completed by the applicant organisation.

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	

2.2 • GST Registration

Is your Organisation registered for GST? *

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

☐ Registered

☐ Not Registered

If you are unsure, please refer to the ABN lookup details above.

2.3 Applicant Organisation Details

Please enter the legal name of your organisation exactly as it appears in official documentation (such as with ASIC, ABR, ACNC, ATO) or trading name linked to the ABN; abbreviations like Inc. are not acceptable. If unsure, search for your organization under the 'Organisation & Business names' dropdown on the [ASIC Registers website](#), ensuring it matches the ABN entity name on the ABR. This will be used later for contracting purposes and payment of the funds.

Applicant Organisation Registered Name *

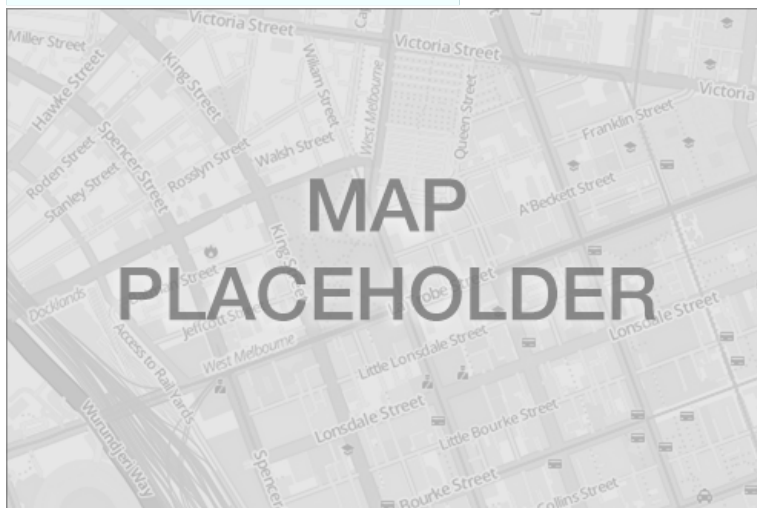
Organisation Name

Organisation Website

Must be a URL.

Organisation Address *

Address



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

Postal Address *

Address

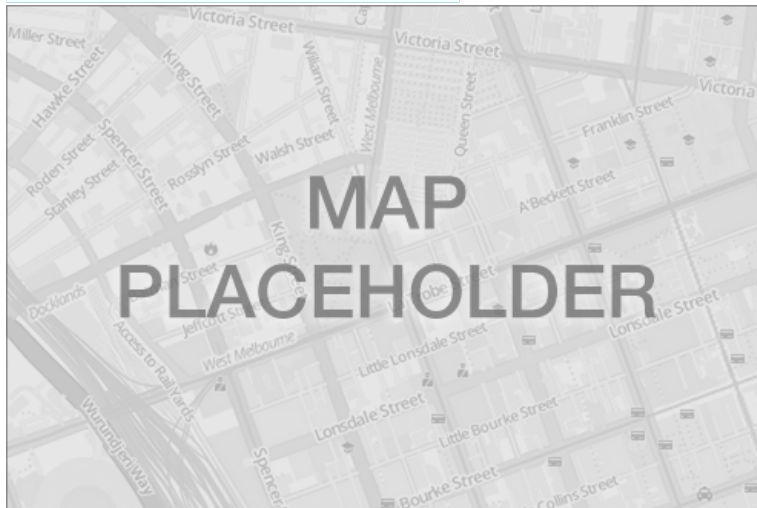
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

Address for the location the project will be undertaken

Address



2.4 Applicant Organisation Incorporation

An organisation in South Australia, such as Voluntary, Non-Profit, Community Service or Faith-Based organisation that provides community support services to South Australians and is:

Select the incorporation status of your organisation *

- ☐ incorporated under the Associations Incorporation Act 1985,
- ☐ incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006
- ☐ A comparable legal status, including an entity under the Corporations Act 2001 (Cth)
- ☐ Social Enterprise certified by Social Traders
- ☐ A Local Government entity in South Australia, that is constituted under the Local Government Act 1999 (SA)
- ☐ Eligible for Community Centres and Neighbourhood Houses membership from Community Centres SA, or currently holding Community Centres membership either incorporated or operating under the auspices of a Local Government entity
- ☐ Other:

Must be no more than 1 choice selected

- Your **incorporation number** can be found on your Certificate of Incorporation or search the [ASIC website](#)
- You can search [here](#) for your **Indigenous corporation number**.

Incorporation Number

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

Indigenous Corporation Number (ICN)

If applicable for Indigenous organisations.

Is the Applicant Organisation registered on the Australian Charities and Not-for-Profit Commission? *

☐ Yes

☐ No

☐ Unsure

2.4.1 Comparable legal status upload

Please upload evidence of your comparable legal status for consideration.

*

Attach a file:

3. The Proposal for the 2026-27 Julia Farr Disability Inclusion Grant Round 1 Tier 1.

* indicates a required field

3.1 Existing Services

Briefly summarise your organisation's purpose and current activities. *

Word count:

Must be no more than 250 words.

Briefly describe what your organisation currently does. This helps assessors understand your experience and capacity to deliver the proposed project.

3.2 Project Title

The "Project Title" will be used to refer to this project in all future correspondence. If your application is successful, it will also appear publicly on the DHS website.

Project Title *

Must be no more than 40 characters.

3.3 Brief Project Summary

Please describe the key activities, actions or services that will be undertaken in this project.

Please briefly describe your proposed project. *

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

Word count:

Must be no more than 250 words.

Your summary should clearly state what you will do, who will benefit, where it will occur, and over what period of time.

3.4 Linkage to published guidelines

Please tick relevant Priority Focus Groups *

- ☐ Aboriginal people with disability
- ☐ People from new and emerging culturally and linguistically diverse (CALD) communities with disability
- ☐ Children with disability
- ☐ LGBTQIA+ people with disability
- ☐ People with significant intellectual disability or who have high levels of vulnerability due to disability
- ☐ People with disability who live in regional communities.
- ☐ Women with Disability

At least 1 choice and no more than 3 choices may be selected.

3.5 Priority Themes

Priority themes of this proposal *

- | | |
|--|---|
| ☐ Active participation | ☐ Accessible facilities |
| ☐ Inclusive communities and Attitudes | ☐ Communications and information |
| ☐ Accessible environments | ☐ None of the above |

At least 1 choice and no more than 5 choices may be selected.

These funding focus areas align with the five priority themes in the Grant Guidelines (pages 3 & 4). Refer to the State Disability Inclusion Plan 2025-2029 for more information on these themes.

3.6 Needs Assessment

What is the need being addressed by this proposal and how was this need identified? *

Word count:

Must be no more than 250 words.

Describe the specific issue your project responds to, who experiences this issue, and how you identified the need (eg. consultation, surveys, lived experience, service data).

3.7 Impact or benefit for people with disability

How does your project demonstrate value for money while delivering benefits for people with disability? *

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

Word count:

Must be no more than 250 words.

Focus on the difference the project will make for people with disability, and why the outcomes represent a good use of Trust funds.

How will the impacts or benefits be measured? *

Word count:

Must be no more than 250 words.

Feedback, surveys

3.8 Minor infrastructure projects

Does your request include minor infrastructure work undertaken by a certified tradesperson? *

- ☐ Yes
☐ No

3.8.1 If your project is for a minor infrastructure upgrade please complete this section

Do the building works require Council approval before commencing? *

- ☐ Yes ☐ No ☐ Not Applicable

Does the applicant organisation or sponsored organisation own or lease the building where your project will be conducted? *

- ☐ Own ☐ Lease

3.9 Building Lease

Please upload a copy of your lease and proof of building ownership here. *

Attach a file:

Please upload a copy of your Council approval, if required, here.

Attach a file:

3.10 Geographic Area of proposed project

What main geographic area will most benefit from your project? *

- ☐ Northern Adelaide ☐ Adelaide Hills ☐ Far North ☐ Yorke and Mid North

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

- ☐ Eastern Adelaide ☐ Anangu Pitjantjatjara Yankunytjatjara ☐ Fleurieu and Kangaroo Island ☐ Murray and Mallee
- ☐ Southern Adelaide ☐ Barossa, Light and Lower North ☐ Limestone Coast ☐ Other:
- ☐ Western Adelaide ☐ Eyre and Western
- Visit: [here](#) for more information.

Are there specific suburbs or towns within the regions you selected above that will benefit most from your services?

Must be no more than 25 words. Please indicate the main / priority towns or suburbs that will benefit the most from your services

3.11 Additional information

If there is anything else that you would like to add to support your application, please note it here:

Supporting material including evidence of community consultation or relevant data can be uploaded here:

Attach a file:

A maximum of 3 files may be attached.

Photos to assist in explaining or supporting your proposal can be uploaded here:

Attach a file:

A maximum of 3 files may be attached.

4. The Funding Request

* indicates a required field

4.1 Itemised Funding Request

List all items you wish to receive funding for in separate rows in the table below. Use the + and - buttons at the right hand side to add and remove rows.

You must attach a quote or evidence of costs for ALL items/budget lines.

- For organisations **registered for GST** all values must be GST exclusive.
- If successful GST will be added to the requested value of your grant.
- For organisations **not registered for GST** all values must be GST inclusive

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

If the quote provides a total amount including GST (e.g., \$110) without listing the GST amount separately, calculate the GST-exclusive amount by dividing the total by 1.1 (i.e., $\$110 \div 1.1 = \100). To calculate the GST, multiply the GST-exclusive amount by 10% or 0.1 (i.e., $\$100 \times 0.1 = \10). Therefore, the total amount of \$110 includes \$10 as GST.

Reminder:

- Ensure budget items align with your project description.
- If purchasing multiple of an item please list once with the number of items. eg 10 x computers
- If your application is successful there is no guarantee that you will receive the full amount of funding requested.
- If successful, this budget information forms the basis of the funding contract between your organisation and Grants SA.
- Ineligible costs are listed on pages 5 & 14 of the Guidelines.

Tip: If you have many similar items, group them into generic types e.g. office equipment, tools.

Description	Amount (excl GST) (\$)	GST (\$)	Total Amount (Incl GST) (\$)	Quote or evidence
	\$	\$	\$	

4.2 Itemised Funding Request

List all items you wish to receive funding for in separate rows in the table below. Use the + and - buttons at the right hand side to add and remove rows.

You must attach a quote or evidence of costs for ALL items/budget lines.

- For organisations **registered for GST** all values must be GST exclusive.
- If successful GST will be added to the requested value of your grant.
- For organisations **not registered for GST** all values must be GST inclusive.

If the quote provides a total amount including GST (e.g., \$110) without listing the GST amount separately, calculate the GST-exclusive amount by dividing the total by 1.1 (i.e., $\$110 \div 1.1 = \100). To calculate the GST, multiply the GST-exclusive amount by 10% or 0.1 (i.e., $\$100 \times 0.1 = \10). Therefore, the total amount of \$110 includes \$10 as GST.

Reminder:

- Ensure budget items align with your project description.
- If purchasing multiple of an item please list once with the number of items. eg 10 x lengths of steel
- For **Project wages**, include the Award, level, hourly rate, weekly hours and length of employment.
- If your application is successful there is no guarantee that you will receive the full amount of funding requested.
- If successful, this budget information forms the basis of the funding contract between your organisation and Grants SA.

Tip: If you have many similar items, group them into generic types e.g. office equipment, tools.

Description	Total Amount (Incl GST) (\$)	Quote or evidence
-------------	------------------------------	-------------------

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

4.2.1 Total Funding Amount Requested

Total Funding Amount Requested

\$

Applications should provide a clear and detailed breakdown of how grant funding will be used. Budgets must reflect efficient use of resources to maximise impact, with costs supported by quotes. Contributions from the applicant or partners, whether financial or in-kind, should be included. Projects demonstrating co-contributions will be viewed favourably.

4.2.2 Budget Comments

This is a space to make budget comments if you feel the assessors would benefit from further clarification of what you have written in your budget table above.

4.3 Itemised Financial Contribution

Do you have any other relevant contributions to this project? *

☐ Yes

☐ No

4.3.1 Financial Contribution

Please list any other financial or in kind contributions for your project and the source of the funds. Use the + and - buttons at the right hand side to add and remove rows.

Financial Contributions may be from:

- Your organisations funds or members contributions
- Other grants
- Business sponsor or project partners
- Philanthropy

Contribution Description (including source)

Must be whole Australian Dollars

Funding Status

Are the funds confirmed or unconfirmed

	Must be whole Australian Dollars	Are the funds confirmed or unconfirmed
	\$	

4.3.2 Total Financial Contributions

Total Financial Contributions

\$

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

This number/amount is calculated.

5. Contacts, Feedback, Declaration and Submission

* indicates a required field

5.1 Applicant First Office Bearer

Please provide the details of your organisation's President or Chairperson or person of authority in your organisation (eg CEO).

(Must be different to the Second Office Bearer listed below)

* This person should be authorised to enter into legal contracts on behalf of the applicant organisation . Please note, if the application is successful the First Office Bearer will receive the contract by the electronic contract management system DocuSign AU, to accept and sign electronically.

First Office Bearer *

Title	First Name	Last Name

Position *

Phone Number *

Email *

Must be an email address that can only be accessed by this Office Bearer. (avoiding the use of generic email addresses)

5.2 Applicant Organisation Second Office Bearer Details

Executive Board Member (Treasurer, Secretary) or Management staff.

(Must be different to the First Office Bearer listed above) This person will be required to confirm the Organisational Bank Account details should the application be successful.

Second Office Bearer *

Title	First Name	Last Name

Office Position *

Phone Number *

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

Please include prefix

Email *

Must be an email address.

5.2.1 Is this person Treasurer or Finance Manager? *

☐ Yes

☐ No

5.3 Treasurer

Treasurer / Finance Manager *

Title

First Name

Last Name

Position

Primary Phone Number *

Primary Email *

Must be an email address.

5.4 • Grant Application SmartyGrants user Details

Person submitting this application (through SmartyGrants), who will be the registered Julia Farr Inclusion grant round user for the application and is able to access reports.

SmartyGrants user Contact *

Title

First Name

Last Name

SmartyGrants user Position held in Organisation *

Eg Project Manager, Secretary, Grants Officer

SmartyGrants user Phone Number

SmartyGrants user Primary Email *

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

SmartyGrants user Mobile Number *

5.5 Declaration terms

By submitting this application I declare that:

- › All information supplied in this application form, its schedules and any accompanying documents is complete and accurate, and is not false or misleading, as at the date it is submitted to Department of Human Services (Disability Policy & Reform);
- › The Applicant Contact Person, Registered Public Officer and/or the Applicant Organisation have/will not partake in and have never committed and/or are being investigated for any fraud or dishonesty offences;
- › All information in the application and its schedules is capable of substantiation for the amount and purposes of expenses;
- › I have made all necessary inquiries to satisfy myself that expenses in the this application meet the eligibility requirements;
- › All documents that may be relevant to this application will be made available (upon request) to The Department of Human Services (Disability Policy & Reform); and
- › I am authorised to submit this grant application and to agree to this declaration on behalf of the applicant organisation.

I understand that:

- › Giving false or misleading information is a serious offence. It is a criminal offence to attempt to obtain a grant or increase the amount of a grant through deceit, false or misleading representation or other unlawful means;
- › The submission of an application does not guarantee funding and if successful does not involve any ongoing government funding commitment;
- › If successful in obtaining a grant, the Applicant Organisation will enter into a binding agreement which includes grant terms and conditions relating to the approved expenditure of grant funds and specific reporting and compliance requirements.

I agree *

☐ Yes

Date of Declaration *

Date of submission (can not be any prior date)

5.6 Application Feedback

Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

How many hours (approx.) in total did it take to complete this application?

26-27 Julia Farr Disability Inclusion Round Application Form Round 1 Tier 1

Form Preview

Please indicate how you found the online application process:

- ☐ Very easy ☐ Ok ☐ Very Difficult
☐ Easy ☐ Difficult

Your feedback is highly valued, and we encourage your suggestions for enhancing or expanding the application process/form. Additionally, we appreciate any insights or essential considerations you may have that could better meet applicants' needs and further improve the overall experience.

How did you hear about this grant round?

- ☐ Previous Julia Farr Inclusion Grant Recipient ☐ Social Media (Facebook, X etc) ☐ Internet search ☐ Local MP
☐ Previous Grants SA recipient ☐ Referral/word of mouth ☐ DHS Website ☐ Other:

Did you receive any assistance in completing this form?

- ☐ Yes ☐ No

If 'Yes', please provide details (e.g., Grant Writer, Friend, Family, etc.).

Word count:

Did you attend the Julia Farr Disability Inclusion Funding Round information session?

- ☐ Yes ☐ No