

Disability Advocacy Futures Program 2025

Form Preview

Disability Advocacy Futures Program (DAFP) 2025 Special Purposes and Projects and, Sector Development

* indicates a required field

Instructions for Applicants

Please complete this form to submit an application for funding under the Disability Advocacy Futures Program 2025. Before completing this application form, you should have read the [Grant Program Guidelines](#).

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

Please note:

- Eligibility and submission of an application does not guarantee funding.
- This grant is one-off funding with a fixed 12 months term ending **30 June 2026**.
- Your application must be accurate and complete upon submission. Your application will be deemed ineligible if the required information is not completed.
- If you wish to apply for more than one funding category, you will need to submit a separate application.
- The cost of preparing an application is the responsibility of the applicant.
- All projects must be located within NSW and must be delivered in full within 12 months.
- Your organisation must maintain current and adequate insurance, as per the [Grant Program Guidelines](#)
- If your organisation is not covered, you can approach an eligible organisation to sponsor your application and submit it on your behalf.
- If organisations are formally sub-contracting with an incorporated not-for-profit organisation, the sponsoring body must submit the application form – including their bank details and authorised signatories.
- Submissions close on **25 March 2025 at 5pm**.
- **Late applications will not be accepted.**

Support available:

If you have any questions, please contact the Disability Data, Engagement and Advocacy team by email at DAFP@dcj.nsw.gov.au or the Grants team by email at GrantDesignandSupport@dcj.nsw.gov.au.

Please quote your Application Number (below) when contacting the Department of Communities and Justice.

Application Number

This field is read only.

Program Details

In NSW, approximately 1.5 million people live with disability (1). Of those, approximately 13% are eligible for services and supports under the National Disability Insurance Scheme (NDIS) (2).

Disability Advocacy Futures Program 2025

Form Preview

In December 2019, the NSW Ageing and Disability Commissioner (3) recommended the establishment of the DAFP which commenced on 1 January 2022 and is funded until June 2026.

The DAFP provides funding to support people with disability navigate local services, organisations working towards long-term social change, and policy advocacy groups run by, or on behalf of, people with disability.

The DAFP Special Purposes and Projects (SP&P) and Sector Development (SD) grants provides additional funding for areas of identified need and to build capacity of the advocacy sector.

(1) SDAC 2022 <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>(2) NDIS Quarterly Report as at 30 September, 2024(3) Review into Disability Advocacy in NSW <https://www.ageingdisabilitycommission.nsw.gov.au/reports-and-submissions/review-into-disability-advocacy-in-nsw.html>

Grant Program Name

This field is read only.

The program this submission is in.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department of Communities and Justice (DCJ) expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and DCJ does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the [Grant Program Guidelines](#) and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this application is successful, the relevant details of the proposal will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- DCJ will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or

Disability Advocacy Futures Program 2025

Form Preview

'Confidential' is treated as confidential, however, such documents will remain subject to the *Government Information (Public Access) Act 2009* (GIPA Act); and

- in some circumstances DCJ may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- DCJ is required to comply with the *Privacy and Personal Information Protection Act 1998* (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://dcj.nsw.gov.au/statements/privacy/privacy-policy.html>);
- the information they provide to DCJ in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- they have taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that DCJ and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Eligibility Confirmation

This section of the application form is designed to help you, and us, understand if the organisation meets the eligibility criteria for the Disability Advocacy Futures Program (DAFP) 2025 Special Purposes and Projects; and Sector Development grant program. It's important that all of the points listed below are confirmed before you complete your application to ensure that you do not spend time applying for an unsuitable grant.

I can confirm that:

- I have read and understand the [Grant Program Guidelines](#).
- I can demonstrate alignment between the project and the objectives of this grant program.
- The proposed project will be completed by **30 June 2026**.
- The proposed project is in an eligible location in NSW.
- Applicant Organisation can maintain adequate and current insurance cover of a minimum of \$10 million Public Liability Insurance.
- Applicant Organisation does not have a Redress Obligation under the [NSW National Redress Scheme](#).
- Applicant Organisation does not have any outstanding acquittals with DCJ.

Disability Advocacy Futures Program 2025

Form Preview

Please confirm this application is eligible according to the criteria outlined in the Program Guidelines *

☐ I confirm that all the above statements are true and correct.

If you are eligible, you will be asked to demonstrate your eligibility in the next section

Organisation Details

* indicates a required field

Which of the following applies? *

☐ I am applying on behalf of my organisation

☐ I am applying on behalf of my organisation, which is subcontracting another organisation that will take a lead role in this project

Please note: the term “subcontracting” is used for the purposes of this grant program. If your organisation already has a formal subcontracting agreement in place, you will still be required to seek formal permission in writing from DCJ to enter into subcontracting arrangements using one of the available forms should your application be successful. <https://dcj.nsw.gov.au/service-providers/working-with-us/contract-management-policies-resources/subcontracting/how-to-obtain-written-consent-to-subcontract.html>

Organisation Details

Organisation Name *

Organisation Name

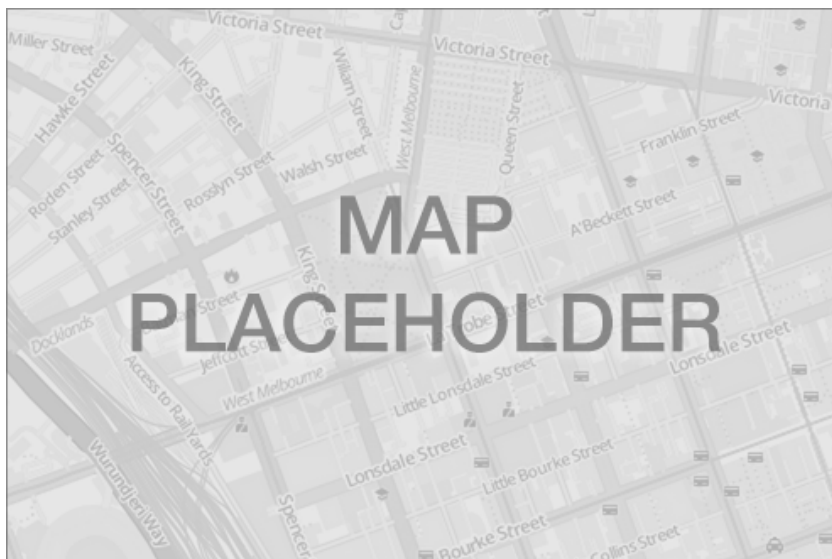
Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Primary Address

Address

Disability Advocacy Futures Program 2025

Form Preview



Postal Address

Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

Website

Must be a URL.

Please detail the primary activities of the applicant organisation. *

Word count:

Disability Advocacy Futures Program 2025

Form Preview

Must be no more than 200 words.

Does the applicant organisation have an Australian Business Number (ABN)? *

☐ Yes

☐ No

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.

Details of organisation being subcontracted

Name of organisation being subcontracted: *

Organisation Name

Address: *

Address

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

Primary Contact Person at organisation being subcontracted: *

Title

First Name

Last Name

Contact Person - Position at organisation being subcontracted: *

Disability Advocacy Futures Program 2025

Form Preview

Contact Person - Phone Number at organisation being subcontracted: *

Must be an Australian phone number.

Contact Person - Email Address at organisation being subcontracted: *

Must be an email address.

Please attach a valid and current letter of arrangement from the subcontracting organisation *

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date. <https://dcj.nsw.gov.au/service-providers/working-with-us/contract-management-policies-resources/subcontracting/how-to-obtain-written-consent-to-subcontract.html>

Aboriginal and Torres Strait Islander Community-Controlled Organisations

The Department of Communities and Justice is committed to funding [Aboriginal and Torres Strait Islander Community-Controlled Organisations](#) (ACCO). Priority in the NSW Justice Reinvestment Grant Program will be given to ACCO applicants. For the purpose of this grant an ACCO delivers services that build the strength and empowerment of Aboriginal and Torres Strait Islander communities and people, and is:

- incorporated under relevant legislation and not-for-profit
- controlled and operated by Aboriginal and/or Torres Strait Islander people;
- connected to the community or communities in which they deliver the services; and
- governed by a majority Aboriginal and/or Torres Strait Islander governing body.

Is your organisation an Aboriginal and Torres Strait Islander Community-Controlled Organisation (ACCO), according to the definition above? *

- ☐ Yes
☐ No

PLEASE NOTE: If you are a NSW Local Aboriginal Land Council or you are registered with the Office of the Registrar of Indigenous Corporations (ORIC) you are automatically considered an ACCO. If you are not a NSW Local Aboriginal Land Council or you are not registered with ORIC, you may be required to provide evidence under each of the four categories listed above during the assessment process.

What is your organisation's legal structure?

What is the Organisations Legal Status? *

- ☐ Incorporated organisation registered and approved as a not-for-profit body by NSW Fair Trading
- ☐ NSW based not-for profit company limited by guarantee (must be registered with ACNC and/or have DGR status)
- ☐ NSW based Indigenous Corporation (must be registered with Office of the Registrar of Indigenous Corporations)
- ☐ NSW Local Aboriginal Land Council
- ☐ Religious organisation operating in NSW

Disability Advocacy Futures Program 2025

Form Preview

- ☐ NSW non-government organisation established under its own Act of Parliament

Please attach evidence of the Applicant organisation legal structure selected above: *

Attach a file:

Hint: Please note Incorporated organisations and associations should upload a copy of their certificate of incorporation from NSW Fair Trading. Not-for-profit companies should upload a copy of their ACNC certificate or certification of DGR status. Indigenous Corporations should attached a copy of their registration certificate from the Office of the Registrar of Indigenous Corporations (ORIC)

What is the name of the Act of Parliament that established your organisation, if applicable? *

Attach a file:

Hint: Please note that to be a “NSW non-government organisation established under an Act of Parliament” your organisation needs to have been established by name under an Act of Parliament (this is relatively rare, and applies only to NSW universities and a small number of large charities which have had Acts of Parliament enacted for this purpose – for example, the Macquarie University Act 1989).

Bank Details

Applicant Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Please provide a recent bank statement of the account you would use to receive the grant funding if you are successful. *

Attach a file:

You do not have to show transaction details, however, the statement must:

- Be for an account in the name of the applicant
- Clearly show the BSB, account number and name of the account holder
- Be a statement on financial institution letterhead
- Not be an online transaction list

Organisation Contact - Authorised Signatories

Disability Advocacy Futures Program 2025

Form Preview

- The Authorised Organisation Contact will receive formal correspondence from the Department of Communities and Justice and will be the organisation's **authorised delegated contact and sign the Grant Funding Agreement**.
- Grant Funding Agreements can only be signed by authorised officers of your organisation. This may be a member of the executive/committee as deemed under the Articles of Association or Constitution for a not-for-profit organisation, or the General Manager or delegated officer if you are a council.
- DCJ will add your contact details to the Payment and Contracting system. **Please note that each email address must be unique and cannot be associated with more than one individual.**
- It is your responsibility to update the Department of Communities and Justice of any contact detail changes during the delivery of the project.

Note: More information on DCJ authorised signatories is available on our website. The 2 authorised signatories have delegated authority to sign on behalf of the organisation and should be the General Manager, CEO or Executive Officer, President, Organisation Board or Committee of Management Chair. It is your responsibility to update the Department of Communities and Justice of any contact details change during the delivery of the project.

(If your Organisation is formally partnering with an incorporated not-for-profit or NSW local council - this declaration must be signed by an Authorised signatory of the **subcontractor**.)

First authorised signatory

First Authorised Signatory / Organisation Contact *

Title First Name Last Name

--	--	--

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

First Authorised Signatory / Organisation Contact Position *

--

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

First Authorised Signatory / Organisation Contact Phone Number *

--

Must be an Australian phone number.

Country code not required, area code for landlines is required.

First Authorised Signatory / Organisation Contact Email *

--

Must be an email address.

This must match your name and not be a generic email address. This is the address we will use to correspond with you about this grant.

Second authorised signatory

Name of second authorised person *

Title First Name Last Name

--	--	--

Disability Advocacy Futures Program 2025

Form Preview

Position Title of second authorised person *

Phone Number of second authorised signatory *

Must be an Australian phone number.

Email of second authorised signatory *

Must be an email address.

This must match your name and not be a generic email address. This is the address we will use to correspond with you about this grant.

Insurance

Grant recipients must maintain current and adequate insurance appropriate to the projects/ activities funded under this grants program to cover any liability of the grant recipient that might arise in connection with the performance of its obligations under a Funding Agreement. Your Public Liability Insurance requires a minimum of **\$10 million**.

Does the applicant organisation have at least \$10 million in public liability insurance? *

☐ Yes

Applicants are required to hold at least \$10 million public liability insurance in order to enter into a funding deed with the NSW Government.

Please provide evidence that the applicant organisation holds Public Liability Insurance. *

Attach a file:

Applicants are required to hold at least \$10 million public liability insurance in order to enter into a funding deed with the NSW Government.

Project Details

*** indicates a required field**

Funding Category

The Special Purposes and Projects grants aim to support initiatives to assist people with disability in NSW to actively engage in their communities in a more informed and empowered way, for which alternative funding sources are not available.

The Sector Development grants aim to drive quality improvement, collaboration and innovation among advocacy organisations, and to build stronger networks and learning opportunities.

One off funding amounts will be available under the two categories totaling up to \$1,000,000 for this program, including:

Disability Advocacy Futures Program 2025

Form Preview

Category 1 Special Purposes and Projects grants are for new innovative projects from \$20,000 (minimum) up to \$100,000 (maximum).

Category 2 Sector Development grants are for new innovative projects from \$20,000 (minimum) up to \$100,000 (maximum).

Please select which grant category you are applying for *

- ☐ Category 1: Special Purposes and Projects
- ☐ Category 2: Sector Development

Title *

Word count:

Must be no more than 25 words.

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

Brief description *

Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

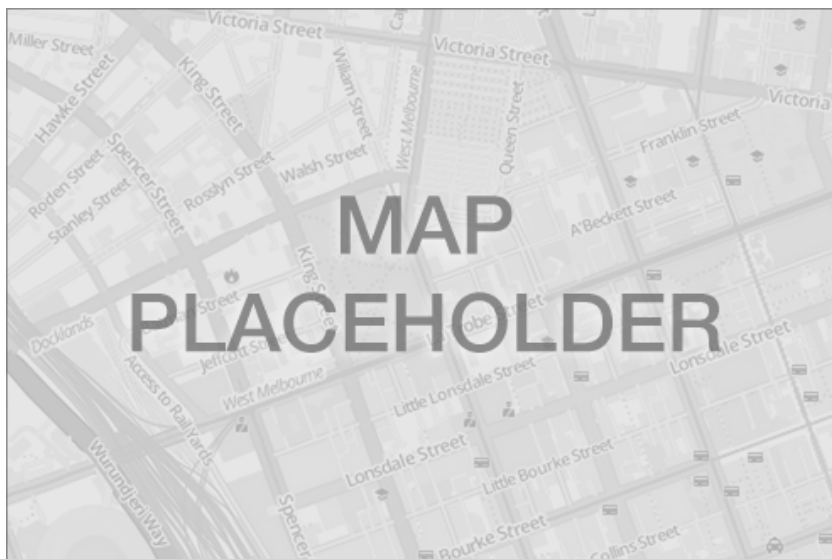
Anticipated end date *

Primary location of your initiative

Address

Disability Advocacy Futures Program 2025

Form Preview



Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

STOP! Please update anticipated start/end date

You have indicated above that your project either starts before **1 June 2025** or after **30 June 2026**, the timeframe for delivery under this Program. Please update the details to ensure your dates fit within these timeframes.

Project Planning

Successful projects are expected to start in **June 2025** and end no later than **30 June 2026**. Please list here key activities for your project. Grant recipients will be required to report on the status of these in their mid and final report. Click 'Add More' at the bottom of the table to add additional rows if required.

Activity type	Expected start date	Expected end date
One per row. Add more rows if you want to list additional activities. Must be no more than 25 words.	Must be a date and between 1/6/2025 and 30/6/2026.	Must be a date and between 1/6/2025 and 30/6/2026.

Target Group

The DAFP 2025 SP&P and SD funding focuses on all people with disability in NSW who need support to access NSW Government funded or provided services, whether or not they are NDIS participants. Where relevant, it may also target and prioritise specific communities and disability types.

Which of the following groups will participate in your project? *

☐ children with disability and their carers/families

Disability Advocacy Futures Program 2025

Form Preview

- ☐ Aboriginal people
- ☐ people from culturally and linguistically diverse (CALD) backgrounds
- ☐ lesbian, gay, bisexual, transgender, intersex, queer or asexual (LGBTIQA+)
- ☐ people in rural, regional and remote areas.
- ☐ Other:

NB: Applications may also be prioritised geographically to support an equitable spread of funds and projects across NSW.

Assessment Criteria

* indicates a required field

Eligible organisations must meet the following assessment criteria to be considered for funding:

Assessment Criteria 1. Demonstrated ability to meet the grant objectives and outcomes.

Your response to this criterion must:

- detail how your delivery of this Grant Program will ensure quality, positive and sustainable outcomes for people with disability and their families and carers
- explain how the Grant Program outcomes will be measured, specifically how quality outcomes will be met and monitored.

C1 - Please describe how your project will address the Program objectives and outcomes *

Word count:

Must be no more than 250 words.

Please use headings in your response to identify different objectives and outcomes.

Assessment Criteria 2. Demonstrated value for money and capacity to deliver projects/activities for the target group(s).

Your response to this criterion must:

- provide a detailed description of your business framework, model of service delivery and processes involved in providing the service
- explain and include examples of the activities and programs established to address the need of your target group
- outline your target group
- provide a proposed timeline of delivery of your project
- explain why your model of delivery requires the level of funding requested

C2 - Please demonstrate how your projects/activities will achieve value for money and what capacity your organisation has to deliver the projects/activities for the target group(s)? *

Disability Advocacy Futures Program 2025

Form Preview

Word count:

Must be no more than 250 words.

Assessment Criteria 3. Demonstrated experience working with the target group(s) and ability to collaborate and consult with relevant stakeholders.

Your response to this criterion must:

- discuss your experience in delivering services to the target cohort or capacity and experience to carry out the work proposed.
- detail the existing stakeholders and any partnership relationships which will assist to deliver the proposed initiative
- detail community links and engagement with relevant stakeholders (including government and non-government organisations).

C3 - Please describe what capacity and expertise your organisation has in delivering services to the target group(s) and detail your ability to collaborate and consult with relevant stakeholders? *

Word count:

Must be no more than 250 words.

Supporting Documentation

Please upload any supporting documentation that may help your application e.g. Project Plan

Attach a file:

Project Budget

* indicates a required field

Total Amount Requested

*

\$

What is the total financial support you are requesting under this grant?

STOP! INCORRECT FUNDING AMOUNT

THE TOTAL AMOUNT REQUESTED MUST BE \$20,000 (MINIMUM) UP TO \$100,000 (MAXIMUM).

Disability Advocacy Futures Program 2025

Form Preview

Budget Information

Funds can only be used for expenses/activities directly associated to the grant. Your application must clearly outline your proposed expenditure in the tables provided below.

Applicant's Budget (Grant Funding): In this table list all expenses that you would pay for with Disability Advocacy Futures Program 2025 Grant Program funding. List all items as exclusive of GST.

Example:

- Brochure printing \$50.00
- Newspaper Ad \$150.00
- Decorations \$25.00

Grant Funding Exclusions:

Organisations must use the grant funds, including any interest earned, for the purposes of the grant. For example, items or activities that funding cannot be used for including:

- any activity of a commercial nature that is for profit
- existing debt or budget deficits
- retrospective costs
- capital works, including building work
- permanent salaries/wages (costs for temporary tutors/instructors for your program or activity can be included)
- permanent equipment purchases, for example tables and computers
- purchase of a vehicle or associated costs
- business as usual costs or general operating expenses
- programs or activities that encourage gambling such as bingo, or the consumption of alcohol
- programs and activities coordinated by NSW Government Departments and Statutory Authorities
- the same project twice, for example, two different organisations cannot apply for funds for the same program or activity.

Please confirm that you will not spend grant funding on the above excluded items. *

☐ Yes

Applicant's Budget (Grant Funding):

Please include all expenditure items (including the amount requested and any GST attracted) that you are seeking to fund under the grant.

Please note, these items must be eligible under the grant as according to the guidelines.

Description	Type	Amount Budgeted (ex. GST)
List the items you will pay for using grant funding		Must be a dollar amount.

Disability Advocacy Futures Program 2025

Form Preview

In-kind Contributions/Donations

Does your organisation (or any partner organisation) intend to make in-kind contributions to the project? *

☐ Yes

☐ No

In-kind contributions/donations (excluding GST) *

Must be a dollar amount.

In-Kind item description

Amount Budgeted (ex. GST)

--	--

Total Value

Total Value: Disability Advocacy Futures Program 2025 funded expenses

This number/amount is calculated.

This figure must match the Total Amount Requested (above).

STOP! PLEASE UPDATE YOUR BUDGET

THE TOTAL FUNDING AMOUNT WITHIN YOUR BUDGET TABLE DOES NOT MATCH THE "TOTAL AMOUNT REQUESTED" ABOVE. PLEASE UPDATE YOUR BUDGET TABLE.

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application;

Disability Advocacy Futures Program 2025

Form Preview

and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Registered Name of Organisation *

Please confirm your organisation name. This should match the name provided in the "organisation details" section.

Authorisation

I agree *

☐ Yes

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member 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.

Disability Advocacy Futures Program 2025

Form Preview

How did you find the online application process?

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

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

Estimate in minutes e.g. 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.