



# **DISABILITY SUPPORT FUND**

## **(For people with a psychiatric disability)**

### **GUIDELINES FOR APPLICANTS**

The Disability Support Fund has been established to assist people with a mental illness access community based health, social, recreational and vocational options which would not otherwise be possible. The Disability Support Fund is the only one of its kind in Victoria.

#### **WHO CAN APPLY**

Applications will be accepted from individuals, case managers, service providers and carers. Applications are restricted to those located within the Barwon South West Region. The region covers the areas comprising of the shires of Glenelg, Moyne, Southern Grampians, Corangamite, City of Warrnambool, Colac-Otways, Surf Coast, the City of Greater Geelong and the Borough of Queenscliff.

#### **ACTIVITIES SUPPORTED**

Assisting individuals or groups to access

- (1) Community based activities, programs, services
- (2) Services within the community ie. Neighbourhood Houses
- (3) Specific short term projects with clear outcomes ie. - independent living skills, attending recreational and vocational options
- (4) Opportunities which promote self direction and choice ie. self development course
- (5) Rehabilitation programs designed to enhance the participant's personal skills and social relationships
- (6) Community based programs via the purchase and maintenance of equipment.

#### **ACTIVITIES NOT SUPPORTED**

- (1) Projects that require long term or ongoing funding from the Disability Support Fund.
- (2) Projects which have no clear outcome or focus
- (3) Projects where other funding and / or services exist.

(South-West, printed July 2001)

## **SCOPE OF SUPPORT**

- (1) Applicants are strongly encouraged to read the guidelines carefully.
- (2) Generally, funding will only be granted to individuals/groups once per \*annum, but if you would like to apply for additional funding please contact the Project Officer to discuss your ideas.
- (3) Applications are presented to panel for approval. The panel meets on the first Wednesday of each month.
- (4) Applications that are not funded have the option of being maintained as an active application. This means the application could be considered for funding in subsequent months. However, due to budgetary reasons or because other projects are seen as having a priority, funding may not be possible.
- (5) The budget available to the fund per month is approximately \$5,000, across the entire Barwon South Western Region.
- (6) There is a maximum of \$5,000 per application.

## **PROCESS FOR COMPLETING APPLICATION FORM**

1. Contact the Project Officer (Carmel Hendriks) to discuss your proposal.
2. All applications must be completed in the same format as the application form provided.
3. It is the responsibility of the applicant to provide full and accurate details as required on the application form. Details of what information is required to complete questions appear with each question on the application form.
4. Faxed applications will be received as long as the original hard copies are forwarded within 5 days.
5. Applicants will be advised of the success of their application within 14 days of the regional panel meetings but where possible sooner.

**Contact Details:** Carmel Hendriks  
48 McKillop Street, GEELONG VIC 3220  
Telephone : (03) 5221 8498 Mobile : 041 732 3396  
Rural Toll Free: 1800 626 724 Fax : (03) 5229 5665  
Email dsf@bdrc.org.au

\* defined as being a financial year

# Application For Funding

Applications can be submitted in neat black / blue print. Typed applications will also be accepted; provided the format of the form is followed. Applications must use this format and may include 1 additional page.

Please include 9 copies for Group applications.

## PLEASE COMPLETE ALL QUESTIONS ON THE APPLICATION FORM

### Consumer Details:

Name .....

Address .....

Suburb ..... Post Code.....

Contact Telephone Number .....

Age ..... Gender .....

### Please tick if applicable

I have a clinical case manager through  
Psychiatric Services

I have a support worker

Are you on the Disability Support Pension or  
other Centrelink benefits?

Give details:

### DETAILS OF CASE MANAGER OR PERSON SUPPORTING APPLICATION

*(This section must be completed)*

Name: \_\_\_\_\_ Title \_\_\_\_\_

Service: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb \_\_\_\_\_

Post code \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

\* In signing this application you are stating that you believe the grant is directed to benefiting the consumer's well being.

### BUDGET DETAILS:

Course Costs \$ \_\_\_\_\_

Travel Costs \$ \_\_\_\_\_

Equipment Costs \$ \_\_\_\_\_

Administrative Costs \$ \_\_\_\_\_

Other Costs (specify) \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Total amount requested** \$ \_\_\_\_\_

### Question One

### Purpose of Application

Provide a brief outline of why funding is required including an approximate time frame for the application; attach supporting information, quotes (3 quotes for requests over \$300.00) where appropriate. (If insufficient space, an extra sheet may be attached)

### Question Two

- Have you applied to the Psychiatric Illness and Intellectual Disabilities Donations Trust Fund with regard to this particular funding need? \_\_\_\_\_ Y/N
- Have other funding sources been tried with regard to this particular funding need? \_\_\_\_\_ Y/N (If yes give details below)

**(Note other funding sources must be considered if available)**

### Question Three

Please outline in **point** form what is hoped to be achieved, if the application is approved.

### **AUTHORISATION**

***No application will be accepted unless the authorisation statement is completed in full.***

I affirm that any funds provided, will be expended in accordance with the Disability Support Fund guidelines and this application proposal, and I agree that a financial completion report will be provided at the end of the project.

Consumers name \_\_\_\_\_ Signature \_\_\_\_\_

Case managers / service provider name (If relevant) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_