

2026 SIAG - Access Enabler Payments Application Form

Form Preview

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About this funding

The Social Inclusion Action Group (SIAG) supports activities that:

- Reduce barriers to participation
- Strengthen social connection and belonging
- Are community-led and inclusive

We prioritise practical supports that help people take part in their community and reduce isolation.

Completing this form

Please visit the SIAG website by clicking [here](#) for details and eligibility requirements before submitting your application.

To make sure you don't lose any information, we recommend clicking 'Save Progress' every 10 minutes while filling out the form

For information and access to other grant programs and application forms please go to the [Grants and Funding page on the Geelong Australia website](#) or contact a grants officer for clarification.

Translation and Interpreting Service

[Other Languages - Translation & Interpreting Service](#)

[Free phone interpreting service](#)

If you need an interpreter, please call the Translating and Interpreting Service (TIS National) on **131 450** and ask them to telephone the City of Greater Geelong on 03 5272 5272. Our business hours are 8.30am-5.00pm.

National Relay Service (NRS)

If you are deaf or have a hearing or speech impairment and you wish to call a staff member, you can do so through the National Relay Service (NRS) and ask for 03 5272 5272 who can connect you with the grants team.

- TTY users can phone 13 36 77
- Speak & Listen (speech-to-speech) users can phone 1300 555 727
- SMS relay users can message 0423 677 767

Note: Area code must be included for each call.

For a full list of NRS call numbers, visit [National Relay Service call numbers](#).

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Supporting Documentation

Before starting your application, refer to the checklist below to gather any necessary document you may need. Not all items will be relevant to every application.

- Certificate of incorporation, if incorporated
- Australian Business Number (ABN)
- [Statement by Supplier form](#) (if you don't have an ABN)
- Auspice agreement letter (if your organisation is not incorporated)
- Bank account details (account name, BSB and account number) which must match the applicant's name and ABN details (if you have an ABN)
- Redacted bank statement (see bank details section for further information on requirements of a redacted bank statement)

Discussing your project

If you would like to discuss your project/activity idea prior to completing this form with the City's SIAG Team Leader, please call 0447 169 033 or email siag@geelongcity.vic.gov.au

Applicant & Contact Details

* indicates a required field

Applicant Details

Name of applicant (organisation/business/sole trader) *

Organisation Name

Primary (Physical) address *

Address

Must be an Australian post code

Postal address (if different from above)

Address

Must be an Australian post code

Applicant Contact Person

Note: This is the person that the City will contact, if required, in regards to this application.

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Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position held in organisation *

Preferred contact number *

Must be an Australian phone number.

Email address *

Must be an email address.

Legal Status

What is the legal status of your organisation? *

- Not-for-profit incorporated association
- Unincorporated body (using an eligible auspice)
- Registered charitable organisation
- Business
- Individuals operating as sole traders (with an active ABN)

Incorporation Number

What is your incorporation number, or if using an Auspice their incorporation number? *

Incorporated Association or Australian Corporation Number. If you are not a legal entity, you must be sponsored (Auspiced) by an organisation who holds a relevant legal status (as per the grant guidelines)

Attach your certificate of incorporation or other evidence of your legal status *

Attach a file:

ABN details

Does your organisation have an ABN? *

- Yes
- No (we will submit a statement by supplier form)
- No (we are using an eligible auspice)

ABN *

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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	

If you do not have an ABN

Please submit a completed ATO Statement by a Supplier Form with your application, otherwise 46.5% of any approved grant may be withheld. Download the form from: [Statement by a supplier \(ato.gov.au\)](#)

Please upload completed Statement by a Supplier Form *

Attach a file:

Public Liability Insurance

If your application is successful, you must arrange public liability insurance (PLI) to cover the activity detailed in your application. We will ask you to submit this with your tax invoice for payment.

Applicants using an auspice will need to provide a PLI certificate from the auspice organisation.

I agree that if our application is successful, we must hold the appropriate insurance to cover the approved activity. *

Yes

Payment Information

If your application is successful, the City will pay your funds via EFT to your nominated bank account, after we have received your tax invoice.

If you are applying with the support of an auspice, the City will pay the grant funds to the auspice.

The City cannot make payment unless the name you provide for the following, is the same:

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- Name of applicant (organisation/business/individual sole trader) as provided in this application
- ABN (if applicable, must be in the 'name of applicant')
- [Statement by a Supplier](#) form (if you don't have an ABN)
- Bank account details (account name, BSB and account number) which must match the applicant's name and ABN details (if you have an ABN)

We will also require a copy of the front page of your bank statement 'Redacted Bank Statement' that clearly shows your account name, account number, and BSB, to confirm that these details are identical to the information provided on your tax invoice.

Bank account details are requested for the purpose of prompt payment to successful recipients.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Redacted Bank Statement

Please upload a copy of the front page only of your bank statement that clearly shows your account name, account number, and BSB, as referenced above.

Important: You are not required to show your account transaction details or balance. You may hide this information before submission. Your data will be handled securely and confidentially as per our privacy policies.

Please [click here](#) to view a sample redacted bank statement.

Attach redacted bank statement *

Attach a file:

Do you Need an Auspice?

Auspice organisations are **ONLY** required if your group is not incorporated.

Definition and Role of an Auspice:

The auspice receives the grant money on your behalf and has responsibility for ensuring that the project is completed on time, the grant is acquitted, and the funds accounted for.

The auspice must be eligible to apply for our grants e.g. not-for-profit incorporated association or a registered charitable organisation.

Auspice organisations are required to read the funding agreement and conditions of the grant to ensure they fully understand their responsibilities in managing the funds on behalf of another organisation/group.

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Does the Auspice Organisation have an ABN?

- Yes
- No (please complete a statement by a supplier form below)

Auspice ABN

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.

If Auspice organisation does not have an ABN

If the Auspice does not have an ABN, it will need to submit a completed ATO Statement by a Supplier Form with your application, otherwise 46.5% of any approved grant may be withheld. Download the form via this link : [Statement by a supplier \(ato.gov.au\)](#) then complete, scan and upload below.

Attach Statement by a Supplier Form here: *

Attach a file:

Auspice Certification

Please attach signed certification letter by office bearer of Auspice Organisation to demonstrate that it has agreed to act in that role on your behalf *

Attach a file:

Office Bearer could be: President, Secretary, Treasurer, Chief Executive etc. Letter must include the name, position, signature and date. Max 25mb

Auspice Public Liability Insurance

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If this application is successful, the Auspice must arrange public liability insurance (PLI) to cover the activity detailed in this application and submit the PLI certificate of currency the your funding agreement.

I understand that if this application is successful, the Auspice organisation must provide public liability insurance to cover the approved activity. *

Yes

Activity Information

* indicates a required field

Tell us about your organisation, group or business, the types of people you service and the programs or services you deliver.

Word count:

Must be no more than 200 words.

Please provide a description of the activity or support you are seeking funding for and the specific barriers you are seeking to address to help people experiencing loneliness to participate more fully? (200 words or less) *

Must be no more than 200 words.

What activity or support are you seeking funding for? Select all that apply. *

- Transport support (e.g. bus hire, taxi vouchers, volunteer driver reimbursement)
- Childcare or respite (to enable parents/carers to attend)
- Interpreting or translation (e.g. Auslan, language interpreters, cultural liaison)
- Accessibility companions or peer navigators
- Sensory supports (e.g. quiet room, sensory kits, headphones)
- Culturally specific supports (e.g. culturally safe facilitation, community liaison)
- Trauma informed facilitators or support workers
- Digital accessibility tools
- Advertising or promotion to recruit new participants
- Equipment or program fees (where cost is a barrier for new participants)
- Mental health training for facilitators or volunteers
- Other:

What type of activity will this funding support? Select all that apply. *

- Weekly or regular activity
- One off event
- Pilot or trial activity
- Short term program
- Outreach or engagement activity

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Other:

Who will benefit from this activity? Select all that apply. *

- People experiencing loneliness or social isolation
- Carers
- Parents with young children
- People with disability
- People with mental health challenges
- Multicultural communities
- Aboriginal and Torres Strait Islander community members
- Young people (0-25)
- Older people (65+)
- LGBTIQ+ community members
- People experiencing financial hardship
- Other:

How many participants are expected to take part? *

- 0-5
- 6-20
- 21-50
- 51-100
- 101 +

Is this activity mainly for people who live in the City of Greater Geelong? *

- Yes
- No

If no, please explain

Where will your activity take place? List suburb(s)

If there is no location, please provide detail (eg: on-line workshop)

Does this funding duplicate supports already funded through the NDIS or another program? *

- Yes - please explain below
- No
- Not sure

If yes, please explain

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Funding Request

How much are you applying for? *

- Standard payment - Maximum of up to \$1000 in one payment per request
- Increased payment - Maximum of up to \$3,000 in one payment where multiple access barriers apply or where higher costs are justified by the scope or impact of the support.

Budget

Please let us know how you plan to use the Access Enabler Payment. You don't need to share your whole program's budget, just how this payment will help support your activities.

How to complete the budget expenditure table

1. Expenditure item description (column 1)

- Provide clear description of expenditure items

2. Insert cost \$ (column 2)

- Provide the cost against all expenditure items you have entered

Please do not use commas when entering dollar amounts, e.g. write \$1000 not \$1,000

Expenditure Table

1. Expenditure item description

2. Insert cost (\$)

e.g. see above	Must be a dollar amount.	

Expenditure Total

This automatically totals your expenditure

Total Expenditure Amount

\$

This number/amount is calculated.

When will these costs be incurred? Select all that apply. *

- 2025-26 financial year

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2026-27 financial year

Further Information

Optional - Is there anything else you would like to say about your application?

Certification and Privacy Information

* indicates a required field

Certification

This MUST be completed by the applicant organisation.

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 Greater Geelong City Council approves this application, I agree to accept the terms and conditions of the funding as outlined in the SIAG guidelines.

I/We agree *

Yes

No

Organisation name *

Insert organisation name applying for this grant

Auspice organisation name (only complete if applicable)

If the application has an auspice - please provide organisation name

Certification must be agreed to by two representatives of the applicant organisation

If you are being auspiced, then one representative must be from the auspice organisation.

1. Name *

Title

First Name

Last Name

Position (e.g. secretary or treasurer) *

Date *

Must be a date

Privacy Collection Statement

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We collect the personal information on this form so we can process your application and follow up if needed. We won't share it except to assess your grant or if the law requires it. Our full [privacy policy](#) is available on our website.

If you wish to alter any of the personal information you have supplied to City of Greater Geelong, please contact us by sending an email to privacy@geelongcity.vic.gov.au.