

The Independent Living Centre of WA (ILC) provides grants to eligible people with disabilities.

## APPLYING FOR AN AIR CONDITIONER

### **Who is eligible to apply for an air conditioner grant**

The ILC administers the Disability Equipment Grant (DEG) program. West Australians with **permanent disabilities or diagnoses** that impact on their ability to regulate their body temperature (thermoregulatory dysfunction) may apply for an air conditioner.

To be eligible for the air conditioner grant, applicants must;

- Receive the Thermoregulatory Dysfunction Energy Subsidy (TDES)
- Have a permanent disability
- Be on a low income only (see table below)
- Currently do not have air conditioning

Retrospective grants (air conditioners already purchased) are not considered. Exceptional circumstances may be considered.

### **Income eligibility**

Low income only - **DEG Level 1 (see table below)** or in receipt of the maximum Centrelink pension payment.

	<b>Individual income (single person over 18 years)</b>	<b>Couple combined income (no children)</b>	<b>Combined family income (with children)</b>
<b>Gross Annual Income</b>	Up to \$30,000	Up to \$44,000	Up to \$48,000

Income level is based on Centrelink guidelines.

### **What is available through the grant**

Grants will be considered for **one air conditioner** to provide **one** area of respite from the heat or cold in the primary place of residence of a person with a permanent disability.

#### **Maximum grant \$1,500 (up to \$1,800 in regional areas)**

Grants **will not** be provided as a contribution towards whole of home air conditioning or where the total cost of the unit exceeds \$3,000.

### **How to apply**

**Step 1:** Read eligibility for the DEG air conditioner grant. If you believe you meet the eligibility continue through remainder of steps.

**Step 2:** Apply for TDES if you are not currently receiving the subsidy.

**All DEG air conditioner grant applications must include a TDES approval letter.** Application forms for the TDES can be obtained by calling The Department of Finance, Office of State Revenue on Ph.: 9262 1373 or follow this link for more information [TDES scheme](#)

**The TDES subsidy is not managed by the Independent Living Centre WA.**

**Step 3:** Obtain quotes for a suitable air conditioner. Include delivery and installation in the quote. If not linked to an organisation and applying directly to the ILC, use the ILC referred supplier list. You can find the document here [ILC Air Conditioner preferred supplier list](#) or contact the ILC.

**Step 4:** Complete Application Form attached (Organisation or individual). If applying through an organisation, send the forms to them for completion. If applying as an individual, send the completed form, quotes and TDES approval letter to the ILC.

**Step 5:** You will be notified of the outcome of your grant request in 4-6 weeks.

## **Who to contact**

People linked to a Not for Profit Organisation need to apply through that organisation, who will assist with the application and manage the equipment purchase if the grant is approved. If individuals are not linked to an organisation they may apply directly to the ILC and will need to provide quotes from ILC preferred suppliers (See above or contact ILC for this information).

Please contact the Grants team at the ILC before submitting the application, if you have any queries regarding eligibility or there are unusual circumstances.

Telephone: 1300 885 886 Fax: (08) 9381 0611  
E-mail: [ilcgrants@ilc.com.au](mailto:ilcgrants@ilc.com.au) Web: [www.ilc.com.au](http://www.ilc.com.au)

**The completed application form and attachments can be mailed, faxed, scanned and emailed or delivered to:**

Disability Equipment Grants  
Independent Living Centre of WA (Inc)  
The Niche, Suite A,  
11 Aberdare Road (corner Hospital Ave)  
NEDLANDS WA 6009

Our aim is to provide a responsive community based equipment grants program for people with disabilities.



## ILC DISABILITY EQUIPMENT GRANT

### Air Conditioner Application Form

**INDIVIDUAL APPLICANT:** If you are applying as/on behalf of an individual, complete Parts 1-7 only.  
**SPONSOR ORGANISATION:** Not for profit organisations only. Complete ALL sections.

**SPONSOR ORGANISATION:** \_\_\_\_\_

(not for profit organisations only)

#### PART 1:

**1.1: CONTACT DETAILS** Name and title of support person (alternative to client/family) to discuss this application (e.g. Doctor, therapist or coordinator)

**Name:** \_\_\_\_\_ **Position Title:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Availability: When is the best time to contact you?** \_\_\_\_\_

#### 1.2: GRANT DETAILS:

**Beneficiary name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Grant amount requested:** \$ \_\_\_\_\_ (minimum grant \$250)

**Air conditioner requested:** \_\_\_\_\_

**Is this an urgent request?** Yes  No

**If yes, Why?** \_\_\_\_\_

The completed Application form and attachments can be mailed, faxed, emailed with scanned attachments or delivered to:

# ILC DISABILITY EQUIPMENT GRANT

## PART 2: BENEFICIARY DETAILS:

### Details of individual to benefit from the grant

Mr  Mrs  Ms  Miss  Other  \_\_\_\_\_ Male  Female  DOB: \_\_\_\_\_

Surname \_\_\_\_\_ First name: \_\_\_\_\_

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

Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Pensioner Yes  No  Centrelink PCC number: CRN \_\_\_\_\_ Expiry \_\_\_\_\_

Are you partnered Yes  No

Non-English Speaking: Yes  No  Language Spoken: \_\_\_\_\_

Aboriginal/Torres Strait Islander (ATSI) Yes  No

CONTACT PERSON FOR CORRESPONDENCE: As Above  or

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

## PART 3: ELIGIBILITY OF INDIVIDUAL

Only people on low income are eligible for the air conditioner grant. Exceptional cases may be considered.

### 3.1: FINANCIAL ELIGIBILITY (Please refer to DEG Guidelines for income levels for assessment purposes)

Please provide **proof of income** to supporting organisation or the ILC

Centrelink Income Statements  Pay slips/ATO assessment  Other

#### **To be the representative/health professional of the Sponsor Organisation or the ILC**

I confirm that I have carefully considered the financial circumstances of the applicant, and am satisfied That he/she is not able to purchase the item without assistance from a Disability Equipment Grant.

I confirm that the beneficiary's income is Level 1  Please tick

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Full name: \_\_\_\_\_ Position & Place of work \_\_\_\_\_

# ILC DISABILITY EQUIPMENT GRANT

## PART 4: DETAILS OF WHY AIRCONDITIONER IS NEEDED

What is your disability? \_\_\_\_\_

Do you receive the government Thermoregulatory Dysfunction Energy Subsidy (TDES)?

Yes  (please attach approval letter) No, have not applied  Declined

Is there currently air conditioning in any area of the house?

No  Yes  Where \_\_\_\_\_

If yes, please explain why another air conditioner is requested.

If approved, where will the new air conditioner be installed?

### Property details:

Own home  Department of Housing  Private rental

Group housing (e.g. retirement village)  Name: \_\_\_\_\_

## PART 5: DETAILS OF AIR CONDITIONER COST

Two (2) quotes from different suppliers are required (Written quotes must be attached)

SUPPLIER	COST EX GST	GST	TOTAL COST	QUOTATION NUMBER

It is expected that the preferred quote will be for the lower price unless there are particular reasons to do otherwise. Where the more expensive quote is preferred, evidence must be provided to support this decision.

## PREFERRED SUPPLIER

COMPANY NAME: \_\_\_\_\_ ABN Number: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_ FAX: \_\_\_\_\_

QUOTE NUMBER: \_\_\_\_\_

EX GST PRICE: \$ \_\_\_\_\_ GST \$: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

REASON FOR SELECTION: \_\_\_\_\_

\_\_\_\_\_

# ILC DISABILITY EQUIPMENT GRANT

## PART 6: FUNDING REQUESTED

Total cost of air conditioner: (excl GST) \$ \_\_\_\_\_  
Contribution by beneficiary \$ \_\_\_\_\_  
Amount from other sources (please specify)  
\_\_\_\_\_ \$ \_\_\_\_\_  
Grant amount requested: (excl GST) \$ \_\_\_\_\_

Please indicate the date that you plan to start using these funds. \_\_\_\_\_

**Sponsor organisations only:** Funds are normally expected to be used within three (3) months of the receipt of grant, though extensions can be negotiated.

## PART 7: BENEFICIARY DECLARATION:

### To be signed by the beneficiary (or parent/ guardian/carer)

I \_\_\_\_\_ confirm that all the information,  
(please print full name of person signing)

provided for this application is true and correct to the best of my knowledge.  
The assistive technology (AT) being purchased is agreed to and meets my needs.

I agree that additional personal information can be provided to ILC should it be required.  
I understand that the grant must be approved before the AT is purchased.

### **Collection of Personal Information:**

You can expect ILC WA to adhere to privacy laws and have policies and procedures in place to safeguard your privacy and confidentiality. You can expect that information about you is only collected, stored and used for the purposes of providing quality services to you. You may contact us to discuss how your information is managed.

### **Sharing of Personal Information:**

It may be necessary to share information about you to other individuals and agencies to allow us to deliver services to you. You may withdraw your consent to share personal information at any time by contacting us. I give consent for the ILC WA to share my information to external sources as relevant to the delivery of my services/grant applications.

**Signed (Beneficiary)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to beneficiary if signed on their behalf:** \_\_\_\_\_

How did you find out about the grant? \_\_\_\_\_

## CHECKLIST FOR REQUIRED INFORMATION

### **Please make sure you have included:**

- Copy of Thermoregulatory Dysfunction Energy Subsidy (TDES) approval letter
- 2 quotes from different suppliers (from preferred supplier list if ILC managed)
- Signed beneficiary declaration
- Other supporting information if required

# ILC DISABILITY EQUIPMENT GRANT

## PART 8: SPONSOR ORGANISATION DETAILS (not for profit organisations only):

This section is ONLY to be completed if the application is through a Sponsor Organisation.

DO Not complete if submitting application as an individual or for a government department.

### 8.1: ORGANISATION DETAILS

Official name of Sponsor Organisation: \_\_\_\_\_

Also known as (if applicable) \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Organisation's E-mail: \_\_\_\_\_

Website Address: \_\_\_\_\_

Does your organisation have an Australian Business Number (ABN)? Yes  No

If yes, please provide your Australian Business Number: (ABN)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

If not providing an ABN please refer to the special ABN declaration in the Grant Agreement.

Are you a GST Registered Organisation? Yes  No

Please note that for requests over \$5,000, organisations must be registered for GST. If approved, your grant will be paid by Electronic Funds Transfer (EFT). Please provide details of your organisation's main operating account.

Account Name: \_\_\_\_\_

BSB Number:

Account Number:

Bank Name: \_\_\_\_\_

Please note that this section must be completed for each application. Details must be provided to confirm the organisation's bank details, even if they have been previously supplied.

Please ensure the Grant Agreement on page 7 is signed by an authorised person from the sponsor organisation.

# ILC DISABILITY EQUIPMENT GRANT

## 8.2: GRANT AGREEMENT

To be completed by the Sponsor Organisation only

### DECLARATION

The Organisation agrees to the following conditions:

1. The grant will be used for the purpose for which it was given and will be expended in accordance with the Grant Approval Schedule, unless otherwise agreed in writing by the Independent Living Centre of WA.
2. Accountability for unconditional grants, (i.e. paid in full on approval), will include the provision of documentation including copies of suppliers' invoices and a certified acquittal statement, being provided to the Independent Living Centre within three (3) months of the grant being made available.
3. Any unexpended funds will be returned to the Independent Living Centre within three (3) months of payment of the grant, unless otherwise agreed in writing by the Independent Living Centre.
4. If there is to be any delay in the expenditure of the grant, a written request will be made seeking approval for the extension of time.
5. Any special conditions that are attached to the grant will be met.
6. All relevant records of the grant will be kept for a period of seven (7) years, and will be made available for audit at any time.
7. The Independent Living Centre is under no obligation to verify bank details. In signing this Grant Agreement, the signatory is verifying that the details provided are for an account that is held in the name of the sponsor organisation.
8. The organisation will advise promptly in writing of any changes in bank details. This advice will be signed by the Chief Executive Officer or authorised delegate.



# ILC DISABILITY EQUIPMENT GRANT

## ACCEPTANCE OF GRANT CONDITIONS

### To be completed by Sponsor Organisation only

I certify that all the information provided is true and correct, and give permission to the Independent Living Centre of WA Inc. to contact any persons or organisations in the processing of this application.

**If an ABN has not been provided** I declare that the organisation:

- is not eligible for an ABN because it does not meet the definition of 'enterprise' for tax purposes;
- has 'exempt income' status;
- the application for an ABN has been rejected by the Tax Office.

**If a GST Registered Entity:** To comply with GST requirements, I authorise the Independent Living Centre to issue a Recipient Created Tax Invoice (RCTI) in respect of this grant. My organisation will not issue tax invoices in respect of this grant. I confirm that at the time of making this application, the organisation is registered for GST, and will continue to be so for the life of the grant. I also authorise the Independent Living Centre to act as an agent on behalf of my organisation should grant payments be made, at my request or as a condition of the grant, to a third party.

The Independent Living Centre acknowledges that it is registered for GST at the time of entering this agreement and that it will notify the Sponsor Organisation if it ceases to be registered or if it ceases to satisfy any of the requirements of the relevant 'GST Ruling'.

If you are not sure about your organisation's GST or ABN status contact your accountant or the ATO.

**IMPORTANT: This section must be signed when a sponsor organisation is involved.**

Only the CHAIRPERSON, PRESIDENT or CHIEF EXECUTIVE OFFICER (or authorised delegate only) of the organisation which is to receive the Grant should sign below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Sponsor Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE NOTE:** You may lodge applications by mail, fax, email (with scanned attachments) or in person.

Disability Equipment Grants  
Independent Living Centre of WA  
The Niche, Suite A  
11 Aberdare Road  
NEDLANDS WA 6009

Telephone: 9381 0600 Fax: 9381 0611  
email: [ilcgrants@ilc.com.au](mailto:ilcgrants@ilc.com.au)