

Application Form - Level 1 - October 2026

Form Preview

Introduction

* indicates a required field

Before completing your application, please confirm you have read the Community Grants Program Guidelines on the City of Gosnells website. *

☐ I have read the Community Grants Program Guidelines and understand my responsibilities as an applicant.

The Applicant Details

* indicates a required field

Your Organisation

Organisation Name *

Organisation Name

Is your organisation incorporated or a registered charity? *

- ☐ Yes
☐ No

Please attach a copy of your Incorporation Certificate or Charity Registration *

Attach a file:

Apply for the costs to become Incorporated

Individuals or unincorporated groups may apply for Level 1 funding for the costs to formalise and incorporate, but not for other purposes.

If you choose this option, this can be the only component of your application's budget.

Please complete the rest of this application to tell us about your group and the benefits that you plan to bring to the City of Gosnells community.

Are you applying for the costs to become incorporated? *

- ☐ Yes
☐ No

Applying through an Auspicing Body

If you are not incorporated or a charity you may apply for a grant through an 'Auspicing Body'.

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Please attach an agreement between your organisation and the 'Auspicing Body' including their name, contact, address, email and website. This agreement will state that the 'Auspicing Body' agrees to become the official applicant and will be responsible for managing grant funds and the acquittal process. *

Attach a file:

Auspice *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Auspice Primary Address *

Address

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

Auspice Project Contact *

First Name Last Name

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Auspice Primary Phone Number *

Must be an Australian phone number.

Auspice Primary Email *

Must be an email address.

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

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ACNC Registration
Tax Concessions
Main Business Location

Must be an ABN.

Auspice Primary Bank Name *

Eg Westpac, Commonwealth Bank

Auspice Primary Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Your Organisation/Group Contact Information

Organisation Primary Address *

Address

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

Organisation Postal Address *

Address

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

Primary Contact Person *

Title First Name Last Name

The primary contact for this application, Usually the person submitting the application

Primary Contact Position *

Primary Phone Number *

Must be an Australian phone number.

Primary Email *

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Must be an email address.

Provide your ABN

Is your organisation registered with an Australian Business Number (ABN) or Australian Registered Business Number (ARBN)? *

- ☐ Yes
☐ No

Please provide your ABN or ARBN *

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.

Statement by Supplier

If you do not have an ABN or ARBN, please complete an [ATO Statement by Supplier Form](#) and attach to this application. If you do not attach this, 48.5% of any approved grant may be withheld.

Please attach your Statement by Supplier

Attach a file:

Applicant Bank Account

Applicant Primary Bank Name *

Eg Westpac, Commonwealth Bank

Applicant Primary Bank Account *

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Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Public Liability

To be eligible, your application must include a Certificate of Currency for Public Liability Insurance. This must be to the value of at least \$10 million and provide cover for the full duration of your proposed project, program or event.

Does your organisation (or the Auspicing Body) hold a current certificate of Public Liability Insurance to \$10 million? *

- ☐ Yes
☐ No

Please attach a current copy of your Public Liability Insurance certificate. *

Attach a file:

You must get public liability insurance coverage for the duration of your project activities, or your application is ineligible.

Describe your Organisation

Please describe your organisation and its purpose in 150 words or less: (How long it has existed, history, current membership including relevant growth, include any other important information to help the City to understand the capacity of your organisation to deliver the project). *

Word count:

Must be no more than 150 words.

Describe your Group / Initiative

Please describe your group / initiative and its purpose in 200 words or less: (How long it has existed, history, participants, relevant growth, include any other important information to help the City to understand the current status of your group and what you want to achieve by becoming incorporated). *

Word count:

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Must be no more than 200 words.

Project Details

* indicates a required field

Project Title *

Start Date *

Must be a date and no earlier than 24/12/2026.

Your project must start at least two months after this grant round closes. Your application will be deemed ineligible if the project start date is earlier. The City strongly recommends you submit an application with a minimum of three months prior to your project activities to allow for administration timelines.

End Date *

Must be a date and no earlier than 24/12/2026.

Please indicate the specific date which all expenditures will be completed and the proposed project will be successfully delivered. If successful, your project acquittal will be due 2 months after this date.

Where will your project be delivered? (Facility name or street address, must be within the City of Gosnells). *

Has the venue/location been booked and confirmed? *

- ☐ Yes
- ☐ No: Please note it is your organisation's responsibility to make booking arrangements.

Short project description *

Word count:

Must be no more than 75 words.

Provide a short description of your project.

Community Grant Funding Stream

Applicants must address at least one of the four funding priorities below.

Which Community Grants Program funding stream does your project most closely align with? *

- ☐ 1: The Environment is Protected and Enhanced
- ☐ 2: Safe, Active and Healthy Communities

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- ☐ 3: A Proud and Harmonious Community
- ☐ 4: Attractive and Vibrant Places

Select one

The Environment is Protected and Enhanced

Objective: Support projects that promote sustainability and environmental conservation.

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Funding applications will be considered for projects which:

- Focus on environmental sustainability and conservation
- Encourage local partnerships
- Minimise environmental impact
- Encourage connection with the local natural environment.

Example Projects:

- Environmental education and awareness programs
- Waste reduction and recycling projects
- Community clean-up initiatives

Safe, Active and Healthy Communities

Objective: Fund projects that improve community wellbeing, safety, and physical activity.

Funding applications will be considered for projects which:

- Support development programs for community-based sport, recreation and leisure.
- Promote physical activity and aim to increase the level of community fitness
- Promote mental health and wellbeing
- Promote community safety
- Support volunteers and volunteer development

Example Projects:

- Programs that support at-risk individuals or groups (e.g. family and domestic violence support programs, mental health initiatives)
- Community action/awareness days on responsible pet care
- New recreation and physical activity programs
- Programs that improve the sustainability of sport and recreation clubs.

A Proud and Harmonious Community

Objective: Encourage social inclusion, diversity, and community pride.

Funding applications will be considered for projects which:

- Invite community participation in community life
- Develop knowledge and skills of community leaders or volunteers to facilitate quality programs for community participation

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- Encourage inclusive participation, encourage social interaction and reduce social isolation

Example Projects:

- Cultural awareness programs
- Multicultural festivals and events accessible to the whole community
- Community-building and inclusion activities
- Volunteer engagement and training
- Adopt a street or park

Attractive and Vibrant Places

Objective: Activate public spaces and improve urban vibrancy.

Funding applications will be considered for projects which:

- Enable community connections through access to local arts, cultural and heritage activities
- Support community arts projects, programs, festivals and events, art exhibitions etc.
- Activate spaces and places within the City

Example Projects:

- Cultural events accessible to the whole community
- Art projects that create opportunities for the community to engage with arts and culture
- Live music festivals or performances that are at no or low cost to the community

Please explain how your project's aims and objectives fits with this Community Grants Program stream *

Word count:

Must be no more than 100 words.

Tell us why this project needs to happen. Why is this project important, and how do you know this? *

Word count:

Must be no more than 200 words.

Describe the specific issue or need you want to address

What are the expected outcomes of your project? Tell us how the community will benefit. *

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Word count:

Must be no more than 200 words.

Describe what you want the project to achieve in terms of benefits for participants and/or others

Tell us how many City of Gosnells participants will be attending or benefiting from your project? *

Word count:

Must be no more than 50 words.

How you are planning to do your project? Include any previous experience your organisation has in delivering similar projects. *

Word count:

Must be no more than 250 words.

Describe the specific activities that will take place and how you will plan and deliver key steps

Tell us who you will be working with on your project. What will they be doing? *

Word count:

Must be no more than 100 words.

Include any collaboration or partnerships involved in your project.

Tell us how you will know if your project is a success. What will you do to measure this? *

Word count:

Must be no more than 100 words.

Describe the changes you will see if the expected outcomes of the project occur

BUDGET

* indicates a required field

Total Amount Requested *

Must be a dollar amount and no more than 2500.

What is the total financial support you are requesting in this application?

Your organisation's cash contribution *

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Cash that your organisation is contributing. Not cash from other sources like grants or ticket sales.

Your organisation's in-kind contribution (in dollar amount) *

Usually volunteer hours (calculator available further down in application) can also include venue hire or equipment use.

City of Gosnells In-Kind Support

Successful applicants are eligible for free use of City managed venues up to \$700 value.

You can request this in-kind support **in addition** to the cash funding by the City. Please do not incorporate this cost into your cash expenditure budget below.

Please refer to Section 6 in the Community Grants Guidelines for more information regarding what is included in the City's in-kind support.

Are you requesting for in-kind venue hire from the City of Gosnells? *

- ☐ Yes: Please provide further details
- ☐ No: Please note this cannot be requested at a later date.

If you answered Yes, please provide the details here. Please note it is your organisation's responsibility to make booking arrangements.

Specific venue, dates, times, if you have booked the venue

Total City of Gosnells venue hire cost

Must be a number.

Project Budget (Cash Income)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Please ensure to include the funding you are requesting from the City of Gosnells.

Other income may be other grants, ticket sales to your project, fundraising you will be undertaking for your project, any donations you receive, any sponsorships you may receive for the project, or any other source of income you are going to allocate to this project.

Income description	Is this funding confirmed?	Notes	Income amount (budgeted)
Provide a clear description for each budget item. Examples of income could include 'council community grant',		Add notes if you need to provide more context. Must be no more than 15 words.	Enter the total amount expected to be received. Must be a dollar amount.

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'trivia fundraising night', 'company X sponsorship'. Must be no more than 10 words.			

Total Income Amount

This number/amount is calculated.

Project Budget (Cash Expenditure)

Please outline all the items you intend to spend your cash project income on in the below table.

Ensure the amount of City of Gosnells funding you are requesting matches the expenditure in this table.

Your **Total Income Amount** and **Total Expenditure Amount** should be the same amount.

Expenditure description	Where are you going to get this item from, who is your supplier?	Who's money are you using to buy this item (budgeted)	Expenditure amount (budgeted)
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Provide clear descriptions for each budget item. Must be no more than 10 words.	Who will you be paying for your item? Must be no more than 5 words.	Your money, the City's grant money, another funding source?	If this is over \$1000 you must upload a valid quote below. Must be a dollar amount.

Budget Totals

Total Expenditure Amount

This number/amount is calculated.

Required quotes

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Please upload your quotes for all items over \$1000. Your application will be deemed ineligible if you do not provide valid quotes.

Attach a file:

Incorporation Costs

Please upload your evidence for anticipated costs in becoming incorporated.

Attach a file:

Volunteer Hours

Volunteer Role	Tasks/duties	How many people are doing this role?	Hours	Total Hours
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What is the title of your volunteer role (eg: grant writer, event volunteer)	What will this role be doing for this project (eg: writing the grant application, setting up tables and chairs)	You may have multiple people doing the same volunteer role (eg: event setup volunteer) Must be a number.	How many hours will each person in this role be doing for this project. Must be a number.	This number/amount is calculated.

Total Volunteer Hours

This number/amount is calculated.

Total Volunteer In-kind amount. Ensure to add this amount to your organisation's in-kind contribution at the top of this page

This number/amount is calculated.

Amount shown represents the whole dollar value of volunteer time contributed (calculated at \$40.80/hour)

Submission

* indicates a required field

Required item checklist (please tick): *

☐ I have read and understood the Community Grants Guidelines

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- ☐ I have enclosed a copy of my organisations Certificate of Incorporation or Auspicing Agreement (if applicable).
- ☐ I have enclosed a copy of my organisations current Certificate of Public Liability Insurance valued to \$10 million.
- ☐ I confirm this project's start date is at least 2 months after this grant round closes.
- ☐ I have accurately completed the project budget including all income and expenditure
- ☐ I have attached all quotes for items valued at over \$1,000.

At least 6 choices must be selected.

Applicants are encouraged to attend the various information sessions and workshops hosted by the City of Gosnells

- ☐ I have attended a Community Funding Information session or grant writing workshop prior to completing this application

Attach any relevant letters of support

Attach a file:

Please note letters of support from Elected Members cannot be accepted.

Declaration of Applicant *

- ☐ I hereby certify that I have been authorised to prepare and submit this application. The information contained herein is true and correct to the best of my knowledge.

Applicant Name *

Title First Name Last Name

Name of person submitting application, it is recommended this is the primary contact person for the project.

Position *

Today's Date *

Must be a date.

Submit Application for Cost to Incorporate

Please review this checklist and tick all that apply

- ☐ I have read and understood the Community Grants Guidelines
- ☐ I have attached appropriate quotes as evidence for incorporation costs
- ☐ I have discussed this application with an Officer from the City of Gosnells Community Development Team
- ☐ I have attended a Community Funding Information session

Attach any relevant letters of support

Attach a file:

Please note letters of support from Elected Members cannot be accepted.

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Declaration of Applicant *

☐ I hereby certify that I have been authorised to prepare and submit this application. The information contained herein is true and correct to the best of my knowledge.

Name *

Title

First Name

Last Name

Position *

Today's date *

Must be a date.