

2026-27 Sponsorship Application

Form Preview

Eligibility and applicant details

* indicates a required field

Confirmation of eligibility

This section of the application form is designed to help you, and us, understand if you are eligible for sponsorship.

Before proceeding, please confirm the following:

- You have read and understood the [Sponsorship Guidelines](#).
- Your organisation is eligible to apply under the Sponsorship Guidelines.
- Your organisation is incorporated or is applying through an eligible auspice organisation.
- Your organisation has no outstanding reporting, acquittal or contractual obligations relating to previous Department of Communities funding or sponsorships.
- Your organisation holds appropriate insurance for the proposed activity.
- The application is seeking sponsorship and not a grant, donation or service agreement.
- The proposed activity will provide clear benefits to the Department of Communities in return for sponsorship.

To be considered for funding under the Sponsorship Program, your application must clearly demonstrate how it meets the assessment criteria set out in the [2026-27 Sponsorship Guidelines](#).

Notes for Unincorporated Groups or Associations

Important: Unincorporated groups cannot receive sponsorships funding directly.

If the organisation undertaking the project is **unincorporated**, the sponsorship must be applied for through an **auspice** that is a **not-for-profit incorporated organisation**.

The **auspice organisation** is considered the **administering** or **applicant organisation** and will take on administrative, legal, and financial responsibility for the sponsorship. This includes:

- Accepting and adhering to all terms and conditions of the sponsorship.
- Assuming responsibility for financial management of the sponsorship.
- Ensuring the unincorporated group maintains financial records, and meets reporting requirements.
- Submitting all required reports and documentation on behalf of the project.
- Receiving and administering the sponsorship funds on behalf of the unincorporated group.

You will be required to upload a completed Auspice Letter using the template provided in the **Organisation Information** page of this application form.

I confirm that all statements above are true and correct. *

☐ Yes ☐ No ☐ Unsure

If you have selected 'No' or 'Unsure' to the above eligibility question, please contact the sponsorship team at sponsorships@communities.wa.gov.au to discuss your eligibility or alternatively you can withdraw your application.

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How to complete your application

Please read the following instructions carefully before starting your application:

- **Deadline:** Applications must be submitted by 2.00pm on Friday, 20th November 2026. Applications received after the closing date will not be considered.
- We strongly recommend submitting your application well before the deadline to avoid any last-minute issues.
- **Required Questions:** Unless a question is clearly marked as optional, you must complete all questions.
- **Take your time:** Complete each section carefully and allow time to review your answers before submitting.

Once your application has been submitted, changes cannot be made unless requested by the Department of Communities. Please ensure all information is complete and accurate before submission. If you have any questions, please contact sponsorships@communities.wa.gov.au

If you contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Organisation contact details

* indicates a required field

Privacy notice

Information collected in this application will be used by the Department of Communities to assess eligibility, administer the Sponsorship Program, manage funding agreements, and undertake related reporting, evaluation, compliance and audit activities.

Information may be shared with other Western Australian Government agencies, external assessors, contractors or service providers where necessary for program administration, or where authorised or required by law.

Information provided in your application may contain commercially sensitive material. The Department will take reasonable steps to treat such information as commercial-in-confidence where appropriate, subject to applicable legislation and government accountability requirements.

Information will be managed in accordance with applicable Western Australian privacy requirements and relevant records management obligations. Individuals may request access to, or correction of, their personal information where permitted by law.

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If the information requested in this application is not provided, the Department of Communities may be unable to assess or process the application.

Organisation details

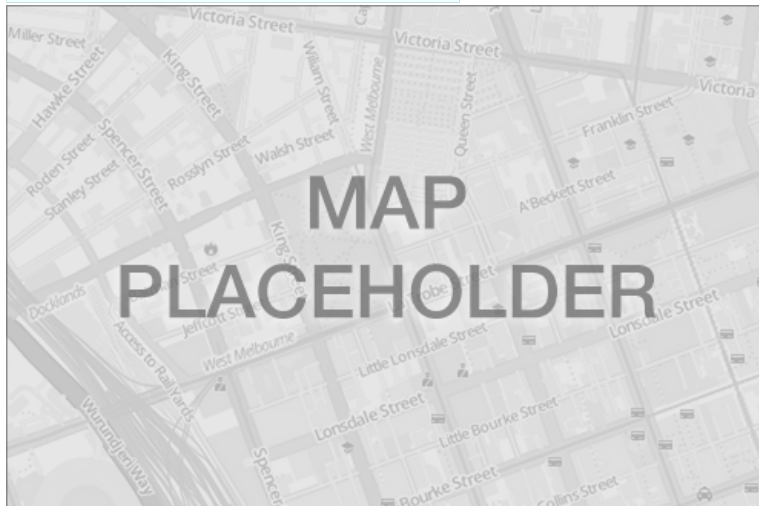
Organisation Name (as per legal entity) *

Organisation Name

You must provide the organisation's legal entity name as per your ABN or Certificate of Incorporation

Organisation Primary Address *

Address



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

Organisation Postal Address (if different from above)

Organisation Email Address *

Must be an email address.

Organisation Phone Number *

Must be an Australian phone number.

Enter the phone number, including the area code for landlines (e.g., 08 1234 5678) or the mobile number (e.g., 0412 345 678).

Organisation Website

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Must be a URL.

Primary contact details

The person completing the application on behalf of the organisation.

Primary contact *

Title First Name Last Name

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

Primary Contact Position Title *

e.g., Manager, Director or Fundraising Coordinator.

Primary Contact Email Address *

Must be an email address.

This is the email address we will use to correspond with you about this sponsorship.

Primary Contact Phone Number *

Must be an Australian phone number.

Enter the phone number, including the area code for landlines (e.g., 08 1234 5678) or the mobile number (e.g., 0412 345 678).

Organisation information

* indicates a required field

What type of not-for-profit organisation are you? *

- | | |
|--|---|
| ☐ Community organisation | ☐ Arts and culture organisation |
| ☐ Peak body | ☐ Educational institution |
| ☐ Charity | ☐ Faith-based organisation |
| ☐ Sporting organisation | ☐ Other: |

Please choose the option that best applies to your organisation. If your organisation is unincorporated, it must have an auspice organisation.

What is your organisation's not-for-profit legal structure? *

- | | |
|--|--|
| ☐ Incorporated association | ☐ Indigenous Corporation |
| ☐ Unincorporated association | ☐ Trusts |
| ☐ Company | ☐ Acts of Parliament |
| ☐ Cooperatives | ☐ Trustee |

[Legal structures for not-for-profits](#) | [Australian Taxation Office](#)

Is your organisation an Aboriginal Community Controlled Organisation (ACCO)? *

- ☐ Yes ☐ No

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What is your incorporation number?

Incorporated Association or Australian Company Number

Please upload Certificate of Incorporation

Attach a file:

Max 25mb per file uploaded

What is your organisation's purpose or mission? *

Does your organisation primarily operate in: *

☐ Metropolitan WA ☐ Regional WA ☐ Statewide ☐ National

Does your organisation have an ABN? *

☐ Yes ☐ No

ABN look up

Organisation 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	

Auspice organisation details

You have selected unincorporated association as your legal structure. To be eligible for sponsorship, an incorporated organisation will be required as the auspice.

Is your organisation auspiced by or partnered with another organisation for the purpose of this sponsorship? *

☐ Yes

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☐ No

Auspice / partner organisation name *

Organisation Name

Please use the auspice organisation's legal entity name from the ABN registration or Certificate of Incorporation.

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.

Auspice Contact *

First Name

Last Name

Auspice Primary Address *

Address

Auspice Primary Phone Number *

Must be an Australian phone number.

Enter the phone number, including the area code for landlines (e.g., 08 1234 5678) or the mobile number (e.g., 0412 345 678).

Auspice Primary Email Address *

Must be an email address.

Auspice Primary Website *

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Must be a URL.

Please attach letter from the auspice confirming the auspice arrangement is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g., CEO or Board Chair) and must include: name, position, signature and date.

Project details

* indicates a required field

Project description

Project Title *

Word count:

Must be no more than 25 words.

Please provide a brief overarching description of your proposed project. [Maximum 40 words.] *

Word count:

Must be no more than 40 words.

If successful, this is the description of your project which will be used in any resulting media statements or related publicity.

Supporting Documents (optional)

Attach a file:

Upload any documents that support your application, such as a project plan, event proposal, budget, quotes, marketing materials, annual report or letters of support. Supporting documentation may assist assessment. Ensure documents are complete and clearly labelled. Accepted formats: PDF, DOC, DOCX, XLS and XLSX.

Initiative or event details - location

Select the region where the event will be held

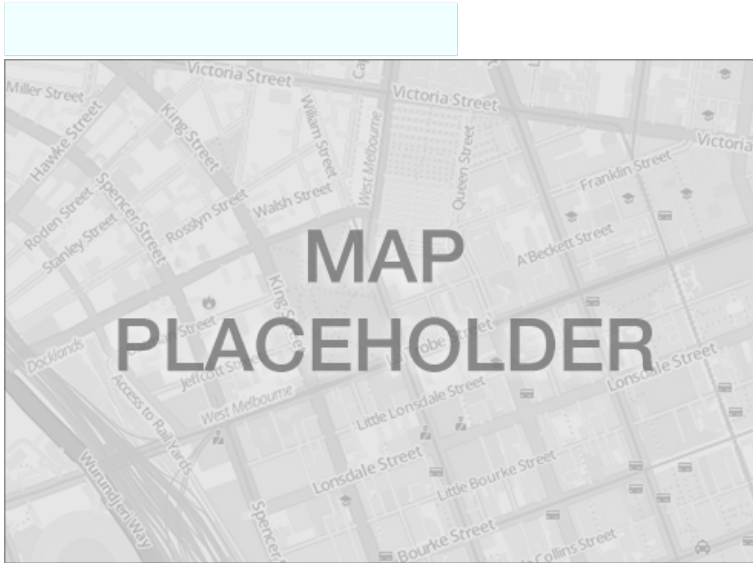
Regions defined by https://www.legislation.wa.gov.au/legislation/statutes.nsf/law_a680.html

Event Address

Address

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Event address

How many people do you expect will attend or participate in the initiative or event? *

Must be a number.

How many people do you expect to be reached through promotion or communications activities? *

Must be a number.

Strategic alignment

Which Communities Strategic Outcome(s) does the initiative support? Select all that apply: *

- ☐ Children and young people are safe and supported.
- ☐ People with disability live empowered lives within inclusive communities.
- ☐ Working to end family, domestic and sexual violence.
- ☐ Communities are resilient.
- ☐ People experience self-determination and inclusion.

How does the initiative align with the selected Communities Strategic Outcome(s)? *

Word count:

Must be no more than 200 words.

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Describe how the proposed activities align with and contribute to the selected Communities Strategic Outcome(s). Focus on the connection to the outcome(s) and avoid detailed discussion of participant outcomes or community benefits.

Primary cohorts

Who are the primary beneficiaries of this initiative or event? *

- | | |
|---|--|
| ☐ Carers | ☐ People with a disability |
| ☐ Children in care | ☐ Seniors |
| ☐ LGBTQIA+ people | ☐ Women experiencing family and domestic violence |
| ☐ People experiencing homelessness | ☐ Young people |

Please choose only the group/s that are at the very core of this project/program

How will the initiative specifically benefit the identified priority cohort(s)? *

Word count:

Must be no more than 200 words.

Explain how the initiative will meet the needs of the selected priority cohort(s) and the specific outcomes you expect for participants.

Community benefit

Describe how the proposal will deliver broader benefits for the community *

Word count:

Must be no more than 200 words.

Describe the broader benefits the initiative will create for the community beyond the direct participants and activities. Focus on longer-term or wider community outcomes, such as increased participation, inclusion, awareness, capability, partnerships, community connection or wellbeing.

Benefits to Communities

Describe the benefits the sponsorship will deliver to the Department of Communities *

Word count:

Must be no more than 200 words.

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If successful, how will the Department of Communities be recognised and promoted as a sponsor of the activity? *

- ☐ Banner installation/display
- ☐ Social media
- ☐ Traditional (press) media
- ☐ Event naming rights
- ☐ Guest speaker opportunity
- ☐ Promotional video
- ☐ Inclusion on the awards judging panel
- ☐ Website promotion
- ☐ EDM's/ Newsletters / other
- ☐ Other:

If successful, where could the Department of Communities logo be displayed?

- ☐ Award nomination forms
- ☐ Trophy awards
- ☐ Certificate awards
- ☐ Mail out acknowledgements
- ☐ Invitations
- ☐ Event program
- ☐ Advertising
- ☐ Other:

Will you be seeking Ministerial involvement? *

- ☐ Yes ☐ No

Ministerial involvement cannot be guaranteed and should not be relied upon for project delivery.

If Yes, please provide further details, examples may include attendance, speaking opportunities, presentations and award ceremonies:

Organisational capacity

Describe your organisation's capacity to successfully deliver the proposal *

Word count:

Must be no more than 200 words.

Explain why your organisation is well placed to deliver this initiative. Consider relevant experience, key personnel, partnerships, available resources, and your ability to manage the project, budget and reporting requirements.

Value for money

Explain why the sponsorship amount requested represents value for money. *

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Word count:

Must be no more than 250 words.

Briefly reference the expected outcomes, participant reach and community benefits outlined elsewhere in the application, and explain why the funding requested is proportionate to the anticipated value delivered. Include any cash, in-kind contributions or other funding sources supporting the initiative, and how the proposed budget has been developed and costed to deliver the intended outcomes.

Organisational deliverability

Start date *

Must be a date and no earlier than 8/1/2027.

Date must be in the future.

End date *

Must be a date and no later than 30/6/2027.

Date must be in the future.

Project budget

* indicates a required field

Funding request

Total Amount Requested (excl. GST) *

Enter the total amount of sponsorship funding being requested. This amount should align with the proposed budget provided later in the application and cannot exceed \$10,000 (excl. GST).

Budget

It is important to show how the sponsorship would be expended and any cash or in-kind contributions, from your organisation or project partners that will support the project.

Please use the budget tables below to detail project income sources.

Ensure that all costs are clearly justified and aligned with the project's proposed activities and expected outcomes.

Do not include GST in the costings below.

Program budget

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Please outline your project expenses in the expenditure table below to be funded via a Department of Communities sponsorship.

List how sponsorship funding would be allocated in this table up to a maximum funding amount of \$10,000 (excl. GST).

Budget Item	Program - Sponsorship Amount (excl. GST)
Provide a clear description for what the funding is to be spent on (e.g. Venue hire, Marketing, Signage).	Must be a dollar amount.

In-kind/other cash or sponsorship funding

If applicable, please outline other sources of In-kind, Sponsorship or Cash funding that you will contribute to the event/activity in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Budget Item	Amount (excl. GST)	Is this funding confirmed?	Source of Other Funding
Provide a clear description for what the funding is to be spent on (e.g. Venue hire, Marketing, Signage).	Must be a dollar amount. Enter the total amount expected to be received.		Specify the source of Other Cash or In-Kind support funding.

Budget totals

Program budget total

Total expenditure amount

This number/amount is calculated.

Other funding source total

Total expenditure amount

This number/amount is calculated.

Total project cost/funding

Total expenditure amount

This number/amount is calculated.

Declaration and certification

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* indicates a required field

Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

Legally Authorised Officer *

Title First Name Last Name

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A person who is authorised to legally enter into contracts on behalf of the organisation, according to its constitution or as bound by law.

Position held in organisation *

--

Legally Authorised Officer Primary Address *

Address

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

Primary Phone Number *

--

Must be an Australian phone number.

Primary Email *

--

Must be an email address.

Declaration

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 applicant organisation is approved for this sponsorship, we will be required to accept the terms and conditions of the sponsorship as outlined in the letter of approval.

On behalf of the applicant organisation, I declare that:

- I am currently authorised to legally enter into contracts on behalf of the organisation, according to its constitution or as bound by law.
- All the information provided in this application, including any attachments, is true and correct.
- The taxation and banking details entered in this application are true and correct.
- The organisation is financially viable and able to meet all accountability requirements.
- I give permission to the Department of Communities, when applicable, to contact any persons or organisation in the processing of this application and I understand that information may be provided to other agencies, where appropriate.
- If a sponsorship is provided:

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- I am aware that the sponsorship conditions outlined in the guidelines document will apply to ensure a sponsored event is appropriately completed and accountability requirements are met.
- I agree to ensure that appropriate insurances are in place (including but not limited to worker's compensation, volunteers, professional indemnity, public liability, motor vehicle, etc.).
- I agree to undertake the project as stated and provide the required qualitative and financial reports to demonstrate that the sponsorship amount was expended in accordance with the agreement.
- I agree to provide an invoice to the Department of Communities within 30 days of a Purchase Order being sent, in order to guarantee funds are available for the event.

I confirm that I have read and agree to the declaration stated above. *

☐ Yes, I confirm.

Please read the declaration carefully before proceeding.

Date *

Must be a date.

Feedback form

Applicant Feedback

Thank you for taking the time to complete this application. Before you review your responses and click the SUBMIT button, we'd love to hear your thoughts on the application process.

Your feedback is invaluable—it helps us improve areas that may not be working well and ensures we continue to deliver what's working effectively. We welcome all types of feedback, whether it's about clarity, ease of use, or any challenges you encountered.

Please indicate how you found 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 i.e. 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.

Word count:

Must be no more than 400 words.