

## Eligibility and Applicant Details

\* indicates a required field

### Confirmation of Eligibility

#### Before proceeding, please confirm the following:

- you have read and understood the program guidelines.
- you are able to demonstrate alignment between your project and the aims of this program.
- your organisation is a not-for-profit organisation or local government authority.
- your organisation is incorporated, or is auspiced by an incorporated organisation/local government authority for the purposes of this application.
- your organisation is located in Australia and delivering services in Western Australia.
- your organisation does not have a 'Failed to Acquit' letter from the Department of Communities as a result of outstanding acquittals from previous funding or grants.

Each organisation may submit **only one application** to this Grants Program per year. If your organisation is acting as an **auspicing organisation** on behalf of one or more unincorporated groups, you may still submit one application in your own right and also **auspice multiple applications** for unincorporated organisations.

If the organisation undertaking the project is **not incorporated**, the grant must be applied for through an **auspice** that is either:

- a **not-for-profit incorporated organisation**, or
- a **local government authority**.

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

- accepting and adhering to all terms and conditions of the grant,
- maintaining appropriate financial records, and
- submitting all required reports and documentation on behalf of the project.
- Should the application be successful, the **funding agreement will be established with the auspicing organisation**, who will also receive and distribute the grant funding on behalf of the project.

**You must confirm that all statements above are true and correct. \***

Yes

#### Program

This field is read only.

### How to apply

[Help Guide for Applicants](#)

# Application Form

## Form Preview

Please complete the grant application providing a level of detail which is commensurate with the value of your grant and the type of project or activity that the grant will fund.

**Once a grant application is submitted, no changes or modifications can be made. Please ensure all information is accurate and complete before submission.**

Before completing this application form, you should have read the program guidelines:

**Download:** [International Volunteer Day Grants Program 2026 - Grant Guidelines](#)

You will not be able to submit an application after the closing time and date.

If you have any questions in regard to these eligibility criteria, please contact the Grants Team:

Wendy Di Renzo **Phone:** 0432 838 116 **Email:** grants@communities.wa.gov.au

If you do 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 (the administering agency) to assess eligibility, manage the grants program, and for related reporting, evaluation, compliance, and audit purposes. Information may be shared with other Western Australian Government agencies, external assessors or contractors where required to administer the program, or where authorised or required by law. Information included in your application to address the assessment criteria, for example service models or project plans, will be treated as commercial-in-confidence.

Information will be handled in accordance with applicable Western Australian privacy requirements, as outlined on the [WA Government Privacy webpage](#), including obligations relating to secure storage, access and correction. If requested information is not provided, the application may not be able to be assessed.

## Organisation Details

### Applicant \*

Organisation Name

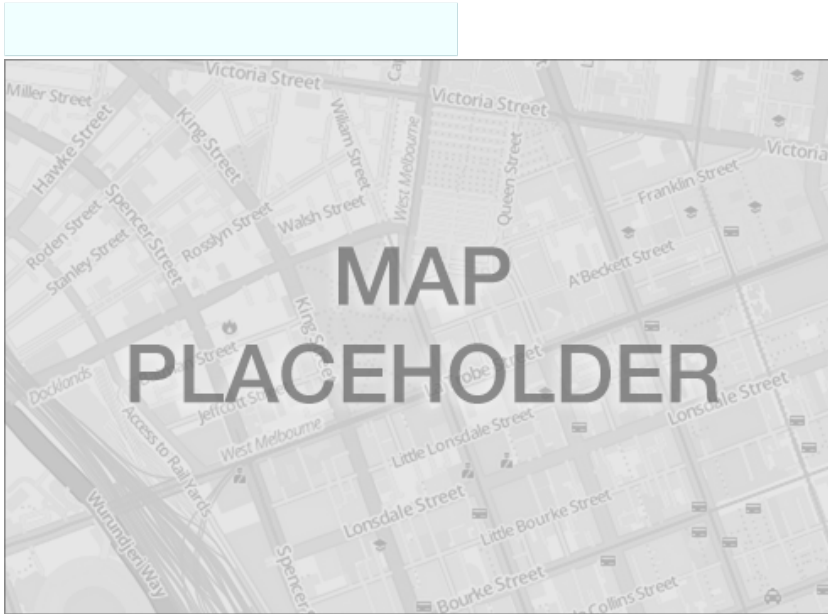
Make sure you provide the organisation's legal entity name as per your ABN or Certificate of Incorporation

### Applicant primary address

Address

# Application Form

## Form Preview



### Applicant postal address

Address

### Applicant 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).

### Applicant email address \*

Must be an email address.

### Applicant website

Must be a URL.

### Has this organisation received previous Department of Communities funding?

Yes

No

## Primary Contact Details

### Primary contact \*

Title      First Name      Last Name

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

# Application Form

## Form Preview

### Position held in organisation \*

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

### Primary contact 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).

### Primary contact office 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).

### Primary contact email address \*

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

## Organisation Details

\* indicates a required field

### Select the entity type of the organisation \*

- |  |   |
|--|---|
| <input type="radio"/> Aboriginal corporation     | <input type="radio"/> Not-for-profit Trustee                              |
| <input type="radio"/> Incorporated organisation  | <input type="radio"/> Organisation established under an Act of Parliament |
| <input type="radio"/> Local government authority | <input type="radio"/> Unincorporated group                                |
| <input type="radio"/> Not-for-profit company     | <input type="radio"/> Other:  |

If your organisation is unincorporated, it must have an auspice organisation.

### Does your organisation have an ABN? \*

- Yes  No

### Applicant 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

# Application Form

## Form Preview

Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

### What is your incorporation number?

Incorporated Association or Australian Company Number

### Please upload Certificate of Incorporation

Attach a file:

Max 25mb per file uploaded

## Auspice Information Page

\* indicates a required field

**Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If your organisation is unincorporated and does not have an auspice you should not apply for this grant.**

**Is your organisation auspiced by another organisation for the purpose of this grant? \***

Yes

No

### Auspice Organisation Details

#### Auspice organisation name \*

Organisation Name

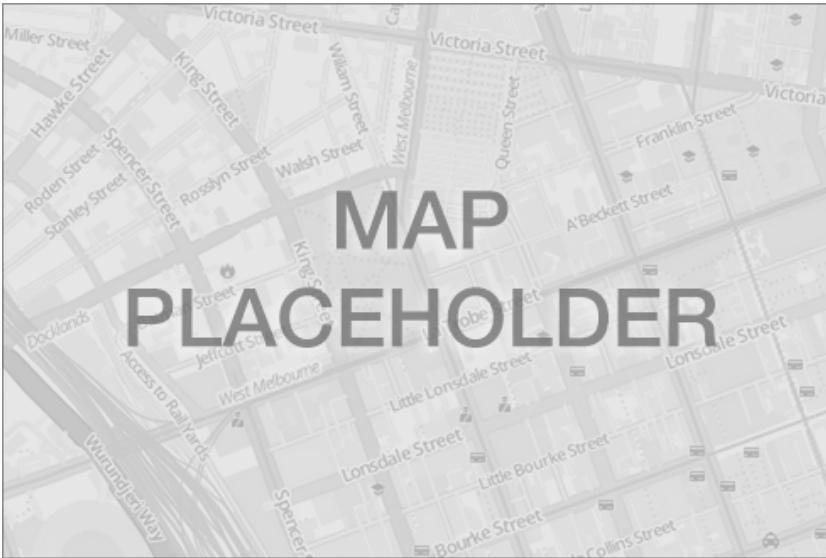
Please use the organisation's legal entity name from the ABN registration or Certificate of Incorporation.

#### Auspice primary address

Address

# Application Form

## Form Preview



### Auspice postal 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 email address \*

Must be an email address.

### Auspice website

Must be a URL.

### Primary contact person at auspice organisation \*

Title      First Name      Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

### Position held in organisation \*

e.g., Manager, Board Member or Fundraising Coordinator.

### Auspice primary contact primary phone number \*

# Application Form

## Form Preview

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 contact office 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 contact email address \*

Must be an email address

**Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. The letter needs to be signed by the Auspice's Delegated Authority. \***

Attach a file:

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

### Does the auspice organisation have an ABN? \*

Yes  No

### Has this organisation received previous Department of Communities funding?

Yes  No

### 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

# Application Form

## Form Preview

Must be an ABN.

## Project Details

\* indicates a required field

### Project Details

**All proposed project names must include 'International Volunteer Day' as part of the title.** If an organisation does not incorporate this wording, Communities reserves the right to amend the project title accordingly for successful applicants.

#### Project Title \*

Must be no more than 250 characters.

**Please provide a brief overarching description of your proposed project. [Maximum 30 words.] \***

Word count:

Must be no more than 30 words.

Please note, if successful, this description may be used for marketing and publicity purposes.

**Select all options that best describe the types of events/activities you will hold: \***

- |   |   |
|---|---|
| <input type="checkbox"/> Award Ceremony                 | <input type="checkbox"/> Morning or afternoon tea     |
| <input type="checkbox"/> Community Event (e.g. a Movie) | <input type="checkbox"/> Recreational Activity        |
| <input type="checkbox"/> Excursion or day trip          | <input type="checkbox"/> Sundowner                    |
| <input type="checkbox"/> Expo                           | <input type="checkbox"/> Workshop, seminar or speaker |
| <input type="checkbox"/> Meal or barbecue               | <input type="checkbox"/> Other: <input type="text"/>  |

At least 1 choice must be selected.

**Please provide a full description of your event or activity and how it will acknowledge and celebrate volunteers in the community? [Maximum 100 words.] \***

Word count:

Must be no more than 100 words.

## Timeline and Proposed Project Location

**Please note:** All events are to be held from **Monday 30 November, to Sunday 6 December 2026**. International Volunteer Day is on **Saturday 5 December 2026**.

Exemptions may apply for exceptional circumstances, as assessed by Communities on an ad hoc basis (e.g., for regional applicants who may be impacted by local conditions such as harvest or bush fire season).

# Application Form

## Form Preview

Events not held on in the above identified week due to approved exceptional circumstances must be held by 28 February 2027.

*\*Department of Communities will not fund expenses incurred before the grant term. All applicants will be advised of the outcome of their submission before 31 October 2026.*

### Event preparation commencement date \*

Please select the date you will start planning and organising the project. This must be after 1 November 2026.

### Date project complete and all expenses have been paid \*

Please select the date you expect to have completed the project by and paid all expenses. This must be before 19 March 2027. All successful applicants will be expected to acquit their grant funding on or before 19 April 2027.

### Event Date \*

### Event Address/Location(s) \*

### Geographic location that will benefit from the event \*

Select options by clicking the drop-down menu in the browse box. Please select as many locations as applicable, there is no maximum.

### If your event cannot be held from Monday 30 November to Sunday 6 December 2025, please tick the appropriate box below indicating the relevant cause.

- Harvest
- High Threat Season
- Other:

## Community Partnerships

Applicants may choose to partner with other organisations within their local community to collaboratively host an event.

Please list ALL the groups, organisations, and local governments involved in planning and implementing the event or activity. For each entity, include contact details and a description of their contribution to the project.

An organisation providing a product or service that is being paid for is not considered to be a community partner.

**If you have listed any community partner(s), please consider attaching a letter of support to strengthen your application.**

Click "Add More" to include multiple partners.

# Application Form

## Form Preview

Organisation Name	Name	Phone Number	How is this organisation involved?
e.g. XYZ Council	e.g. John Smith	Must be an Australian phone number.	e.g. on planning committee, free venue
Organisation Name	First Name      Last Name		
Organisation Name	First Name      Last Name		
Organisation Name	First Name      Last Name		

### Organisations and volunteers invited

Please indicate the number of organisations (by type) whose volunteers will be invited to attend the event or activity:

-----Organisations and volunteers invited (1)

**Health**

**Sporting**

**Emergency Services**

**Community Services**

**School**

**Service Groups**   
e.g. Lions Club, Rotary

**Other**

-----Organisations and volunteers invited (2)

**Health**

**Sporting**

**Emergency Services**

**Community Services**

# Application Form

## Form Preview

**School**

**Service Groups**   
e.g. Lions Club, Rotary

**Other**

-----Organisations and volunteers invited (3)

**Health**

**Sporting**

**Emergency Services**

**Community Services**

**School**

**Service Groups**   
e.g. Lions Club, Rotary

**Other**

Number of volunteers expected to attend the event

**Please indicate the number of people expected to attend the event or activity: \***

Must be a number.

Other Grant Support

**Is your organisation a recipient of the Lotterywest-funded 2026 Volunteering WA National Volunteer Week Grants? \***

Yes

No

**If you selected 'Yes' for the question above, please specify the amount.**

Please enter a \$ amount.

## Project Budget

# Application Form

## Form Preview

\* indicates a required field

### Total amount requested (excl. GST) \*

Must be a dollar amount and no more than 1000.

The maximum amount you can request is \$1000. If your organisation is awarded a grant through this program and is eligible for GST, Department of Communities will automatically add GST to the funding amount awarded.

### Budget

It is important to show how the grant 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.**

### International Volunteer Day Grant Funding requested from Department of Communities

Please outline your project expenses in the expenditure table below.

**List how grant funding would be allocated in this table up to a maximum funding amount of \$1,000 (excl. GST).**

Budget Item	International Volunteer Day Grant Amount (excl. GST)
Provide a clear description for what the funding is to be spent on (e.g. Catering, Venue hire, Marketing, Signage).	Proposed grant expenditure from the Grants Program only. Must be a dollar amount.

### In-kind/Other Cash or Grant Funding contributed to the project

If applicable, please outline other sources of In-kind, grant or cash funding that you or others 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. Catering, Venue hire, Marketing, Signage).	Enter the total amount expected to be received. Must be a dollar amount.		Specify the source of Other Cash or In-Kind support funding.

# Application Form

## Form Preview


### Budget Totals

**International Volunteer Day Grant Funding Total**

This number/amount is calculated.

**Other Funding Source Total**

This number/amount is calculated.

**Total Project Cost/Funding**

This number/amount is calculated.

### Banking Details

\* indicates a required field

This section is to be completed by the organisation managing the grant funds. If you are an unincorporated organisation applying through an auspice, the bank account details provided should be for the auspice.

**Bank Account \***

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

**Bank Name \***

**Bank Suburb**

### Affiliated Body

If the requested grant amount, combined with any other grants or funding received from Communities comprises **more than 50%** of the applicant organisation's total annual income for the current financial year, the organisation is an **Affiliated Body** of Communities.

Acknowledgement of affiliated bodies is a requirement of Communities in accordance with the *Financial Management Act 2016* and prescribed by the Treasurer's instructions.

**Is your organisation an affiliated body? \***

- Yes  
 No

### Grant Conditions

Grants provided through this Grants Program are subject to the following terms and conditions:

# Application Form

## Form Preview

1. The grant is to be used solely for the specified purpose approved by Communities during the funding period.
2. Written approval must be sought from Communities for any request to vary the approved purpose of the grant or seek an extension to the funding period.
3. Any part of the grant that is not used in accordance with Condition 1 must be repaid to Communities unless prior written approval is obtained.
4. Should the activities for which the grant was approved cease or should the grant agreement be terminated due to a breach of any of these Conditions, then:
  - (a) the balance of the grant, unspent in accordance with the approved purpose of the grant, must be repaid to Communities within ten business days; and
  - (b) any property acquired with the grant must be transferred to another not-for-profit organisation with similar objectives and purposes to the recipient organisation, upon approval by Communities.
5. Providing a grant does not entitle a recipient organisation to be provided any further funding than that specified in the grant agreement.
6. Communities will not be held responsible for the success of the approved purpose for which the grant is provided or for any losses or additional costs incurred that are associated with the approved purpose.
7. Any documents or information relating to the grant, or the approved purpose must be provided to Communities within ten business days of the request.
8. All payment conditions and reporting requirements must be met, as specified by Communities.
9. The Auditor General for the State of Western Australia, or an authorised representative, must be granted access to, and be permitted to examine, records and information concerning this grant.
10. All Local, State and Commonwealth laws applicable to the approved purpose must be abided by and complied with at all times.
11. Any project that involves working with children must ensure that the recipient organisation and all employees and volunteers comply with the *Working with Children (Criminal Record Checking) Act 2004*. Please refer to the Working with Children Check website for further information [workingwithchildren.wa.gov.au](http://workingwithchildren.wa.gov.au).
12. Communities is not liable for any accident or negligence resulting in any claim or damage arising from activities undertaken as part of the grant.
13. Recipient organisations are required to be appropriately incorporated and be responsible for ownership of the appropriate insurance policies. This includes, but is not limited to, Public Liability, Volunteer Insurance, Workers' Compensation, and Professional Indemnity.
14. An acknowledgement of funding assistance provided by Communities must be included in any advertising and on any material relating to the project by using the words 'Supported by the Department of Communities'.
15. Any individuals involved with the project must not be exposed to significant promotions for alcohol or unhealthy food and drinks during the term of the project.
16. Goods and Services Tax (GST)
  - (a) For the purposes of Condition 16:
    - i. "GST" means the goods and services tax applicable to any taxable supplies, as determined by the GST Act;

# Application Form

## Form Preview

ii. "GST Act" means *A New Tax System (Goods and Services Tax) Act 1999 (Cth)* and includes all associated legislation and regulations; and

iii. The terms "supply", "tax invoice", "taxable supply", and "value" have the same meanings as in the GST Act.

(b) If the supply of anything through this agreement is a taxable supply under the GST Act, the grant shall be inclusive of GST.

(c) If the parties agree that Communities will issue the recipient organisation with a recipient-created tax invoice (RCTI), then the parties hereby agree that:

i. Communities will issue a RCTI in respect of GST payable on the supply of the project and the recipient organisation will not issue a tax invoice in respect of that supply;

ii. The recipient organisation warrants that it is registered for the purposes of GST and Communities will notify the organisation in writing if it ceases to be registered for the purposes of GST, or if it ceases to satisfy the requirements of the GST Act during the term of the agreement; and

iii. Communities will indemnify and keep indemnified the recipient organisation for GST and any related penalty that may arise from an understatement of the GST payable on the supply of the project for which Communities issues an RCTI under the grant agreement.

17. If any of the terms or conditions are breached by the recipient organisation, Communities may terminate the grant agreement at any time and without giving prior notice.

## Special Conditions of Grant

1.If the Project involves working with children, the Organisation must ensure that all employees and volunteers comply with the *Working with Children (Criminal Record Checking) Act 2004*. Please refer to this website for further information, at: <https://workingwithchildren.wa.gov.au> or contact the Grantor by email, at [screeningunit@communities.wa.gov.au](mailto:screeningunit@communities.wa.gov.au)

2.If the Project involves Services that comprise or involve "child-related work" as defined in section 6 of the *Working with Children (Criminal Record Checking) Act 2004 (WA)*, the Service Provider agrees to: i. implement the National Principles for Child Safe Organisations (<https://childsafe.humanrights.gov.au/national-principles/downloadnational-principles>); ii. provide training to ensure that all Associates are aware of and comply with the National Principles for Child Safe Organisations; and iii. provide evidence of compliance with the National Principles for Child Safe Organisations to the State Party as and when required.

3.Organisations will commit, under the *Disability Services Act 1993 (WA)* and in alignment with the *Western Australian Disability Access and Inclusion Plan (DAIP) Framework*, to ensuring equitable access and full inclusion of people with disability in the funded Project.

## Declaration and Feedback

\* indicates a required field

### Certification

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).

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.
- I acknowledge that this application is for consideration purposes only and does not guarantee funding approval.
- If a grant is awarded:
  - **I am aware the Grant Conditions (page 8) and Special Conditions (page 9) outlined in this application form will apply to ensure a project 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 grant is to be expended in accordance with the agreement.
  - I understand that this is a competitive grant application process and that, by submitting this application, my organisation commits to delivering the proposed activities/events as outlined, on the dates specified in the application if successful.
  - I am aware that applications will be assessed and prioritised for funding by an independent evaluation panel based on the details provided. To ensure fairness and transparency, I understand that Communities will have limited discretion to approve changes to the proposal or event dates once applications have been evaluated and grants awarded.

**I acknowledge and accept the terms of this declaration stated above. \***

Yes, I confirm.

Please read the above declaration carefully before proceeding.

**I authorise the Department of Communities to obtain any additional information necessary to assess and process this application.**

Yes, I consent.

This confirmation is required to proceed with your application.

**I confirm that I am authorised to make this certification on behalf of the entity listed as the Applicant Organisation.**

Yes, I confirm.

This confirmation is required to proceed with your application.

**Legally Authorised Officer \***

# Application Form

## Form Preview

Title First Name Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

**Legally Authorised Officer Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Legally Authorised Officer Phone Number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Legally Authorised Officer Email \***

Must be an email address.

## Additional Document Upload Section

- Ensure all documents are in PDF, DOC, or DOCX format.
- Ensure all documents are clear and legible.
- Double-check the file format and size before uploading.

**If applicable, please upload a Project Plan and/or relevant documentation.**

Attach a file:

Ensure the document is in PDF, DOC, or DOCX format.

**If applicable, please upload a Written Support document (e.g., letter of support from the relevant local government).**

Attach a file:

Ensure the document is in PDF, DOC, or DOCX format.

## Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback. .

**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

# Application Form

Form Preview

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**