Thriving Kids Family and Children Support Program - Application Form

Form Preview

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.

Eligible organisations may submit one application only to the Grants Program. In the instance that an organisation submits more than one application, Communities will only progress one application to the evaluation panel for assessment.

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.

Organisations acting as an auspice for unincorporated groups may still submit one application for their own organisation and may auspice multiple applications for different unincorporated organisations.

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

○ Yes

Program

This field is read only.

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Form Preview

How to apply

Help Guide for Applicants
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: Program Guidelines

Department of Communities will develop Grant Agreements with successful applicants. An example Grant Agreement, including relevant Grant Agreement Terms and Conditions has been provided below to download.

Download: Example Grant Agreement Template

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:

Syed Zaidi**Phone:** 0432 841 261**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.

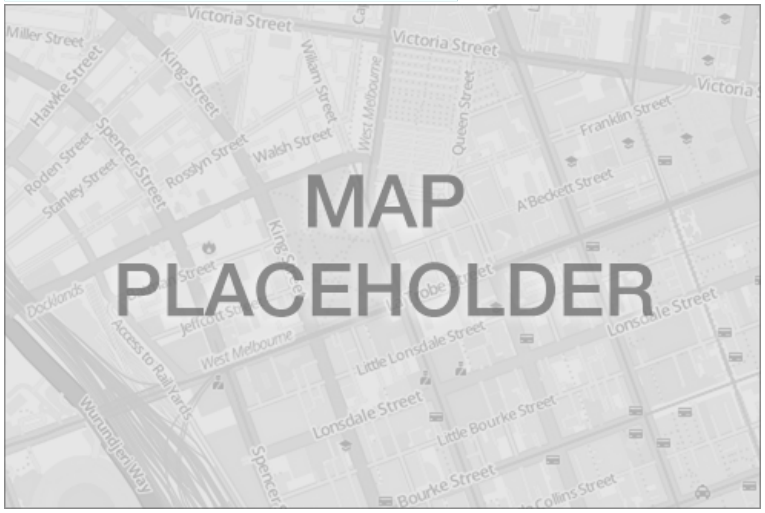
Information will be handled in accordance with applicable Western Australian privacy requirements, as outlined on the WA Government Privacy webpage, including obligations relating to secure storage, access and correction. If requested information is not provided, the application may not be able to be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



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.

Primary Contact Details

Primary contact *
Title First Name Last Name

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

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 *

- ○ Aboriginal corporation
- ○ Incorporated organisation
- ○ Local government authority
- ○ Not-for-profit company
- ○ Not-for-profit Trustee
- ○ Organisation established under an Act of Parliament
- ○ Unincorporated group
- ○ 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	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
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

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

○ Yes ○ No

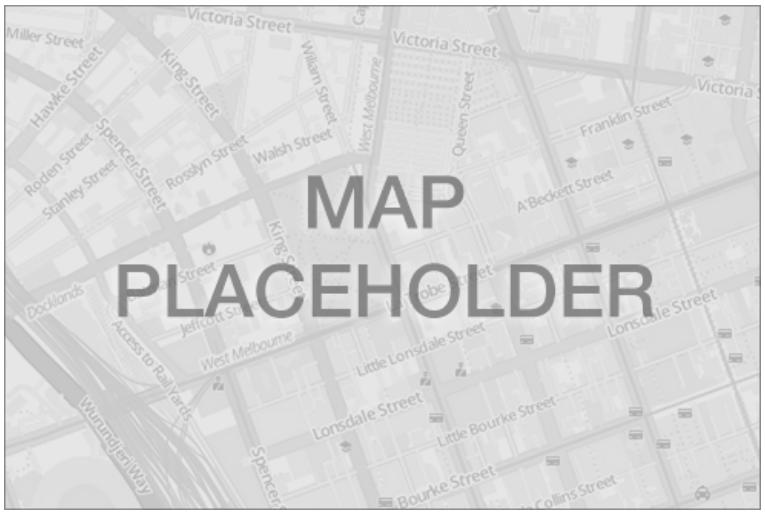
Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant. Applications from unincorporated organisations applying without an auspice will be deemed ineligible.

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



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 *

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

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.

Project Details

* indicates a required field

Project Detail

Project Title *

Brief Project Description *

Word count:
Must be no more than 40 words.
Please provide a brief overarching description of your proposed project [maximum 40 words]. If successful, this is the description of your project which may be used in resulting media statements or related publicity.

Proposed Service Type

Please identify which one or more of the five service types your proposal aligns to: *

☐ Workshop and information sessions for parents and carers and kin
☐ Peer support and groups for parents, carers and kin
☐ Group sessions for younger children (0-4 years)
☐ Group sessions for older children (5-8 years)
☐ Individual family support and capacity building

Select all applicable answers

Intended Cohort

What client group does your proposed service model intend to support? *

○ General Stream (Family-based capacity building supports for children aged 8 and under with developmental delay and/or autism and their families)
○ Autism-Specific Stream (Supports specifically designed for children aged 8 and under with autism and their families)
○ Both Streams

Please select one tick box only

Project Description and Anticipated Activities

Please provide a detailed description of your proposed project and anticipated activities, considering how these will enable achievement of the Grant Program Aims and Target Outcomes, including consideration of the following:

- A coherent, clear and achievable service model
- Local context (if applicable)
- Alignment between activities, locations and resources
- Adequate organisational capability, governance and workforce capacity
- Consistent, accessible and child-safe service delivery
- How the proposed service model reflects the core elements of Early Childhood Intervention (ECI) best practice in the design, delivery and evaluation of activities, and how these practices will be adapted to local context while maintaining alignment with ECI principles

- How the proposed service model is delivered in line with the Thriving Kids service principles as described in the Schedule B of the National Agreement on Foundational Supports.

Download: National Agreement on Foundational Supports

*

Partnerships and Cultural Safety

Please describe how your proposed project/initiative will be designed and delivered in partnership with communities, including Aboriginal Community Controlled Organisations (ACCO), where appropriate.

This includes how everyday settings will be considered and how cultural safety, inclusion and accessibility will be embedded throughout project delivery. At a minimum, applications must address the following partnership and cultural safety requirements:

- Culturally Safe and Inclusive Practice
- Accessibility for Diverse and Priority Populations
- Partnership with ACCOs where appropriate
- Alignment with Aboriginal Self-Determination Principles.

*

Project Plan

Attach a detailed project plan, including a project schedule of key phases, milestones, timeframes, activities to this application *
Attach a file:

Project/Initiative Intended Outcomes

List the intended outcomes of the project and demonstarte how these contribute to one or more of the Target Outcomes *

Please refer to page 8 of the Grant Guidelines

Project Timeline

Estimated Project Start Date *

This date must be after 9/03/2027 as Department of Communities cannot retrospectively award grants or reimburse funding already spent.

Estimated Project Finish Date *

This must be a 2 years duration from the project start date

Organisation Skills, Capacity and Experience

Please describe your organisation's community service and investment experience, capability, capacity and governance to deliver and manage the project, including the skills and experience of key personnel. Where applicable, this should include governance arrangements for consortia, partnerships and subcontracting arrangements. *

Location

Location that will benefit from the project *

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

Community Partnerships

What other groups, organisations or local government authorities are involved in planning and delivering the project. If applicable, please list ALL the organisations involved, including contact details and the contribution.

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

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. project planning, planning committee, cultural safety and inclusion
Organisation Name	Organisation Name		
Organisation Name	Organisation Name		
Organisation Name	Organisation Name		

Capacity Building Funding (if applicable)

Where you have included a request for capacity building funding in your application, please also describe the capacity building activities proposed, including:

- How these activities will strengthen service quality and outcomes
- How they will support delivery of services consistent with ECI best practice principles.

The cost of capacity building activities can comprise up to a maximum of 10% of the total budget request per initiative and must be directly related to the delivery of the proposed initiative.

Project Budget

* indicates a required field

Total Amount Requested from Department of Communities (excl. GST) *

What is the total financial support you are requesting in this application between 250,000 (excl. GST) up to a maximum of $2,000,000 (excl. GST).? 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. The total proposed cost of the project, including any capacity building activity costs, cannot exceed the maximum amount of Grant funding available per project/initiative.The cost of capacity building activities can comprise up to a maximum of 10% of the total budget request per initiative and must be directly related to the delivery of the proposed initiative.

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 seperate budget tables below to detail project income sources.

Table one is for expenses to be funded under the grant Program. Table two is for expenses to be funded by your organisation or other third parties.

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.

Thriving Kids Family and Children Support Program

Please outline your project expenses in the expenditure table below. All amounts must be entered **excluding GST.**

List how grant funding, across the funding period, would be allocated in this table - minimum of $250,000 (excl. GST) up to a maximum of $2,000,000 (excl. GST).

If you are applying for capacity building funding, please make sure to include it as a separate budget item in the below table.

The cost of capacity building activities can comprise up to a maximum of 10% (excl. GST) of the total budget request per initiative and must be directly related to the delivery of the proposed initiative.

The total proposed cost of the project, including any capacity building activity costs, cannot exceed the maximum amount of Grant funding available per project/initiative.

If your application is successful, Department of Communities will release funding in two equal instalments across financial years 2026-27 and 2027-28. However, your expenses do not have to align equally as long as you understand payment can only be released on this basis. Funding can be carried over from financial year 2026-27 to financial year 2027-28. We also acknowledge that you expenses may be higher in year one due to implementation, as long as the overall budget across both years calculates to the total funding amount requested.

Budget Item	Year 1 Project Delivery	Year 2 Project Delivery	Total Amount (excl. GST)
Provide a clear description for what the funding is to be spent on (e.g. project FTE, capacity building activities, etc) Kindly refer to Program Guidelines for details.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.

In-kind/Other Cash or Grant Funding

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

All amounts must be entered **excluding GST.**

Budget Item	Year 1 Project Delivery	Year 2 Project Delivery	Total 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. project FTE, resource materinals, venue hire, etc) Kindly refer to Program Guidelines for details.	Must be a dollar amount.	Must be a dollar amount.	This number/ amount is calculated.		Specify the source of Other Cash or In-Kind support funding.

Summary of Budget Totals

This section contains fields that are automatically calculated.

Year 1

Grant Funding - Year 1

Other Funding - Year 1

Total - Year 1

Year 2

Grant Funding - Year 2

Other Funding - Year 2

Total - Year 2

Totals

Grant Funding - Total

Other Funding - Total

Total Project Value

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

Bank Name *

Must be a valid Australian bank account format.

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

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 of and agree to the Grant Conditions contained within the **example Grant Agreement template** provided.
    - 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 *
Title First Name Last Name
Must be a senior staff member, trustee or appropriately authorised volunteer

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

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 Primary 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

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