

Women's Grants for a Stronger Future Annual Grants Program 2026-27

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 grassroots, not-for-profit organisation.
- your organisation is incorporated, or is auspiced by an incorporated organisation 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.

Women's Grants for a Stronger Future Annual Grants Program 2026-27

Each organisation may submit **only one application for a Category 1 grant** (up to \$10,000) and **only one application for a Category 2 grant** (up to \$100,000). If applying for both funding categories, separate application forms must be submitted.

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.

Notes for Unincorporated Groups or Associations

Important: Unincorporated groups cannot receive grant funding directly.

If the organisation undertaking the project is **unincorporated**, the grant 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 grant. This includes:

- accepting and adhering to all terms and conditions of the grant;
- assuming responsibility for financial management of the grant;
- ensuring the unincorporated group maintains financial records, and meets reporting requirements;
- submitting all required reports and documentation on behalf of the project; and
- receiving and administering the grant funds on behalf of the unincorporated group.

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

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

☐ Yes

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Program

This field is read only.

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: [Women's Grants for a Stronger Future Annual Grants Program 2026-27](#)

Department of Communities will develop Grant Agreements with successful applicants awarded grant funding of \$10,001 or higher (excl.GST). 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:

Ancy Rodrigues **Phone:** 0435 046 351 **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.

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Organisation Details

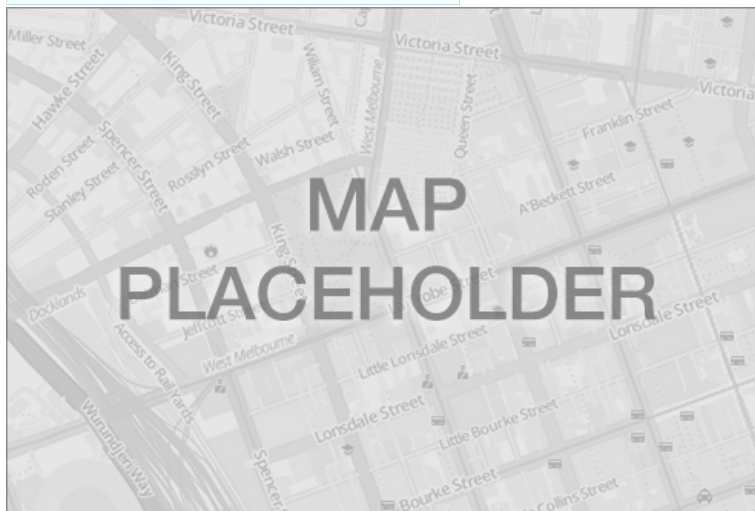
Organisation Name (as per legal entity) *

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, Postcode, and Country are required. Country must be Australia

Organisation Postal Address (if different from above)

Address

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

Must be a URL.

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Primary Contact Details

Primary Contact *

Title	First Name	Last Name

Primary Contact Position Title *

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

Primary Contact Email Address *

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

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).

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).

Organisation Information

* indicates a required field

Select the entity type of the organisation *

- | | |
|---|---|
| ☐ Aboriginal corporation | ☐ Organisation established under an Act of Parliament |
| ☐ Incorporated organisation | ☐ Unincorporated group |
| ☐ Not-for-profit company | ☐ Other: |

- ☐ Not-for-profit Trustee

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.

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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

Do you consider your organisation to be a grassroots organisation, as per the definition provided on page 3 of the Grant Guidelines? *

- ☐ Yes
☐ No

Grassroots Organisations

Please describe why you consider your organisation to be a grassroots organisation, committed to directly delivering programs and initiatives to women.

*

Please refer to the definition of a grassroots organisation provided on page 6 of the Grant Guidelines.

Auspice Information Page

* indicates a required field

Auspice Arrangement

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Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation.

If your organisation is unincorporated and does not currently have an auspice organisation, you **must** arrange an eligible auspice before submitting your application.

In accordance with the Grant Guidelines, applications submitted by **unincorporated organisations without an eligible auspice organisation** will be considered **ineligible** and will not proceed to assessment.

Instructions:

- 1.Download the Auspice Arrangement Letter Template below.
- 2.The Letter must be completed and signed by an authorised representative of the auspice organisation.
- 3.Upload the signed Letter on the Auspice Information page of this application.

Download: [Auspice Arrangement Letter Template](#)

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 your organisation is unincorporated and does not have an auspice you should not apply for this grant.

Auspice Organisation Details

Auspice Organisation Name *

Organisation Name

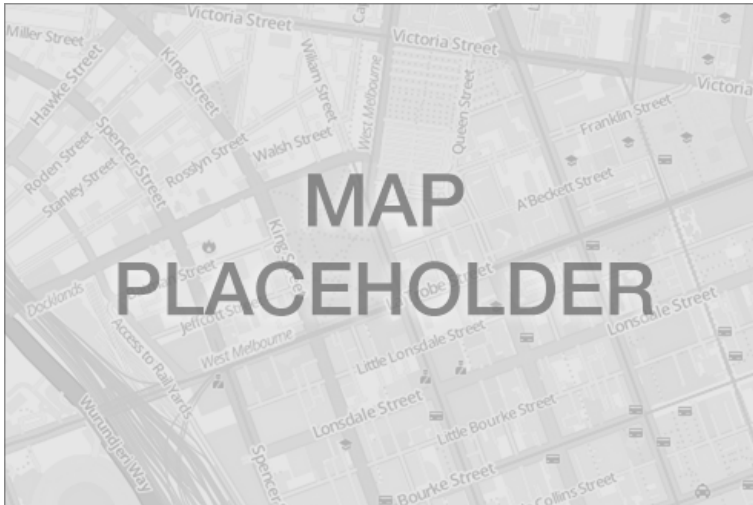
Please use the auspice organisation's legal entity name from the ABN registration or Certificate of Incorporation.

Auspice Primary Address

Address

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Auspice Postal Address (if different from above)

Address

Auspice Email Address *

Must be an email address.

Auspice 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 Website

Must be a URL.

Upload signed Auspice Arrangement Letter *

Attach a file:

(Upload the completed and signed Auspice Arrangement Letter. Unsigned letters or incomplete templates may result in the application being considered ineligible.)

Does the auspice organisation have an ABN? *

☐ Yes

☐ No

Auspice ABN *

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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 Primary Contact Details

Auspice Primary Contact *

Title	First Name	Last Name

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

Auspice Primary Contact Position Title *

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

Auspice Primary Contact Email Address *

Must be an email address

Auspice 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).

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).

Project Details

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* indicates a required field

Project Description

Project Title *

Must be no more than 250 characters.

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

Word count:

Please provide a brief overarching description of your proposed project [maximum 40 words]. If successful, this is the description of your project which will be used in resulting media statements or related publicity.

Select the program priority areas that your proposed project aligns with. *

- ☐ Health and Wellbeing
- ☐ Safety and Justice
- ☐ Women in Leadership
- ☐ Women's Economic Independence

Please select one or more of the Priority Area(s) that apply.

Please provide a detailed overview of the proposed project, including the project objectives, and how the project will address the selected priority area/s, in accordance with the Guidelines. *

How will the proposed project engage and support a diverse range of women, particularly those who experience additional barriers or disadvantage?

Attach a brief project plan, including a project schedule of key phases, milestones, and activities to this application. *

Attach a file:

Consider detail commensurate with the value of grant funding you are applying for.

Community Need

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Provide evidence of community need and support for the project from the community? *

Your response should include why there is need for this project and how women were involved to co-design the project. Please provide a level of detail commensurate with the value, scope and complexity of your proposal.

Community Engagement

How many women do you expect will directly benefit from the project? *

Outcomes and Evaluation

Please list the intended outcomes of the project *

How will the project be evaluated against the intended outcomes described above and the program priority areas outlined in the Grant Guidelines? *

How will women continue to benefit from the project following the term of the grant? *

How will women and the broader community be engaged following the term of the grant, where applicable?

Is this a new project for your organisation? *

- ☐ Yes
- ☐ No

Target Group

Identify the primary target group of women for the project. *

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- ☐ All Women
- ☐ LGBTQIA+
- ☐ Young Women
- ☐ Adult Women

- ☐ Aboriginal Women
- ☐ Women from CaLD Communities
- ☐ Rural, Remote and Regional
- ☐ Other:

- ☐ Women with Disability

Tick One Only

Location

Location that will benefit from the project *

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

Community Partnerships

If applicable, what other groups or organisations are involved in planning and implementing the project, event or activity. Please list ALL the organisations involved, including contact details and the contribution.

List any project partners that will provide support to the planning, development, implementation and/or evaluation of the project, either cash or in-kind, and outline the contribution.

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

Priority may be given to projects delivered in collaboration with other organisations.

For Category 2 funding: 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. on planning committee, free venue
Organisation Name	Organisation Name		
Organisation Name	Organisation Name		
Organisation Name	Organisation Name		

Timeline

Department of Communities will not fund expenses incurred before the grant term. All applicants will be advised of the outcome of their submission before 8 March 2027.

Anticipated project commencement date *

Must be a date and no earlier than 9/3/2027.

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(Proposed project commencement date must be after 8 March 2027, as Department of Communities cannot fund retrospective costs incurred before Grant Program award).

Anticipated project completion date *

Must be a date.

(This date must be up to a maximum of 12 months in duration for Funding Category 1 applications and between 12 and a maximum of 24 months in duration for Funding Category 2 applications)

Project Budget

* indicates a required field

Funding Request

Select the funding category that best aligns with the scale and scope of your project

☐ Funding Category 1 - Grants of up to \$10,000 (excl. GST) for one-off initiatives delivered over a period up to 12 months, that aim to advance gender equality by aligning with any of the Stronger Together priority areas

☐ Funding Category 2 - Grants of up to \$100,000 (excl. GST) for larger strategic projects that will be delivered over a period between 12 and 24 months and aim to advance gender equality by aligning with any of the Stronger Together priority areas.

If you are applying for Funding Category 1 and 2, a separate application form must be completed.

Total Amount Requested (excl. GST) *

(Enter the total amount of grant funding being requested. This amount should align with the proposed budget provided later in the application and cannot exceed \$100,000 (excl. GST).

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.

Women's Grants for a Stronger Future Program Funding

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

List how grant funding would be allocated in this table up to a maximum funding amount of \$10,000 (excl. GST) for Funding Category 1 and \$100,000 (excl. GST) for Funding Category 2.

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Budget Item

Women's Grants for a Stronger Future Program - 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 Women's Grants for a Stronger Future Program only. Must be a dollar amount.

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, 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.

Budget Totals

PROGRAM 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

Bank Name *

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BSB Number	Account Number	
		Bank Suburb
Must be a valid Australian bank account format.		

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 of \$10,000 or less (excl.GST) provided through the Women's Grants for a Stronger Future 2025-26 - Annual Grants Program are subject to the below terms and conditions. Grants valued at \$10,001 and higher (excl. GST) are subject to the terms and conditions contained within the attached Example Grant Agreement.:

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.

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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.
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;
 - 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.

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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
- 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:

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- I am aware the Grant Conditions and Special Conditions (pages 8 and 9) outlined in this application form will apply to grants valued at \$10,000 and below (excl. GST).
- I am aware the Grant terms and conditions contained within the attached Example Grant Agreement will apply to grants valued at \$10,001 and higher (excl. GST).
- 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.

Name of authorised person *

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

Email *

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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.