Application Form
Form Preview

Eligibility Criteria

* indicates a required field

How to apply

Help Guide for Applicants
Before completing this application form, please read the program guidelines provided at the link below **before** you complete this form.

- **Download: Community Gardens Grants Program 2026-27 - Guidelines**

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.

Please ensure all **attachments are clearly and meaningfully labelled** to indicate their contents.

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

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

If you have any questions regarding the Guidelines, deadlines, or questions in this form, 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.

Grant Round Name

This field is read only.

Are you eligible?

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.

Notes for Unincorporated Groups or AssociationsImportant: 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 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.

Where applicants are using an auspice, to complete the application, enter the unincorporated groups details in the organisation section and select unincorporated group as the entity type. This will prompt access to an additional application page to capture the auspice's details and allow upload of the Auspice Arrangement Letter.

I have read and understood the above statements and eligibility criteria. *
○ Yes, I confirm.

Applicant Contact Information

* indicates a required field

Privacy Notice

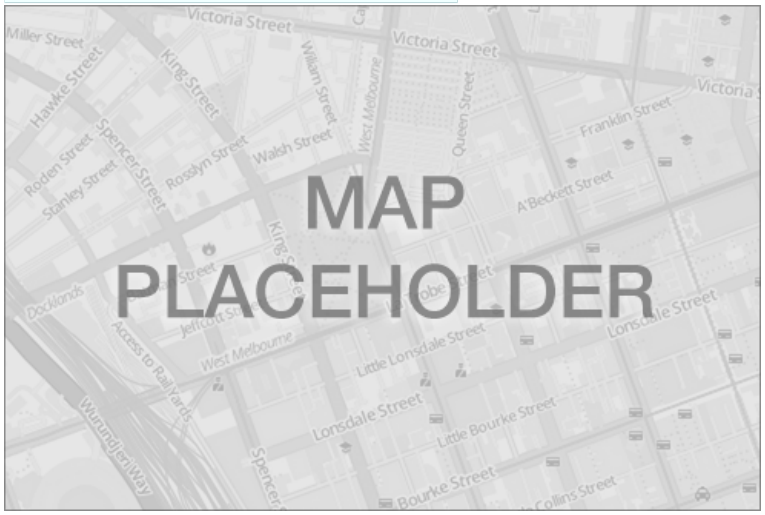
The Department of Communities collects information through this application to assess eligibility, administer and evaluate the grants program, and meet reporting, compliance and audit requirements.Information may be shared with relevant government agencies, assessors, contractors and service providers involved in administering the program, or where authorised or required by law. Information addressing assessment criteria will generally be treated as commercial-in-confidence, subject to legal, audit and reporting obligations.Personal information will be managed in accordance with the Department of Communities' Privacy Policy and Collection Notice. If required information is not provided, the application may not be able to be assessed.

Organisation Details

Organisation's name *
Organisation Name

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

Primary address *
Address



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

Postal address (if different from above)
Address

Email *

Must be an email address.

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).

Website

Must be a URL.

Primary Contact Details

Primary contact *
Title | First Name | Last Name

Position title *

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

Email address *

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

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).

Office 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).

Application Organisation Information

* 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

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

* indicates a required field

Auspice Arrangement

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

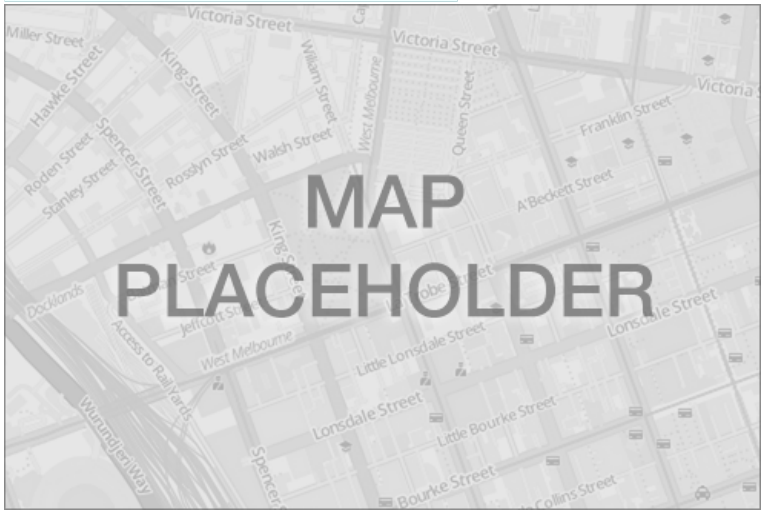
Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant. Applications from unincorporated organisations applying without an auspice will be deemed ineligible.

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



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

Auspice postal address, if different from above *
Address

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

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:

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.

Auspice Contact Details

Auspice contact *
Title First Name Last Name

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

Position title *

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

Email address *

Must be an email address

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).

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

* indicates a required field

Project Detail

Provide the following details about the Community Garden project:

Community Garden or Project Title *

Brief project description *

Word count:
Must be no more than 30 words.
Please provide a brief over overarching description of your proposed project. If successful, this is the description of your project which will be used in resulting media statements or related publicity.

New or existing community garden *

○ New Garden
○ Existing Garden

If existing, please attach photos of the garden below

Photos of existing garden
Attach a file:

Membership

Where applicable, provide the following details about the proposed Community Garden membership:

Current number of garden members

Must be a number.

Is a membership fee charged?
- ○ Yes
- ○ No

Cost of membership

Must be a dollar amount.

Term or duration of membership

e.g. annual, monthly, ongoing

Other relevant membership details

Attach any relevant documentation that has been produced for garden membership?
Attach a file:

e.g. operating rules, terms of reference, membership contracts, etc.

Garden Location

The Community Gardens Annual Grants Program 2026-27 has a total funding pool of $100,000 (exc. GST). From this funding pool:

- $60,000 (exc. GST) is available for community gardens located in the Perth Metropolitan area.
- $40,000 (exc. GST) is available for community gardens located in the Regional Western Australia.

Please identify which location your garden is in; *
- ○ Metropolitan
- ○ Regional

Garden address *
Address

Address Line 1 and Suburb/Town are required.

Location of the community garden *

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

Garden website (where applicable)

Land Ownership

Who or which organisation owns the land where the garden is/will be located? *

If the land is not owned by the applicant organisation, please attach a copy of the land use arrangements and any other relevant documentation for example planning permission or land use approval. Also consider access to power and water, passive surveillance, vehicle access and parking.
Attach a file:

The maximum document size that can be uploaded on Smarty Grants is 25MB. If you are unable to upload your required file size, please contact the Grants Team

Project implementation

Fully describe your project and how the grant funding will be spent, in accordance with the Guidelines. *

Describe the specific issue or need you want to address (200 words recommended)

List the intended outcomes of the project: *

How will your project be evaluated against the project and program outcomes, as outlined above and in the Grant Program Guidelines? *

What methods will be implemented to ensure the garden continues to operate after the funding period ceases? *

Attach a project plan if applicable
Attach a file:

Engagement and Inclusion

What community consultation or engagement has been undertaken to develop the project? *

How will the community garden be promoted to ensure community members are aware of the project/garden? *

What garden features will ensure accessibility and inclusiveness for the broader community? *

Community Partnerships

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.

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 of your project

Anticipated project commencement date* *

Must be a date and no earlier than 19/4/2027.

Anticipated project completion date *

Type(s) of grant activity

What types of activity will the grant be used for? *
☐ Feasibility, planning and design
☐ Policies & manuals development
☐ Evaluation
☐ Training, workshops & events
☐ Sector/volunteer capacity building
☐ Community engagement
☐ Advertising & promotion
☐ Consumables
☐ Equipment
☐ Infrastructure*
Please select all that apply. *Applicants are encouraged to seek funding from other sources where possible for large infastructure projects

Project Budget

* indicates a required field

Total Amount Requested (excl. GST) *

What is the total financial support you are requesting in this application up to a maximum of $10,000 (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.

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.

Community Gardens Grant Funding

Please outline your project expenses in the expenditure table below up to a maximum of $10,000 (excl. GST). Your expenses should add up to the same figure as provided under Total Amount Requested.

List how grant funding would be allocated in this table.

Budget Item	**Community Gardens 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 Community Gardens Grant 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

Community Gardens 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 the Community Gardens Grants Program are subject to the following terms and conditions:

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.

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.

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:
    - **I am aware the Grant Conditions (Page 8) and Special Conditions of Grant (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 *
Title First Name Last Name
Must be a senior staff member, trustee or appropriately authorised volunteer

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

Email *
Must be an email address.

Phone Number *
Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

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 any other 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.

Feedback

* indicates a required field

Feedback on the Application Process

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 share any feedback, including suggestions for improvements or additions to the application form or process.

You Are Now Ready to Submit

When your application has been successfully submitted, a **confirmation email** will be sent to your registered email address with a copy of your submitted application attached.

If you do **not** receive this email, it may indicate that your application was **not** submitted.Please also check your spam or junk folder in case the confirmation email was filtered.If you are still unsure, we recommend logging into your SmartyGrants account to check the status of your application.