

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

Pre-Requisites

To be eligible to apply for a grant through this Grants Program eligible organisations must be able to evidence attendance at the mandatory briefing session held on 17 June 2026.

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Applications received from organisations that do not meet the above pre-requisite will not proceed to qualitative assessment against the advertised Assessment Criteria.

Confirmation of Pre-Requisite *

I confirm a representative from the applicant organisation attended the mandatory briefing session for this Grants Program on 17 June 2026.

If you are not able to confirm the above quality standards, your organisation is not eligible to apply for this Grants Program. One option must be selected.

Please provide the name(s) of the representative from your organisation who attended the mandatory briefing session *

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: [FDV Primary Prevention Grants 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:

Denise Shedley **Phone:** 0435 632 586 **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

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles \(APP\)](#) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

The information contained in this grant application is submitted on a commercial-in-confidence basis. It includes proprietary data and sensitive business information that is not publicly available. Disclosure of this information could potentially harm the competitive position of our organisation. We respectfully request that all details provided herein be treated with the utmost confidentiality and not be disclosed to any third parties without our explicit consent.

Organisation Details

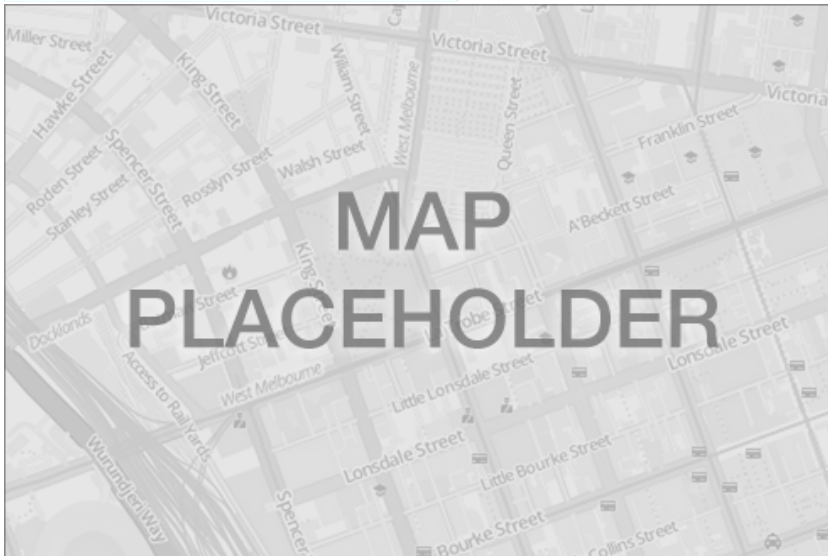
Applicant *

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 *

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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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 Not-for-profit Trustee

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- Incorporated organisation
- Local government authority
- Not-for-profit company
- 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

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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

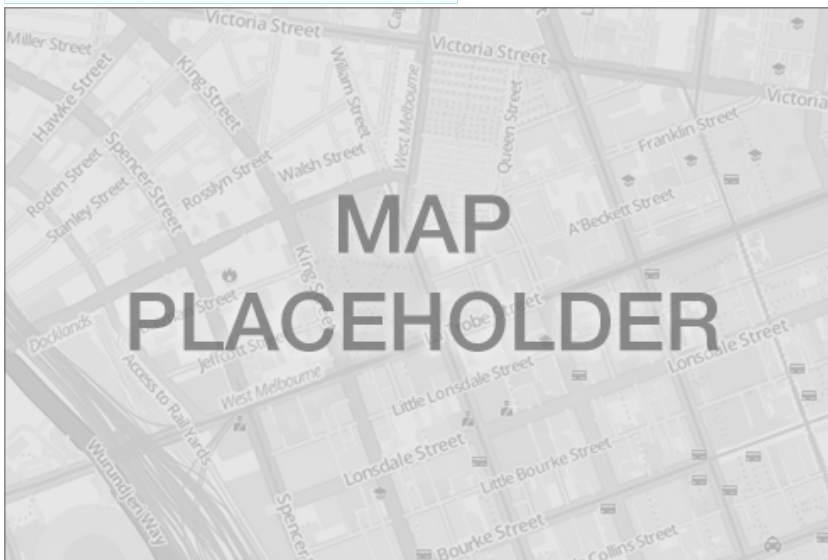
Auspice organisation name *

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 *

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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	

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.

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:

- Project description
- Local context (if applicable)
- Priorities, challenges, and issues
- Detail on any proposed partnerships (if relevant)
- Detail on any community engagement to establish project need (if applicable)

*

Please describe how your proposed project/initiative will address issues related to the primary prevention of violence against women *

Please describe how project outcomes or deliverables will be sustainable beyond the discrete funding period? *

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 *

Project Timeline

Estimated Project Start Date *

This date must be after 11/12/2026 as Department of Communities cannot retrospectively award grants or reimburse funding already spent.

Estimated Project Finish Date *

Organisation Skills, Capacity and Experience

Please describe your organisation's skills, capacity and experience relevant to managing and delivering your proposed project/initiative, including any partnership governance if relevant. *

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

If applicable, what other groups, organisations or local government authorities are involved in planning and delivering the project. 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. on planning committee, free venue
Organisation Name	Organisation Name		
Organisation Name	Organisation Name		
Organisation Name	Organisation Name		

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 \$150,000 (excl. GST) and \$500,000 (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

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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 separate 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.

Family and Domestic Violence Primary Prevention Grants Program 2026-28

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 \$150,000 (excl. GST) up to a maximum of \$500,000 (excl. GST).

If your application is successful, Department of Communities will release funding in two equal installments 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 your 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, resource materials, venue hire)	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	Must be a dollar amount.	Must be a dollar amount.			Specify the source of Other

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for what the funding is to be spent on (e.g. project FTE, venue hire, resource materials).			This number/ amount is calculated.		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

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.

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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.

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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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

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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.