# 2026-2027 Grassroots Community Grants - Application form R 2

Form Preview

## Important Information

* indicates a required field

### Getting started

**Read the Wyndham City Community Strengthening Grants Program Guidelines.**

If your project is an event or festival, please also read Wyndham City's Event Planning Guide

**Review the Wyndham City Council Plan 2025-2029, which includes the municipal public health and wellbeing plan and/or strategies relevant to your project**

- It's important to align your project with the Wyndham priorities and strategies that can be found on Council's website
- It is recommended that you speak with a Council Officer connected with your project's theme before submitting an application.
- If you need help identifying an appropriate Council Officer, please contact Wyndham City's Customer Service or Grants Team on 03 8734 1373.

**Collect the required supporting documents**

- Supporting documents you may need to upload include Public Liability Insurance certificate of currency, letter from your auspice organisation (where applicable), project plan, support letters.
- If your community group is not an incorporated association or a registered charity, you must apply under an Auspice organisation.

Please note:

- You can only receive 2 Grassroots Community Grants per financial year.

### Support

If you need support to navigate and complete this form, please refer to the SmartyGrants applicant help guide

If you need support understanding questions in this form, please contact the Wyndham City Grants Team by email funding@wyndham.vic.gov.au or phone 1300 023 411.

When contacting anyone regarding your application form please refer to the application number below:

**Application Number**

This field is read only.
The identification number or code for this submission.

**Have you read the Wyndham City Community Strengthening Grants Program Guidelines?** *

○ Yes ○ No

**Have you discussed this project with a Council Officer?**
○ Yes ○ No

**Please provide the name of the Council Officer you spoke to about this project**

NOT a Councillor

## Privacy Statement

Your personal information is being collected by Wyndham City Council for the purpose of administering Community Grants Funding Applications. Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for delivery of services and information. By registering your details, you consent to the collection, use and disclosure of your personal information as stated in the Terms and Conditions. Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014 (Vic). For further information about how your personal information is handled, visit Council's Privacy Policy.

# Applicant Details

* indicates a required field

## Applicant Details and Legal Status

**Are you applying as: ***
○ Incorporated Association
○ Registered Charity (ACNC Endorsed)
○ Unincorporated Community Group applying under and auspice
○ Individual applying under an auspice

## Applicant Details

**Applicant ***
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

**Applicant Primary Address ***
Address

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

**Applicant Postal Address** *
Address

**Organisation Phone Number** *

**Organisation Primary Email** *
Must be an email address.

**Applicant Primary Website**
Must be a URL.

## Organisation Information

The organisation listed in this section is the applicant organisation, and must be a non-profit entity, such as an incorporated association, a registered charity and/or a non-profit organisation by constitution. If your application is successful, this organisation will be responsible for ensuring all requirements of the grant are met.

**Tell us about your organisation?** *
Word count:
Must be between 30 and 100 words.
What does your organisation do and what is it's purpose. If you are applying as an individual, please tell us about you

**Incorporation Number** *

**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 | |

Must be an ABN.

## Auspice Organisation

The organisation listed in this section is the Auspice Organisation, and must be a non-profit entity, such as an incorporated association, registered charity and/or non-profit by constitution. If your application is successful, the auspice will be responsible for ensuring all requirements of the grant are met.

**Providing Evidence**

A signed Auspice Agreement/Letter of Support is required to be attached to this application to be eligible for funding.

**NOTE: If you do not have an auspice for your funding application, you will not be able to complete this section of the form**.

**Auspice Organisation** *
Organisation Name

**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.
Must be an ABN. Must be an ABN number not entity name.

**Auspice Contact** *
First Name Last Name

**Auspice Contact Position** *

**Auspice Organisation Address** *
Address

**Auspice Postal Address** *
Address

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

**Auspice Phone Number** *

**Auspice Primary Email** *

The email address Council will use to correspond with you about this grant.

**Auspice Primary Website**

Must be a URL.

**Auspice Agreement** *
Attach a file:

Please upload evidence of your auspice agreement/support.

## Applicant Primary contact details

We will send all correspondence related to your grant application to the person listed in this section.

It is important during the grant assessment process that the applicant listed is available to accept calls during business hours.

**If you are applying under an auspice, please add in the contact details for your auspice.**

**Applicant Primary Grant Contact** *
First Name Last Name

**Applicant Primary Grant Contact Primary Address** *
Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**Applicant Primary Grant Contact Position** *

e.g Manager, Board Member etc. If you are applying as an individual, please type Individual

**Phone number** *

Please make sure you are available in this contact number during business hours

**Email address** *

The email address Council will use to correspond with you about this grant.

## Project details

* indicates a required field

### Overview

The word project has been used throughout this application form and refers to all projects, programs, activities, festivals or events you are seeking funding for.

**Start Date - cannot be the same month, or the month after application is submitted.** *

Must be a date and no earlier than 20/11/2026.

**End Date** *

Must be a date.
Must not be more than 12 months from start date

**Project Title** *

Provide a name for your project/program/initiative. Your title should be short but descriptive, No more than 15 words.

**What best describes the activity you are seeking funding for?** *
○ Community Event/Festival ○ Project/Program
Select what best describes the activity you are going to do?

**Project Summary** *

Word count:
Must be no more than 50 words.
Hint: what are you trying to achieve and how? This is the first thing an application assessor reads when assessing all funding applications - be descriptive

**Activity Type** *

○ Place Based Event ○ Cultural Event/ Festival ○ Arts Development ○ Community Leadership ○ Mentoring/ Life Skills ○ Community Supports & Human Services ○ Health & Wellbeing ○ Sport & Recreation ○ Employment & Education ○ Environment ○ Organisational Develop ○ Other

**What project activities you are seeking funding for?** *

Word count:
Must be no more than 200 words.

**What location(s) will your project take place in?** *

☐ Cocoroc
☐ Eynesbury
☐ Hoppers Crossing
☐ Laverton
☐ Laverton North
☐ Little River
☐ Mambourin
☐ Manor Lakes
☐ Mount Cottrell
☐ Point Cook
☐ Quandong
☐ Tarneit
☐ Truganina
☐ Werribee
☐ Werribee South
☐ Williams Landing
☐ Wyndham Harbour
☐ Wyndham Vale

Select all that apply.

**Do you have a venue booking?** *

○ Yes ○ No ○ Not Applicable

Proof of booking may be required prior to the awarding of funding.

**Will you partner with other groups or organisations to plan and run this project?** *

○ Yes ○ No

**How many people (estimated) will participate in your project?** *

Must be a number.
For events, how many people will attend?

**Will 80% of your project's participants be Wyndham residents?** *

○ Yes ○ No

Your project does not meet eligibility criteria - please contact the Grants Team on 8734 1373 for support with your application.

Confirmation of BookingSection

**Attach Confirmation of Booking** *
Attach a file:

## Project Delivery Partners

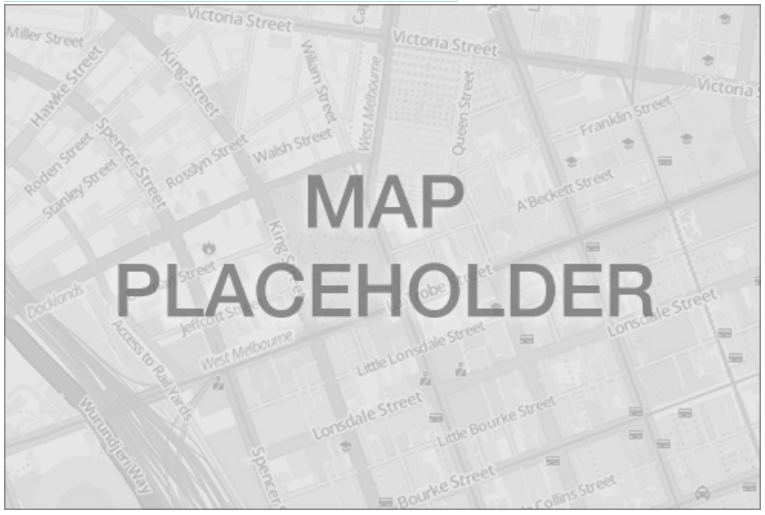
**List all partner organisations involved in delivering this project.** *

For each partner, provide: Organisation name, Role in the project, Nature of their contribution (e.g. funding, in-kind support, delivery)

**What venue/location(s) will your project be delivered from?** *

Primary Venue

**Venue Address** *
Address




Address Line 1, Suburb/Town, State/Province, and Postcode are required.

## Who will your project support?

**Which groups will you engage in your project?** *
☐ All Community ☐ Early Years (0 – 7yo) ☐ Middle Years/Youth (8 – 25yo) ☐ Seniors (60+) ☐ Aboriginal/ Torres Strait Islanders ☐ Disability ☐ Gender Specific
Other

No more than 3 choices may be selected.

**Will your project benefit any of this specific groups?** *

- ☐ Young people
- ☐ Multicultural communities
- ☐ Women and their children escaping family violence
- ☐ Older people
- ☐ People living alone
- ☐ People with a long-term health condition or disability
- ☐ Women
- ☐ People on low incomes
- ☐ People experiencing financial stress
- ☐ First Nations people
- ☐ People with low educational attainment
- ☐ Unemployed people
- ☐ Homeless people

No more than 5 choices may be selected.

**Why is this project needed in Wyndham?** *

Word count:
Must be no more than 150 words.
Include the specific issue or need you want to address and any supporting evidence or research.

## Outcomes

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of your project. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); medium-term outcomes are those that fall between the short and long-term outcomes (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

| **Alignment with our outcomes** | **Your outcomes** | **How does your intended outcome link to our outcomes?** |
|---|---|---|
| Which of our outcomes will your project contribute to? If multiple apply pick the most relevant. No more than 1 choice may be selected. | What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row. | Please explain how your intended outcome helps contribute to ours. |
| | | |

## Grant budget

### Budget

Please note:

- Only include items that you wish to use Wyndham City grant money for
- Refer to the Community Grants Program Guidelines for a list of ineligible items.

Items in this table will be calculated below as the total amount requested.

| Expenditure | Cost ($) | Quotes |
|---|---|---|
| Hint: Items that will be funded | Must be a dollar amount. | Please note items over $1,000 without a quote will be ineligible for funding |
| | | |
| | | |
| | | |

## Project Budget (Expenditure)

**Total Amount Requested**

This number/amount is calculated.

## Co-contribution

In-kind volunteers (Council recognises Volunteer hours as equivalent to $45 per hour).

| Volunteer contribution | Number of volunteers/staff | Hours per volunteer/staff | Dollar value of volunteer contribution |
|---|---|---|---|
| Hint: Volunteer hours are calculated as $45 per hour | Must be a number. | Must be a number. | This number/amount is calculated. |
| Volunteer | | | |

## Supporting Documentation & Applicant Declaration

* indicates a required field

## Please attach the following documentation:

**Public Liability Insurance Certificate** *
Attach a file:

All applications must attach a current, valid public liability insurance certificate (this can be from auspice group if applying under an auspice).

**Other Supporting Documents**
Attach a file:

Letters of Partnership, In-kind Support, etc. can be uploaded here.

## Board, Committee Members or Directors

Please include the names of group or board members.

These details let us know who we can talk to about this application if you are not available (e.g. overseas vacations etc).

If any of these roles are vacant, please note this in the response box.

**Chairperson (or equivalent/other: include title)** *

**Secretary (or equivalent/other: include title)** *

**Treasurer (or equivalent/other: include title)** *

**Committee Member (or other: include title)**

**Committee Member (or other: include title)**

## Bank Account Details

**Note**: The bank account nominated will be directly credited should this application be successful.

The funding will only be paid into a bank account in the name of the ***organisation (incorporated) applying or the auspicing organisation if the grant is auspiced.*** Council will not make payments to third parties, individuals or personal bank accounts.

Details should include a 6-digit BSB, an account number between 2 and 9 digits and the correct account name. The account name must clearly relate to the name of the organisation applying for funding.

**Do not provide personal, an individual's or another organisation's bank account details.**

**Applicant Primary Bank Account** *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

## Declaration

This declaration must be made by an authorised representative of the applicant organisation (may be different from the contact person).

By submitting this application, you declare that:

- You are an authorised representative of the applicant organisation
- You are applying with the approval of those in your organisation who are authorised to give such approval
- All information provided is true and correct, to the best of your knowledge, at the time of completing this application
- You have read and understand all requirements outlined in the Wyndham City Community Strengthening Grants Program Guidelines and this application form
- You understand:
    - Funding is not guaranteed. The application will be assessed against pre-determined assessment criteria
    - The funding decision of Council is final
    - If successful, the applicant or auspice organisation will be required to enter into a funding agreement with Council and comply with it's terms
    - If successful, the applicant or auspice organisation will be responsible for ensuring funds are spent in line with the project outlined in this application, all financial records are kept and all requirements of the grant are met

**Applicant Authorised Representative** *

Title | First Name | Last Name

**Authorised representative position** *

**Contact phone number** *

**Contact Email** *

## Future communications

**Would you like to receive inforrmation regarding training and future grant opportunities** *

○ Yes ○ No

## Applicant Feedback

**Please indicate how you found the online form:** *

○ Very Easy ○ Easy ○ Difficult ○ Very Difficult

**Overall, how many minutes did it take you to complete this form?** *

Must be a number.
Estimate in minutes (e.g. 1 hour = 60 minutes)

**Please provide any improvement suggestions we should consider for Wyndham City's Community Grants Program or application forms**

**How did you hear about Wyndham City's Community Grants Program?** *

☐ Wyndham City Council website
☐ Council e-newsletter or email
☐ Social media
☐ Flyer or poster
☐ Newspaper
☐ Word of mouth
☐ Other: