# Community Insurance Grants 2026-27
Form Preview

## Introduction

The Community Group Insurance Funding Stream provides local community groups reimbursement for insurance policy premiums, allowing the affordability of insurance, and providing insurance protection for local community and neighbourhood group members, volunteers, and participants.

The Community Insurance Funding covers the following types of insurance policies:

**a. Public and Product Liability**

**b. Volunteers Workers Personal Accident**

**c. Association Liability.**

To apply for funding, you need to show how your project meets the following criteria:

- Deliver benefits to the residents and ratepayers of the Town (50%)
- Evidence of an annual or ongoing program of activity in the Town (50%

**Before you commence your application, remember to:**

- Contact a Town representative to discuss your project on 9311 8111 or admin@vicpark.wa.gov.au
- Check your eligibility for the funding opportunity in the Town's Policy 114 Community Funding.
- Check out the free tips and resources for grant submissions on the Town's website here.

## Applicant

* indicates a required field

**Entity Type** *
○ Not for profit organisations
○ Resident associations
○ Community group or clubs
○ Town teams or place-based groups
What type of individual or organisation is applying for funding?

**Eligibility Checklist** *
☐ Applicants need to demonstrate how the association will deliver benefits to the residents and ratepayers within the Town
☐ The group is not-for-profit group providing a community benefit to Victoria Park residents and has no more than $10,000 in annual net surplus generated from (a) core business or (b) donations or sponsorships for operational costs in the previous twelve months.
☐ The group does not have the option to affiliate to a peak body or state/national organisation with insurance provisions or can't access insurance cover by other means

☐ The group is not a religious body or political interest group or party
☐ Provide a copy of their Certificate of Incorporattion as not-for-profit association
☐ Provide a copy of their Constitution that clearly outlines the core function/purpose of the association
☐ Evidence of previous insurance cover for a minimum of 12 months
☐ Two quotes for each insurance policy to be provided from a reputable (APRA reputable listed withing the National Brokers Association) insurance provider
☐ Total insurance amount requested. Applicants must provide evidence of an annual or on-going program of activity which seeks to engage residents and ratepayers. These may be calendar of events, programming lists or similar
☐ The applicant commits to reapplying and providing updating insurance information annually in July to ensure the Town's insurer has the correct informaiton
You must tick all these items to be eligible for funding

**Contact Details** *
○ Individual ○ Organisation
Organisation Name

First Name Last Name

**Role/Position** *

**Address** *
Address

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

**Phone Number** *
Must be an Australian phone number.

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

**Website** *
Must be a URL.

**Organisation 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.

**Is another organisation assisting to manage or support your project by acting as an auspice? Auspicing means another organisation takes responsibility for the project, such as managing funds and providing oversight on your behalf.** *

## Auspice

**Name**

○ Individual ○ Organisation

Organisation Name

Title First Name Last Name

**Role/Position**

**Address**

Address

**Phone Number**

Must be an Australian phone number.

**Email**

Must be an email address.

**Website**

Must be a URL.

**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.

**Does the auspice organisation have public liability insurance of $10,000,000 (10 Million dollars) or greater?**

☐ Yes
☐ No

(10 Million dollars or greater)

**Public Liability Insurance (Please upload a copy of the Public Liability Insurance certificate)**

Attach a file:

**Please attach a letter/email from the auspicing organisation confirming the arrangement** *

Attach a file:

## Conflict of Interest

Are there any circumstances, arrangements or understandings which constitutes, or may reasonably by, perceived to constitute, an actual or potential conflict of interest with either the applicant's obligations to adhere to the Funding Agreement or which may unduly impact the application? If an Elected Member works for or resides on an applicant's Board of Management, or similar governing body, this must be declared as a conflict of interest, as all grants will be considered by Council.

**Please select below:** *

☐ Yes
☐ No

**If yes, please provide sufficient details explaining how the actual or perceived conflict of interest arises** *

## Insurance Details

* indicates a required field

**Insurance Type** *

**Start date for insurance** *

Must be a date.

**End date for insurance** *

Must be a date.

## Assessment Criteria

* indicates a required field

### Criteria 1 - Deliver benefits to the residents and ratepayers of the Town (50%)

**Demonstrate how your association will deliver benefits to the residents and ratepayers within the Town of Victoria Park?** *

https://www.victoriapark.wa.gov.au/documents/770/community-group-and-club-development-plan-2026-2030

### Criteria 2 - Evidence of an annual or ongoing program of activity in the Town

**Applicant must provide evidence of an annual or ongoing program of activity which seeks to engage residents and ratepayers. This may be a calendar of events, programming list or similar.** *

## Insurance Costs

Please enter your project budget details in the tables below.

Your budget must balance. The total income must equal the total expenditure

**Please note: The maximum funding for this grant is $2,000.**

**About GST**

If your organisation is registered for GST, leave GST out of your budget.

If your organisation is not registered for GST, include in your budget.

## Income

Please outline all the income you are expecting as part of your project below.

| Income Description | Income Type | Confirmed Funding | Income Amount | Notes |
|---|---|---|---|---|
| Example: Town of Victoria Park Grant | Example: Government Grants | Example: Unconfirmed | Example: $6,000.00 Must be a dollar amount. | |
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## Expenditure

Please outline all the expenditure you anticipate as part of your project in the below table.

| Expenditure | Expenditure Type | Expenditure Amount ($) |
|---|---|---|
| Example: Project equipment | Example: Adminstration and Infrasturcture | Example: $1,200 |
| | | |
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## Budget Totals

These amounts should be equal.

**Total Income Amount**

This number/amount is calculated.

**Total Expenditure Amount**

This number/amount is calculated.

## Quote Documentation

Please attach the following:

**Two quotes (ex GST)** for each insurance policy to be provided from a reputable (APRA reputable list) within the National Insurance Brokers Association) insurance provider.

Please complete all quotes and upload as one single PDF.

**Please upload here** *
Attach a file:

## Grant payment details

Please provide the bank account details for payment of the grant funds, should your application be successful.

**Account Name** *

**BSB** *

**Account number** *

## Mandatory Documentation

* indicates a required field

**Please upload the following supporting documentation:**

- Certificate of Incorporation as not-for-profit association
- Copy of your Constitution
- Evidence of previous insurance cover for a minimum of 12 months

**Please upload here** *
Attach a file:

## Certification 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).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for a grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I agree** *
☐ Yes
☐ No

**Certification Contact**

**Name** *
Title First Name Last Name

**Contact Position** *

**Phone Number** *
Must be an Australian phone number.

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

## Application 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

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

**Please provide, in minutes, how long this application took you complete.**
Must be a number.