

Sports Grants Application Form 2026-2027

Form Preview

Introduction

The Town of Victoria Park provides funding to help the community run projects that support outcomes derived from the Town's [Strategic Community Plan](#).

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

- Alignment to Town outcomes (40%)
- Location and accessibility (20%)
- Provides good value for money (20%)
- Has strong governance (20%)

The Town will only fund projects in accordance with [Policy 114 Community Funding](#).

If your application is successful, you will be required to report on how your project achieved outcomes for the community against the assessment criteria outlined above.

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
- Businesses
- Social enterprises
- Resident associations
- Community group or clubs
- Town teams or place-based groups
- Parents and citizen (PC) and parents and friends (PF) associations
- Schools (only for projects falling outside the Department of Education responsibilities)

What type of individual or organisation is applying for funding?

Eligibility Checklist

- You have no outstanding debt to the Town of Victoria Park
- You have submitted all acquittals for previous funding from the Town
- Your application is not being submitted retrospectively i.e. after a project, activity and or program has already taken place
- Your application complies with the operational Terms and Conditions of the funding program

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You are not an Elected Member, staff member or a relative of an Elected Member or staff member at the Town.

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

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

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ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Public Liability Insurance (Please upload your Public Liability Insurance Certificate)

Attach a file:

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

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

Address

Address

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

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Website

Must be a URL.

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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 be, 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

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

About Your Project

Project title

Short project description

In 50 words or less, provide an overview of the project, including what activities you will do, what community issues/opportunities you aim to address, and the outcome you expect.

For assistance, you can develop an overview by creating a Theory of Change here:

[Community Impact Planner](#)

Start date

Must be a date.

End date

Must be a date.

Assessment Criteria

Criteria 1 - Alignment to Town outcomes (40%)

Please describe the outcomes you expect your project will achieve.

Definitions:

- **Outcomes** are the changes or benefits that people or the community will experience as a result of your project.

- **Measures** help determine progress towards the outcome/s.

The Town's Outcomes are listed in the first column in the below table.

Please:

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- Select all the Strategic Outcomes that are relevant to your project, one per row, and
- Explain how your project's outcomes align with and contribute to the selected Strategic Outcomes in the third column.

Important: In the next section, you will be asked to select and report on specific metrics related to the Strategic Outcomes you choose.

Outcomes

Outcome 1: Increased community capacity*Outcome 1 Metrics:*

- Number of capacity-building community programs or activities delivered

Outcome 2: Increased participation*Outcome 2 Metrics:*

- Number of participants in community programs or activities
- and/or Number of volunteers involved in the initiative
- and/or Number of volunteer hours contributed
- and/or Number of collaborations or partnerships involved

Outcome 3: Increased diversity of participants engaging in community programs and activities*Outcome 3 Metrics:*

- Number of inclusive practices (e.g. accessible application methods, targeted applicant support, culturally responsive approaches) included in the initiative
- and/or Percentage of participants identifying as belonging to one or more priority populations (e.g. financially disadvantaged, people living with disability, culturally and linguistically diverse communities, First Nations peoples, LGBTQIA+, seniors, young people, women)

Town outcomes

Project outcomes

How does your intended outcomes link to the Town's outcomes?

Pick 1 outcome per row. Add more rows if required. No more than 1 choice may be selected.	What changes do you expect will occur as a result of your project? Please be brief. One per row. Example: Our project expects enhanced physical fitness amongst our senior community members.	Please explain how your intended project outcome relates to the Town's outcome picked. Example: Increases the physical fitness amongst our senior community members relates to the diversity of participants within our program as well as ensuring inclusive practices for our senior community.

Project metrics

Please select from the drop down options which metrics you will report on. One metric required per row.

Metrics

Example: Number of participants in community programs or activities No more than 1 choice may be selected.

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Criteria 2 - Location and accessibility (20%)

Where will the project take place?

Will the project be available and free to the whole community? Please elaborate on the key community groups/networks and residents that will be involved.

How will the project commit to the Town's access and inclusion principles?

Word count:

Must be no more than 250 words.

The principles can be found here:

<https://www.victoriapark.wa.gov.au/documents/47/access-and-inclusion-plan-2022-2027>

Criteria 3 - Value for Money (20%)

Total grant requested amount

Must be a dollar amount. How much funding are you seeking off the Town? Maximum grant amount is \$10,000.

If the full amount of this request is not granted, will your project still go ahead?

Word count:

Must be no more than 250 words.

Project Budget

Please enter your project budget details in the tables below.

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

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.

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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.

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: Administration and Infrastructure	Example: \$1,200
	Salaries and Wages	
	Project and Production	
	Advertising and Promotion	
	Evaluation	
	Administrative and Infrastructure	
	Other	

Budget Totals

These amounts should be equal.

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

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This number/amount is calculated.

Quote Documentation

Please attach the following:

One written quote for goods and/or services that cost under \$5,000 ex GST

Three written quotes for goods and/or services that cost over \$5,000 ex GST.

Please complete all quotes and upload as one single PDF.

Please upload here

Attach a file:

In-Kind Support from the Town

Types of In-Kind support are:

- 1.The use of the Town's facilities (Town's Park and venues)
- 2.Promotions and marketing through the Town's Communications team. Current rate for marketing is \$120.00 per hour.

Please note: Any in-kind support will form part of your total grant funding.

Item Description	Estimated amount
Example: Marketing and Promotion Support	Example: \$360.00

In-Kind Contributions - Volunteering hours

Please estimate your volunteer hours below.

Refer to the volunteer benefits calculator via this link below for the average hourly part-time wage for volunteers.

<https://volunteeringwa.org.au/leading-volunteers/resource-library/volunteer-benefits-calculator/>

Volunteer Hours	Volunteer Rate	Total In-Kind Contributions
Example: 15 hours Must be a number.	Example: \$46.01 Must be a dollar amount.	Example: \$690.15 This number/amount is calculated.

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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

Criteria 4 - Governance (20%)

Please tell us about your organisation and how you have the capacity, experience, and systems in place to successfully deliver this project.

Word count:

Must be no more than 350 words.

Policy Acknowledgement

Links to policies: [Policy 260 Single use plastic and polystyrene](#) [Policy 261 Sustainable events](#)

Do you confirm that you acknowledge and will comply with Policy 260 - Single-Use Plastic and Polystyrene?

- Yes
- No

Do you confirm that you acknowledge and will comply with Policy 261 - Sustainable Events?

- Yes
- No

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Child Safe Practices Compliance

Does your event or activity involve children (under 18)?

- Yes
- No

Do all staff and volunteers have valid Working with Children Checks?

- Yes
- No

Supporting Documentation

* indicates a required field

Please upload any additional information that will strengthen your application, including: (optional)

- Project plans and schedules
- Event run sheet
- Risk and safety management plans
- Latest annual reports
- Evaluations of similar projects
- Flyer/marketing material

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 *

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- Yes
- No

Certification Contact

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.