

# Urban Forest Grants 2026/27

## Form Preview

### Applicant Details

\* indicates a required field

#### Applicant Entity

What is the entity type that is making the grant submission? \*

- ☐ Individual
- ☐ Unincorporated Group
- ☐ Incorporated Group/Organisation
- ☐ Business
- ☐ Government Entity (inc Schools)

In the event your application is successful, who will we note on the contract for the funding?

Will you have an Auspicing Organisation assist with managing this grant? \*

- ☐ Yes
- ☐ No

Applicants can chose to nominate an auspicing organisation to assume contractual and financial management of the project on their behalf.

#### Organisation Details

##### Organisation Details

Applicant organisation name \*

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Organisation Address \*

Address

  

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

Organisation Postal Address \*

Address

  

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

Organisation website

Must be a URL

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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

##### Lead Contact Details

Primary Contact at the Organisation \*

Title

First Name

Last Name

This is the person we will correspond with about this grant

Role/Position

Primary Phone Number

Must be an Australian phone number.

Alternative Phone Number

Must be an Australian phone number.

Primary Email

Must be an email address.

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DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

**Does the organisation have public liability insurance of \$10,000,000 (ten million dollars) or greater? \***

☐ Yes

☐ No

**Please upload your public liability insurance certificate**

Attach a file:

## Individuals & Unincorporated Groups

Unincorporated groups will need to nominate either an individual or auspicing organisation, that will be responsible for accepting the funds and managing the expenditure of the grant.

It is your responsibility to have considered all tax/insurance/administrative implications of accepting a grant as an individual.

### Individual Applicant Name

Title

First Name

Last Name

### Primary Phone Number

Must be an Australian phone number.

### Primary Address

Address

  

### Alternative Phone Number

Must be an Australian phone number.

### Postal Address

Address

  

### Primary Email

Must be an email address.

## Individuals & Unincorporated Groups - No Auspice Org

If you

- DO NOT have an ABN and
- you have not nominated an Auspicing Organisation

you will need to upload a Statement by Supplier. A copy of this form can be downloaded [here from the ATO website.](#)

### Individual 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.

ABN

Entity Name

ABN Status

### Upload a completed Statement by Supplier form.

Attach a file:

Max 25mb

**Do you have public liability insurance of \$10,000,000 (ten million dollars) or greater? \***

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Entity Type  
Goods & Services Tax (GST)  
DGR Endorsed  
ATO Charity Type  
ACNC Registration  
Tax Concessions  
Main Business Location  
Must be an ABN.

☐ No ☐ Yes

**Please upload your public liability insurance certificate**  
Attach a file:

## Auspice Organisation Details

### Auspice Organisation Details

**Name of Auspicing Organisation \***  
Organisation Name

**Auspice Org Primary Address \***  
Address

  

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

**Auspice Org Postal Address**  
Address

  

**Auspice Org Website**

Must be a URL

**ABN of Auspice Organisation \***

The ABN provided will be used to look up the following information. Click  
Lookup above to check that you have entered the ABN correctly.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN

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

☐ Yes ☐ No

### Auspice Organisation Primary Contact

**Primary contact person at Auspicing Organisation \***  
Title First Name Last Name

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

**Position held in organisation**

e.g. Manager, CEO

**Contact person's primary phone number \***

**Contact person's alternative phone number**

**Contact person's email address \***

Must be an email address

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

Attach a file:

Letter must be signed by an appropriately  
authorised person (e.g. manager, CEO, Board  
Chair) and must include, name, position, signature  
and date.

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**Please upload your public liability insurance certificate**  
Attach a file:

### About your Activity

**\* indicates a required field**

#### Project Overview

**Project title: \***

Provide a name for your project/  
program/initiative. Your title  
should be short but descriptive

**Anticipated start date \***

Must be a date and between  
2/2/2026 and 31/8/2026.  
If unknown, provide your best  
guess or leave blank

**Anticipated end date \***

Must be a date and between  
2/2/2026 and 31/8/2026.  
If unknown, provide your best  
guess or leave blank

#### Tell us about yourself/your organisation \*

**Word count:**

Must be no more than 200 words.

What is your purpose? What do you do?

#### What is the activity you're seeking funding for? \*

**Word count:**

Must be no more than 350 words.

#### Upload a site plan/design (required for all planting/landscape projects) \*

Attach a file:

At a minimum the plan should be to scale and identify the area of the project, tree and plant locations.  
The plan can be drawn over an aerial image.

#### Why do you want to undertake the activity? \*

**Word count:**

Must be no more than 300 words.

#### What outcomes will be achieved? \*

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Word count:  
Must be no more than 300 words.

**How do you plan to undertake the activity? What is the timeline for the activity? \***

Word count:  
Must be no more than 300 words.

**Where will the activity be undertaken? \***

Word count:

**What community consultation have you undertaken in relation to your plans? \***

Word count:  
Must be no more than 250 words.  
This may include community groups, local businesses, neighbours etc Letters/emails that verify your community consultation can be uploaded in the support material section.

**Who will be involved in undertaking the project and what relevant skills do they bring? \***

Word count:  
Must be no more than 350 words.

**How will you promote and evaluate the activity? \***

Word count:  
Must be no more than 300 words.  
The Town of Vic Parks contribution to the project must be acknowledged in all public facing promotional materials and announcements.

**Accessibility**

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### How have you considered accessibility within your plans? \*

Word count:

## Implementation Support

Town of Vic Park staff may be able to provide additional advice/assistance to support you in the implementation of your project.

### Would you like further information/advice in any of the following areas?

- |                                                                                            |                                                               |                                                                                                                         |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Permits & approvals for food stalls or businesses                 | <input type="checkbox"/> Events management advice and support | <input type="checkbox"/> Permissibility of land uses (including temporary land uses)                                    |
| <input type="checkbox"/> Permits & approvals for public buildings                          | <input type="checkbox"/> Event co-ordination process          | <input type="checkbox"/> Marketing & promotion opportunities (as per the outline within the Grants Application Toolkit) |
| <input type="checkbox"/> Permits & approvals for temporary structures and electrical works | <input type="checkbox"/> Event bookings, permits & forms      | <input type="checkbox"/> Parks & reserves bookings                                                                      |
| <input type="checkbox"/> Place activation                                                  | <input type="checkbox"/> Road Closures                        | <input type="checkbox"/> Function room & facilities bookings                                                            |

## Budget (Income and Expenditure)

\* indicates a required field

Please outline your project budget below, including all income, expenses and in-kind contributions to the project. Only include income and expenditure directly related to undertaking the project.

- All amounts should be GST exclusive.
- Expenses \$500-\$5000 will need either a written quote or a verbal quote noting the name of the supplier and the price
- Expenses >\$5000 require 3x written quotes
- Use the 'Notes' column for any additional information you think we should be aware of.
- The total value of your income and the total value of your expenditure must be the same.

## Expenditure (ex GST)

| Expenditure Description | Expenditure Type | Expenditure Amount (\$) | Notes |
|-------------------------|------------------|-------------------------|-------|
|-------------------------|------------------|-------------------------|-------|

|  |  |    |  |
|--|--|----|--|
|  |  | \$ |  |
|--|--|----|--|

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|  |  |    |  |
|--|--|----|--|
|  |  | \$ |  |
|  |  | \$ |  |
|  |  | \$ |  |

### Quote Documentation

Please attach quotes for your expenditure items:

- 1x written quote for goods and/or services that cost over \$500 ex GST
- 3x quotes for goods and/or services that cost over \$5000 ex GST

Combine quotes into one PDF for upload.

Attach a file:

Items \$5,000 (ex GST) and over require three quotes. Please compile all quotes and upload as one single PDF.

### Income (ex GST)

Do not include the amount you are requesting from the Town of Vic Park.

If you intend to charge a ticket/attendance fee this should be reflected as an income line.

| Income Description | Income Type | Confirmed Funding? | Income Amount (\$) | Notes |
|--------------------|-------------|--------------------|--------------------|-------|
|--------------------|-------------|--------------------|--------------------|-------|

|  |  |  |    |  |
|--|--|--|----|--|
|  |  |  | \$ |  |
|  |  |  | \$ |  |
|  |  |  | \$ |  |
|  |  |  |    |  |

### Budget Summary

**Total Income (ex GST) \***

\$

This number/amount is calculated.

**Total Expenditure (ex GST) \***

\$

This number/amount is calculated.

**Amount Requested (ex GST) \***

This number/amount is calculated.  
What is the total financial support you are requesting in this application?

### In Kind Support

Outlining In-kind Support for your project helps us assess the value of non-financial contributions that will be made to your project. This may include organic social media

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promotion, the use of facilities and equipment or unpaid time spent working on the project, to name just a few.

Please note in-kind contributions that will be made by the Town of Vic Park and other organisations or individuals.

**Item Description** **Provided By** **Confirmed?** **Estimated Value** **Notes**

|  |  |  |    |  |
|--|--|--|----|--|
|  |  |  |    |  |
|  |  |  | \$ |  |
|  |  |  | \$ |  |
|  |  |  | \$ |  |
|  |  |  | \$ |  |

### Total Project Value

**Total In-Kind Value**

\$

This number/amount is calculated.

**Total Cash Value**

This number/amount is calculated.

**Total Project Value**

This number/amount is calculated.

### Variations to Funding Request

**If your request is only partially granted, what would be the impact on your project? Would you still proceed at a reduced scale?**

## Project Statistics

### Project Participants / Project Team

| Role | Basis of Engagement | Number of people                                             | Number of hours (average)           | Total hours per Role              |
|------|---------------------|--------------------------------------------------------------|-------------------------------------|-----------------------------------|
|      |                     | Must be a number. Must be a whole number (no decimal place). | Must be a number. Must be a number. | This number/amount is calculated. |
|      |                     |                                                              |                                     |                                   |
|      |                     |                                                              |                                     |                                   |
|      |                     |                                                              |                                     |                                   |
|      |                     |                                                              |                                     |                                   |

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|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

### Planting Statistics

How many new plants will be planted as a result of this activity?

| Plant Name (Common Name) | Plant Name (Botanical Name) | Plant Type/Size | Size of Plant/Pot | Qty |
|--------------------------|-----------------------------|-----------------|-------------------|-----|
|--------------------------|-----------------------------|-----------------|-------------------|-----|

|  | If known | Size when fully grown | Size at time of planting | Must be a whole number (no decimal place). |
|--|----------|-----------------------|--------------------------|--------------------------------------------|
|  |          |                       |                          |                                            |
|  |          |                       |                          |                                            |
|  |          |                       |                          |                                            |

### Support Material & Compliance

\* indicates a required field

The support material you provide will assist the assessment panel to evaluate your application against the published selection criteria.

### Required Support Material

- Certificate of Currency for your Public Liability Insurance (where applicable) (Upload Pg 2)
- Statement by Supplier Form - for entities that do not have an ABN and are not being auspiced.(Upload Pg 2)
- Confirmation from Auspicing Organisation (where applicable) (Upload Pg 2)
- A site plan/design - for all planting/landscaping projects (Pg 3)
- Quotes for purchases \$500 - \$5000 (ex GST) - 1 quote required (Upload Pg 4)
- Quotes for purchases over \$5000 (ex GST) - 3 quotes per item required (Upload Pg 4)

### Optional Support Material

The following materials can be supplied if you choose, however they are not required. These documents can assist you to demonstrate the strengths of your project against the selection criteria.

**Project Plan**  
Attach a file:

**Biographies of core team members**  
Attach a file:

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### Risk Management Plan

Attach a file:

### Evidence of key bookings/approvals etc

Attach a file:

### Support Letters

Attach a file:

Letters/emails that confirm community support for your project

### Documentation of previous projects

Attach a file:

### Other Relevant Support Material

Attach a file:

## Compliance

### Previous Funding

Have you received Town of Victoria Park Funding within the last three years? \*

☐ Yes

☐ No

Please provide details

Year/Amount/Project

### Code of Conduct

As a grant recipient you are considered to be a representative of the Town and as such you are asked to agree to the following Code of Conduct for the duration of the project.

As a grant recipient I/We will:

- be open and accountable
- present in a professional manner
- treat others with respect and fairness
- act lawfully, with honesty and integrity

Please indicate your commitment to upholding this code of conduct

\*

☐ I/We agree

☐ I/We do not agree

### Eligibility

Are any of the core team members, members of the board or the applicant: \*

- ☐ An Elected Member of the Town of Vic Park  
☐ A staff member at the Town of Vic Park  
☐ A relative of an Elected Member at the Town of Vic Park  
☐ A relative of a staff member at the Town of Vic Park  
☐ None of the above

A "relative" is a parent, grandparent, brother, sister, uncle, aunt, nephew, niece, lineal descendant of the relevant person or of the relevant person's spouse or de facto partner.

### 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? \*

☐ No ☐ Yes

Other

The applicant must declare and provide details of any potential or perceived conflicts of interest.

If Yes, please provide details

### Privacy

Any personal information collected through victoriapark.wa.gov.au may be used or disclosed for the primary purpose for which it was collected, for example to allow us to

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answer your enquiry or process your transaction. Personal information will be dealt with in accordance with the applicable legislation in Western Australia and consistent with any legal obligation. To view our privacy statement go to [victoriapark.wa.gov.au](https://victoriapark.wa.gov.au)

### Bank Account Details - Applicant

#### Applicant Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Only complete if you DO NOT have an Auspice Organisation

### Bank Account Details - Auspice Organisation

#### Auspice Organisation Bank Account Details

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Complete if applicable

## Certification & 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 this 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

#### Name of authorised person \*

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

#### Position \*

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

#### Date \*

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Must be a date

### Applicant 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.

**How did you hear about this grant program? \***

- |                                            |                                                   |
|--------------------------------------------|---------------------------------------------------|
| <input type="radio"/> Print news           | <input type="radio"/> Physical poster/flyer       |
| <input type="radio"/> Radio                | <input type="radio"/> Town of Vic Park Newsletter |
| <input type="radio"/> Social Media Ad      | <input type="radio"/> Grant listing website       |
| <input type="radio"/> Social Media Organic | <input type="radio"/> Conversation with UFS staff |
| <input type="radio"/> Direct Email         | <input type="radio"/> Other:                      |

☐ Word of Mouth

**How could we improve the application process?**

Feedback provided will not have any bearing on the grant assessment process

**How difficult was the online application process? \***

- ☐ Very easy   ☐ Easy   ☐ Neutral   ☐ Difficult   ☐ Very difficult

**How long did it take to complete the application? \***

Estimate in minutes i.e. 1 hour = 60