

Community Partnership Grant 2026/27

Form Preview

Information for Applicants

Before you begin

Thank you for your interest in applying for a Community Partnerships Grant.

This area of the application form is designed to help you – and us – confirm if you are eligible for this grant.

It is crucial you take the time to read it thoroughly and complete all sections. This is to ensure you do not spend unnecessary time applying for a grant which may be unsuitable for you.

If you have any questions about the Community Partnerships Grant including eligibility or the application process, please contact the Community Grants Officer on (08) 9158 9314 or grants@porthedland.wa.gov.au.

Overview of the Community Partnerships Grant

The Community Partnerships Grant supports community groups and organisations to deliver events, activities and programs that enhance local communities, celebrate diversity, and provide opportunities to develop social cohesion and connection within the Hedland community.

Note: For the purpose of this application and as required:

- **Event** will have the same meaning as activity, program, project or similar.

Prior to moving to the next section, please ensure you review the following and understand their relevance to this grant:

- [Town of Port Hedland Grants Program Overview](#)
- [Community Partnerships Grant guidelines](#)
- [Town of Port Hedland Strategic Community Plan 2022 - 2032](#)
- [Town of Port Hedland Access and Inclusion Plan 2023 - 2026](#)

Important Points

- Applications received **less than eight (8) weeks** prior to the proposed event date will not be considered unless an **exemption** has been requested and approved. *We encourage applicants to lodge at least 3 (three) months prior to the event date to ensure sufficient processing time.*
- For profit and government organisations (other than schools) are **ineligible** to apply for a Community Partnerships Grant.

Grant Limits

The Community Partnerships Grant has a maximum limit of \$15,000 per application.

The Community Partnerships Grant **will** fund:

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- Planning and operating costs to deliver a specific event or project. These costs might include advertising and marketing, facility or venue hire, fees and charges, printing, or signage.
- Flights, accommodation, and fees to bring facilitators and coaches to the Town to provide skill development and training opportunities.
- Community events, capacity building workshops and training, functions, trade shows, expos or conferences, and community and public art projects.
- Public liability Insurances associated with the project.
- Religious/faith-based groups may be eligible for funding for community-based initiatives that are all inclusive.

The Community Partnerships Grant **will not** fund:

- Deficit funding for an organisation.
- Events for projects that have already been delivered or for costs that have already been incurred.
- Any costs associated with the purchasing or supply of alcohol or associated licences.
- Ongoing operational wages/salaries of a group, organisation, or association.
- Applicants with outstanding acquittals or debts with the Town of Port Hedland.
- Administration costs over 10% of total cost of activity / project.
- Normal seasonal activities for clubs and associations.
- Religious ceremonies.

Documents and information you may require for this application

Depending if you are applying directly or through an auspice arrangement, questions in this application may request the following:

- Contact details for the Applicant including authorised person.
- ABN.
- Copy of current Liability Insurance
- Association information.
- Auspice information and confirmation.
- Event details including timeline.
- Risk management.
- Alignment with the Community Partnerships Grant outcomes and Strategic Community Plan 2022-2032.
- Community support.
- Access and inclusion principles.
- Previous support from the Town of Port Hedland.
- Budget (amount requested, total cost, income & expenditure breakdown).
- Quotes or evidence of cost for items over \$500.
- Bank details (including proof).
- How you plan to recognise and acknowledge the Town for any grant funds received.

Note: Attachments must be 25MB or less per file however files up to a maximum of 5MB are recommended - the larger the file, the longer it takes to attach.

Privacy Notice

The Town of Port Hedland pledges to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy policy, go to the [Town of Port Hedland Privacy Policy](#).

Eligibility

* indicates a required field

Applicant Eligibility

The Applicant:

- Must be recognised as a not-for-profit, incorporated body or a registered charity with the Australian Charities and Not-for-Profits Commission. *If you are an individual or not an incorporated organisation you will need to partner with a registered organisation and apply via an auspice agreement.*
- Must have a current Australian Business Number (ABN) and a current certificate of incorporation.
- Must provide proof of public liability insurance to \$10 million, current at the time the initiative is taking place. *If your organisation does not have insurance, another insured organisation can auspice the application.*
- Does not have any outstanding acquittals nor owe money to the Town of Port Hedland.
- Is not a political party.

Event Eligibility

The proposed event should:

- Align with one or more of the below grant priorities:
 - Drive community and social outcomes to enhance the quality of life in local communities.
 - Contribute to the community, arts, cultural and sporting events.
 - Drive future growth and sustainability of local events, activities and programs.
 - Improve the capacity and wellbeing of community with a focus on youth, Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse people, older persons and Access and Inclusion.
- Benefit or service the Town of Port Hedland community.
- Not have received financial support through another funding program from the Town of Port Hedland within the same financial year.
- Not be perceived as benefiting a political party or political campaign.
- Not be a religious activity.

Lodgement Eligibility

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Important: Your application will be **declined** if you are lodging it less than eight (8) weeks prior to the event and you have **not** sought prior approval.

Do not select a false answer just to continue your application - please contact the Community Grants Officer prior to proceeding to discuss your options.

I confirm: *

- ☐ This Application is being lodged at least eight (8) weeks prior to the proposed event.
- ☐ The event occurs in less than eight (8) weeks and I have received an exemption to lodge this Application.

Exemption Approval

Date of approval *

Date you received approval to lodge this Application.

Method of approval *

- ☐ In writing
 - ☐ Verbal
- How you were advised of your approval.

Name of person who approved your exemption *

I confirm this information is accurate and I have received an approved exemption to lodge this Application *

- ☐ Yes
- ☐ No

Confirmation of Eligibility

I confirm I have read the Community Partnerships Grant guidelines and meet the eligibility requirements. *

- ☐ Yes
 - ☐ No
- Guidelines and eligibility requirements can be found [here](#).

Event Details

** indicates a required field*

Event Overview

Event Title *

What is your event name?

Please provide the address or location where your event will take place. *

Must be within the Town of Port Hedland local government area.

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Please provide a detailed overview of your event. Include your plan for delivery of the event (with dates and timelines), who will be involved and the need for funding from a Community Partnerships Grant. *

Please attach your event plan and timeline documents which support the information outlined in the above point. *

Attach a file:

Start Date

Provide approximate date or leave blank if unknown or dependent on unknown factors

End Date

Provide approximate date or leave blank if unknown or dependent on unknown factors

Risk Assessment

Please describe your capacity to deliver the event, including any potential risks and how they will be managed. *

Please describe your risk management strategies or plan for the actual event. *

Optional: Please attach your risk assessment documents if you have these already prepared or have insufficient space.

Attach a file:

General Criteria

* indicates a required field

Grant Priorities

The proposed event should align with at least one of the below grant priorities:

- Drive community and social outcomes to enhance the quality of life in local communities.
- Contribute to the community, arts, cultural and sporting events.

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- Drive future growth and sustainability of local events, activities and programs.
- Improve the capacity and wellbeing of community with a focus on youth, Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse people, older persons and Access and Inclusion.

Please describe with which of the grant priorities your event aligns and how this is achieved. *

Optional: Please attach your grant priorities document if you have one already prepared or have insufficient space.

Attach a file:

Local Impact

Please describe how your event will benefit the Town of Port Hedland local community. *

Please outline the demonstrated need and community support for this event. *

Optional: Please attach your local impact document if you have one already prepared or have insufficient space. Please also include any letters of support received from the community.

Attach a file:

Access and Inclusion

Please describe how your event demonstrates an accessible and inclusive approach as per the Town of Port Hedland's Access and Inclusion Plan 2023 - 2026. *

Click [here](#) for a link to the Town of Port Hedland's Access and Inclusion Plan 2023 - 2026.

Optional: Please attach your access and inclusion document if you have one already prepared or have insufficient space.

Attach a file:

Town of Port Hedland Support

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Are you receiving any other support from the Town for this event? For example: Planning assistance, staffing, advertising, fee waiver, etc. *

☐ Yes

☐ No

Details of Current Town of Port Hedland Support

Please describe the support you are receiving from the Town of Port Hedland for this event. Include details of the team (or individual) you have been dealing with and whether this support is pending or confirmed.

Previous Town of Port Hedland Support

Have you previously received a grant from the Town of Port Hedland? *

☐ Yes

☐ No

Details of previous support

Please describe the previous grant support you have received from the Town of Port Hedland. Include the event, the year and the amount received. Please advise if you have any outstanding acquittals and the reason/s why. *

Word count:

Must be at least 20 words.

Additional Supporting Documentation

If you have any further documentation to upload in relation to this grant application, please include it at this section.

Describe the relevance for each document and how it supports your application.

Please attach any additional documents here.

Attach a file:

Event Budget

* indicates a required field

Budget Overview

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Please enter how much you are requesting from the Town of Port Hedland plus the total cost of your event. *[These numbers do not need to match.]*

Total Amount Requested *

\$

What is the total financial support you are requesting in this application?

Total Event Cost *

\$

What is the total budgeted cost (dollars) of your project?

Budget

Please outline your event budget in the income and expenditure tables below, including details of other funding you may applied for, whether it has been confirmed or not.

Applications that demonstrate a diversified funding approach, including access to other funding sources and/or independent fundraising activities, will be viewed favorably by the Grant Assessment Panel. This demonstrates financial sustainability, community support, and a commitment to maximizing project outcomes.

Please include in kind support and indicate in the notes section.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns and include as much detail as possible.

For expenditure items **over \$500.00**, written evidence is required to support these costs as below:

- \$500.00 - \$4,999.99: one piece of written evidence.
- \$5,000.00 and above - two pieces of written evidence or an explanation as to why two quotes can not be sourced (e.g. one supplier of specialised goods, etc.).

Written evidence includes:

- - A screenshot of a text or email.
 - An estimate.
 - Advertised price or formal quote.

To assist you with completing your budget, this section has a pre-filled line under Income - **'ToPH Community Partnerships Grant'** – please remember to include the grant amount for which you are applying.

Use the 'Notes' column for any additional information of which you think we should be aware.

Your below budget **must** balance (Total Income Amount = Total Expenditure Amount). Please **do not add commas** to figures – eg. type \$1000 not \$1,000 – as this will ensure your figures for each table total correctly.

Please contact the Community Grants Officer on (08) 9158 9314 or grants@porthedland.wa.gov.au if you are unsure of how to complete your budget.

Income Description	Status/ Type of Income	Income Amount	Notes
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ToPH Community Partnerships Grant	Confirmed Unconfirmed Private/ Internal In Kind	\$	This grant application
		\$	
Include all other funding internal/ private, confirmed, unconfirmed and in kind .			

Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below. {{Grantmakers should be clear here whether they want all amounts to be GST Inclusive or Exclusive.}}

{{Grantmakers: Link to the any specific requirements or exclusions as specified in your program guidelines - e.g. limits on administration budgets versus project activity budgets.

{{The expenses grid contains additional questions to establish the proportion of grant funds expended on each budget item. Grantmakers should be conscious of placing excessive administrative burden on grantees. It is recommended that grantmakers consider the size, risk and complexity of their grant (and grantee) and take a proportionate approach when deciding whether to apply these questions to the grid}}

{Hint: Grantmakers can utilise their own 'expense type' choice list by going to Settings> Standard Sections> Project budget expenditure > Options> Edit, selecting 'expenditure type' and updating the choice list field.}}

{{ Grantmakers: refer here to your own expenses quotation policy - e.g. "For expense items over \$500, quotes will need to be provided in the file upload area below the tables." }}

{{ Optional: Grantmakers may wish to link here to a sample budget. }}

Expenditure Description	Expenditure Amount	Notes
	\$	
	\$	
		Add notes if you need to provide more context.

Budget Totals

These figures are automatically calculated based on your Income and Expenditure listed above.

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

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Please attach supporting evidence for expenditure amounts over \$500.00.

Attach a file:

Optional: Please attach a copy of your budget.

Attach a file:

If you are unable to complete the table or already have all your information in a document, attach it here and enter 'Budget Attached' with an amount of \$0.00 in the Income and Expenditure fields above.

Optional: Please provide any additional comments on the budget you have proposed.

Ticketed Event

Is your event ticketed or is there a cost associated with attending?

If yes, please specify where the revenue from this event will, be utilised and associated costs for attendance.

*

Yes

No

If answering yes, please include description below including costs associated, how revenue will be utilised.

Ticket Costing

Please include ticket costing and where revenue will be spent.

Description

Applicant Details

* indicates a required field

Contact Information

Business Name *

Organisation Name

This is the name listed in official documentation.

Primary address

Address

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Postal address

Address

Phone number *

Must be an Australian phone number.

Email address *

This will be used for all correspondence.

Website

Must be a URL. Can be your website or Social Media page.

Contact Person *

First Name

Last Name

Position held in Organisation *

Phone number (if different to Organisation phone number)

Must be an Australian phone number.

Email address (if different to Organisation email address)

Must be an email address.

Are you an employee of the Town of Port Hedland?

☐ Yes

☐ No

If answering yes, please reach out to the grants@porthedland.wa.gov.au inbox, before completing this form .

Do you have any conflict of interest to declare? If so, please outline below. *

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Are you an employee or elected member of the Town, or their immediate family? (This does not include an application from an organisation that an employee, elected member or their immediate family member may be a part of.)

Name

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Organisation Details

* indicates a required field

ABN Confirmation

Does your organisation have an ABN? *

☐ Yes ☐ No

ABN Details

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	

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the [ATO website](#). You will not be able to proceed with this application without this Statement of Supplier Form.

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Please upload completed Statement of Supplier Form. *

Attach a file:

Organisation Description

Please provide a brief description of your organisation *

Word count:

Must be at least 50 words.

This could include: services offered, when did it start, what does it do, how many members, employees, etc.

Legal Structure

What is your Organisation's legal structure? *

- ☐ Unincorporated association
- ☐ Incorporated association
- ☐ Cooperative
- ☐ Company limited by guarantee
- ☐ Indigenous corporation, association or cooperative
- ☐ Organisation established through specific legislation
- ☐ Trust
- ☐ Unknown
- ☐ Other:

If your organisation is unincorporated. it must have an auspice organisation.

Is your organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC)? *

- ☐ Yes ☐ No

Is your organisation endorsed as a Deductible Gift Recipient (DGR)? *

- ☐ Yes ☐ No

What is your incorporation number?

Incorporated Association or Australian Company Number.

Is your organisation registered for GST

- ☐ Yes
☐ No

I am partnering with a registered organisation and applying for the Community Partnerships Grant under an auspice arrangement. *

- ☐ 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.

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Legal Status

Optional: Please provide evidence of your legal status.

Attach a file:

Please upload current public liability insurance

Attach a file:

Applications without current liability insurance will need to ensure this is purchased before the event commences

Auspice Information

* indicates a required field

Auspice Confirmation

I confirm my Organisation is being auspiced by another organisation for the purpose of this Community Partnerships Grant. *

☐ Yes

☐ No

Auspice Organisation Details

Auspice Business Name *

Organisation Name

This is the name listed in official documentation with the ABR, ACNC or ATO.

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	

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Main Business Location

Must be an ABN.

Auspice Primary address

Address

Auspice Postal address

Address

Auspice Phone number *

Must be an Australian phone number.

Auspice Email address *

This will be used for all correspondence.

Auspice website

Must be a URL.

Can be your website or Social Media page.

Contact Person at Auspice Organisation *

First Name

Last Name

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

Position held in Organisation *

Phone number (if different to Auspice Organisation phone number)

Must be an Australian phone number.

Email address (if different to Auspice Organisation email address)

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

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This must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include name, position, signature and date

Does the Auspice Organisation have an ABN? *

☐ Yes

☐ No

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.

Bank Details

* indicates a required field

Bank Information

Please provide your bank details into which the funds will be deposited should your application be successful.

If this application is being auspiced, please provide the bank details of the Auspicing Organisation.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Bank Name *

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Name of the bank (eg. CBA, NAB, ANZ).

Branch Address *

Suburb and state of the bank's branch.

Evidence of banking details *

Attach a file:

This can be a copy of a bank deposit slip, cheque or bank statement showing the bank logo, account name, BSB and account number – balances are not required. The Proof of Account (or similar) generated through online banking is not acceptable by the Town of Port Hedland for this purpose.

Acknowledgement of Funding

* indicates a required field

Applicants are required to publicly acknowledge funding received from the Town of Port Hedland through the Community Partnerships Grant – this can be advertising, promotion and/or any media publicity associated with the event.

Please note the Town of Port Hedland may request additional acknowledgement conditions together with those detailed below.

Should your application be successful, please outline how you intend to acknowledge the Town of Port Hedland's financial support for your event? *

Word count:

Must be at least 30 words.

Please be as specific as possible.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by the Applicant, or an appropriately authorised person on behalf of the Applicant (may be different to the Contact Person listed earlier in this application form).

I certify, to the best of my knowledge, the statements made within this application are true and correct.

I confirm I have the requisite authority or delegation required to apply for this grant or accept terms and conditions of application.

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By submitting this application, I consent to the Town of Port Hedland publishing the Applicant's name, the project, event or activity description, and amount funded, in our publications as well as for use in promotion of the Town of Port Hedland's grant program.

I understand if the Applicant is approved for this grant, I/we will be required to accept the terms and conditions of the grant as outlined in the outcome letter.

I agree *

- ☐ Yes
☐ No

Name of authorised person *

First Name

Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer.

Position held in Organisation *

Position held in applicant organisation (eg. CEO, Treasurer)

Phone number *

Email address *

Date *

Must be a date.

Applicant Feedback

Thank you for taking the time to submit your Community Partnerships Grant application.

You are nearing the end of the application process and, before you review your application and click the **SUBMIT** button, we would really appreciate you taking a few moments to provide us with feedback.

Please indicate how you found the Community Partnerships Grant application process:

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

Approximately how long did it take you to complete this application? Include prep time as well as the online form.

Estimate only in minutes.

Please provide your suggestions for any improvements to this application process and/or the form you think we need to consider. If you have any additional feedback regarding the Community Partnerships Grant program, please include that in your response too.

