General Grants 2026/2027
Form Preview

Prior to commencing your application, please ensure you meet the eligibility criteria.

* indicates a required field

About the Program
The City of Rockingham provides funding to incorporated not-for-profit organisations and associations, or organisations limited by guarantee, that are based in or deliver services to the City of Rockingham community.

Funding supports programs, projects, events, and initiatives that deliver a clear community benefit.

Before you continue, please confirm that you have:

1. Read the Community Grants Program Guidelines
2. Discussed this application with the Community Grants Officer
3. Successfully acquitted any previous City of Rockingham grants

Important Notes

- Applications require a **minimum of 30 business days** to be assessed from the date a **complete application** is received
- Applications will **not be assessed** until all required information and supporting documents are submitted
- Projects starting within 30 business days of submission will not be eligible for funding

You will need to provide the following documents later in the application:

- Incorporation certificate
- Financial statements
- Public liability insurance
- Quotes for all items that are requested to be funded
- Bank account details

I acknowledge and agree to the above information *
○ Yes

Applicant's Details

* indicates a required field

Applicant Contact Name *
First Name Last Name

Applicant Contact Position *

Organisation's Details

Organisation Name *
Organisation Name

Does this organisation have an ABN?
○ Yes ○ No

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.

Organisation Primary Address *
Address

Organisation Primary Email *

Must be an email address.

Organisation Primary Phone Number *

Must be an Australian phone number.

Organisation Primary Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Tell us about your organisation

When was the organisation established? *

Must be a date.

How many committee/board members does your organisation have? *

Must be a number.

How many current numbers? *

Must be a number.

What is the organisation's purpose or vision? *

Is your organisation incorporated? *
○ Yes ○ No
If your organisation is not incorporated, you must apply through an auspice organisation.

Previous City funding (last three (3) grants)

Amount	Date of Funding	Name of Event/Program	Acquittal Status
Must be a dollar amount.	Must be a date.		

Do you have an auspice arrangement confirmed? *
○ Yes ○ No
If "no" You will need to secure an auspice organisation before continuing your application.

Auspice Information

Auspice Organisation
Organisation Name

Auspice Contact
First Name Last Name

Auspice Position

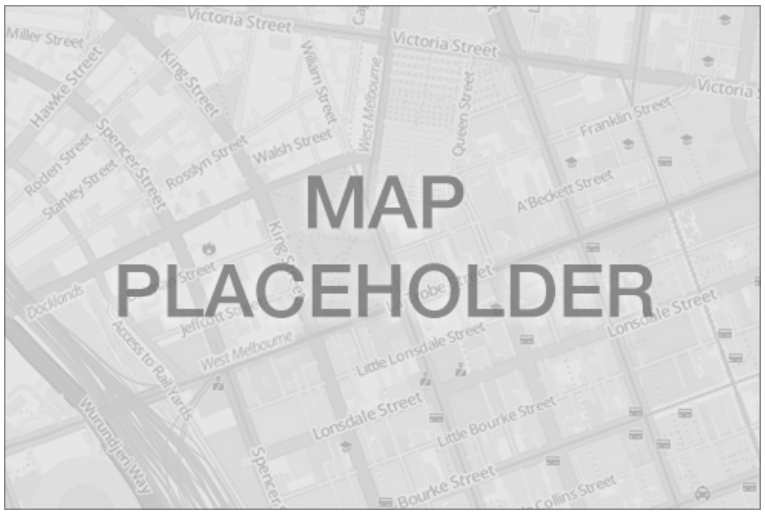
Auspice ABN

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.

Auspice Primary Address
Address



Auspice Primary Phone Number

Must be an Australian phone number.

Auspice Primary Email

Must be an email address.

Auspice Contact Primary Bank Account
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

What is the project, program, event or activity

* indicates a required field

The following questions will be used to assess your application. Please provide clear and detailed responses.

Describe your project, including:

- What will be delivered
- Who it is for
- Why it is needed
- How it aligns with community priorities

Please provide the name of the project, program, event or activity for which funding is being sought. *

Please describe your project, including what will be delivered, who will benefit from the project, why it is needed, and how it aligns with local community priorities. *

Is this an outdoor event? *
- ○ Yes
- ○ No

Has the organsiation applied for, or received, the Outdoor Event approval from the City's Health Services? *
- ○ Approved
- ○ Submitted - approval pending
- ○ Not yet submitted
- ○ Unsure - I will contact the City to confirm requirements

What specific community needs will this project address? *

Word count:

Who is the primary target audience? (select all that apply) *
- ☐ Early years 0 - 4 years
- ☐ Children 5 - 11 years
- ☐ Young people 12 - 24 years
- ☐ Adults 25 - 59 years
- ☐ Older people 60+ years
- ☐ Wider community
- ☐ People with disability
- ☐ First Nations people
- ☐ People at Risk
- ☐ Culturally and linguistically diverse people

Start Date *

Must be a date.

End Date *

Must be a date.

Start Time *

Must be a number.

End Time *

Must be a number.

Expected number of attendees for the program, project, event or activity *

Must be a number.

How many volunteers will be involved in delivering this project? *

Must be a number.
This must match the number of volunteers in the In-Kind section of budget

What will be some long-term and short-term benefits to the community? Please list at least three (3) for each

1. Short-term *

2. Short-term *

3. Short-term *

1. Long-term *

2. Long-term *

3. Long-term *

Through which channels will this program/project/event/activity be advertised to the community? *

- ☐ Social Media
- ☐ Website
- ☐ Local Newspaper
- ☐ Local Radio
- ☐ Community Notice Boards
- ☐ Email newsletters
- ☐ Flyers / Posters
- ☐ Word of mouth
- ☐ Other

If you selected 'Other', please provide details below

Describe any partnerships or collaborations with other organisations or stakeholders for this project (do not include paid suppliers or contractors).

Name of local business, service, organisation, local not-for-profit	**State what their role is:**

Is this project, program, event or activity ongoing? *

○ One-off ○ Ongoing

If ongoing, how will this project be sustained after funding ends? *

Accessibility

How will you ensure your project is accessible and inclusive, including for people with disability? *

Word count:
200

City Recognition

How will you acknowledge the City's contribution? *

☐ Display of the City's logo on flyers
☐ Social media
☐ Media (e.g. newspapers, television and/or radio acknowledgement)
☐ Written acknowledgement (e.g. newsletter)
☐ City Banners (complete banner form)
☐ Website
☐ Verbal acknowledgement (e.g. speech/ presentation)
☐ Other:
☐ Signage

If you selected other please provide a brief description *

Financials

* indicates a required field

All applicants must use the City's General Grants Budget Template. Please see link below:

Budget Template

Before uploading, please ensure that:

- All income and expenditure for the entire project must be fully itemised, not only the items being requested from the City.
- Costs over $500 must have quotes provided
- GST must be clearly identified and consistent with your organisation's ABN/GST status
- Total income equals total expenditure - unless you are applying for a fundraising event

Incomplete or incorrectly completed budgets may result in the application being deemed ineligible

Amount requested from the City *

Must be a dollar amount.
This amount must match the total requested in your submitted budget.

Have you sourced funding from elsewhere? *

○ Yes ○ No

Other funding sources

Funding Agency	Is this funding confirmed?	Amount

Supporting Documents

* indicates a required field

Please upload all the required files

Certificate of Incorporation *
Attach a file:

Public Liability Insurance *
Attach a file:

Latest Endorsed Financials *
Attach a file:

Bank Account Details *
Attach a file:

Must include account name, BSB,and account number on an official bank document

Grant Budget *
Attach a file:

Quotes over $500 *
Attach a file:

New Section

Statement by Supplier (if required)
Attach a file:

Outdoor Application (if applicable) *
Attach a file:

Conflict of Interest and Declaration

* indicates a required field

Is there any member of the organisation's committee, management committee or board employed by, or financially associated with, an organisation that may benefit from this grant if successful? *

○ Yes ○ No

By submitting this application, I confirm that:

- I am authorised to submit this application on behalf of the organisation
- The information provided is true and correct to the best of my knowledge
- All previous City of Rockingham grants have been acquitted (where applicable)
- All other sources of funding have been disclosed
- I will notify the City of any changes to this application or project
- I have read and agree to the Community Grants Program Guidelines

I understand that providing false or misleading information may result in the application being declined, funding being withdrawn, and/or repayment of funds.

The City of Rockingham is collecting your personal information for the purpose of administering and assessing grant applications, including eligibility checks, assessment, monitoring, and reporting. It may also be used for secondary purposes which would be reasonably expected. Your personal information will not be disclosed to any other party without your consent unless required or authorised by law.

If you choose not to provide your personal information, we will not be able to assess your application or approve a reimbursement.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

I agree to the above Declaration and Privacy Statement *

○ Yes