

# Partnership Fund Application Form 2026-2028

## Form Preview

### Grant Information

\* indicates a required field

#### Community Partnership Fund

Funding of up to \$15,000 per year (for a maximum of 3 years) is available for projects that provide a benefit or service to the Mandurah Community which would not be possible with only one year's funding.

The project must align with at least one of the Partnership Fund Objectives:

- - Advance the City's vision described in the City's Strategic Community Plan by supporting groups to generate initiatives and outcomes that align with strategic and corporate objectives.
  - Support a wide range of projects and initiatives that create a thriving, welcoming, vibrant City with possibility for everyone.
  - Build capacity, encourage community ownership, and foster a sense of community pride.
  - Support endeavours that encourage inclusivity and connectedness, promote healthy lifestyles, and nurture the environment.
  - Empower community-led and sector-led initiatives for greatest impact.
  - Support people to have a greater sense of safety in our community.
  - Support initiatives that contribute high-quality, impactful, positive outcomes in focus areas such as healthy lifestyles, community safety, ending homelessness, cultural inclusion, improving literacy, celebrate heritage, arts, culture, music, conservation, environment and generate positive outcomes for certain groups that may benefit from targeted support.

[Click here](#) to view the Guidelines on the City of Mandurah website.

Applications or changes to submitted applications will not be accepted after 3 August 2026.

#### Discuss your project with a City Officer

**To be eligible for funding, you must discuss your project with a City Officer to ensure your project aligns with the Partnership Fund objectives and fits within the grant guidelines.**

Depending on your project type you should reach out to a Senior Community Development Officer or the Grants and Funding Officer.

To discuss your Partnership Fund application, please call **9550 3649** or email [hcc@mandurah.wa.gov.au](mailto:hcc@mandurah.wa.gov.au).

**Have you discussed the application with a City Officer? \***

- Yes  
 No

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**Name of City Officer \***

**How did you hear about this fund? \***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Facebook                | <input type="checkbox"/> Media Release       | <input type="checkbox"/> City of Mandurah event                    |
| <input type="checkbox"/> Twitter                 | <input type="checkbox"/> Newspaper editorial | <input type="checkbox"/> Previous City of Mandurah grant recipient |
| <input type="checkbox"/> Newspaper advertisement | <input type="checkbox"/> Flier               | <input type="checkbox"/> Grant Guru                                |
| <input type="checkbox"/> Emails out to networks  | <input type="checkbox"/> Posters             | <input type="checkbox"/> Other: <input type="text"/>               |

## Applicant Details

\* indicates a required field

### Organisation Details

**Please note:** If you are NOT an incorporated organisation you will be required to complete your personal details here and supply the details of an auspicing organisation on page 3. For further information on auspices or help sourcing an auspice please contact a Community Development Officer.

**Organisation Name \***

**Is your group an incorporated not-for-profit group? \***

- Yes  
 No

Please note - If your group is NOT incorporated you will be required to find an incorporated group to auspice (support) your application. Auspice details will be required on the next page. If you need assistance finding an auspice please contact a Community Development Officer.

**Please attach your certificate of incorporation. Auspiced applicants must attach the auspice's certificate \***

Attach a file:

**Organisation Postal Address \***

Address

  

Suburb    State    Postcode

        

**Organisation Website**

Must be a URL

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### 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.

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 your organisation have current Public Liability Insurance? \*

Yes  No

**Public Liability Insurance** is the applicant's responsibility and is part of an organisation's risk management approach to its activities

### Please attach Public Liability Insurance Certificate of Currency. \*

Attach a file:

Note: If you have an auspice, please attach proof of your auspice's insurance policy

### What are your organisations usual activities? \*

Give a brief overview of the history / mission / purpose of the organisation. (Must be no more than 100 words)

### Is your organisation registered for GST? \*

Yes  
 No

## Applicant Contact Details

### Contact Person \*

Title

First Name

Last Name

### Position / Role \*

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**Phone Number/s \***

**Email Address \***

Secondary Contact

**Secondary Contact Person \***

Title

First Name

Last Name

Hint: Listing an alternative contact assists with grant administration. Please list a contact who has delegation to sign off on grants.

**Position \***

**Phone number/s**

**Email Address \***

## Auspice Organisation Details

\* indicates a required field

### WHAT IS AN AUSPICE?

If your group is not incorporated, then another incorporated organisation is needed to Auspice (support) your grant application. If successful, the auspice will be required to invoice and receive the funding on your behalf. All other aspects of running the project and reporting will be the applicant's responsibility.

**Name of Auspicing Organisation \***

**Contact Name \***

Title

First Name

Last Name

Name of the administrative contact in the Auspicing Organisation

**Postal Address \***

Address

Suburb

State

Postcode

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Address Line 1, Suburb/Town, State/Province, and Postcode are required.  
Must be an Australian post code

### **Auspice 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.

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

### **Auspice Contact Email Address \***

### **Phone Number \***

Must be an Australian phone number

**Does the auspice organisation have any current grant funding agreements with the City of Mandurah?**

Yes

No

Other:

**Does the auspice organisation have any outstanding acquittals with the City of Mandurah?**

Yes

No

Other:

## Project Details

\* indicates a required field

### **Project Name \***

Must be no more than 8 words.

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**Project Location \***

**Estimated Start Date \***

Date of event or when project starts. This must be at least 6 weeks after the grant close date. Retrospective funding is not available.

**Estimated End Date \***

Date of event or when project ends

**Brief Project Description \***

Must be no more than 200 words. Provide a brief overview of project. Include planned activities, where, when and who is involved.

**Is this a new project for your organisation? \***

Yes

No

Other:

Previous grants and support

**Has your organisation applied for a City of Mandurah grant in the past 12 months? \***

Yes

No

**Does your organisation have any current grant funding agreements with the City of Mandurah? \***

Yes  No

**If yes, please provide the application number**

**Has your organisation received any other financial OR non-financial support from the City of Mandurah in the last 12 months? \***

None

Building Maintenance

Fee Waiver

Garden Upkeep

Subsidised Venue Space

Other:

Utility Bills

**Estimated value of City of Mandurah support provided in the last 12 months \***

If you answered 'none', please write NA.

**Do you have any outstanding acquittals with the City of Mandurah? \***

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### Evidence of Need

**What evidence is there that the community needs this project? \***

Don't assume we know the need exists. Show us proof through: community surveys, census data, feedback from service users, waiting lists, research reports, consultation outcomes, or other evidence.

**If available, please attach evidence of community need**

Attach a file:

Include specific data, statistics, community feedback, surveys, or research that supports your rationale.

**Is this need already being addressed by another organisation in Mandurah? If yes, explain how your project differs or fills a gap.**

### Community Benefit

**What are the expected outcomes of the project? What will be achieved? \***

Describe three things you want the project to achieve in terms of benefits for participants and/or others (150 words recommended)

**How will you know if these outcomes have been achieved? \***

Describe three changes you will see if the expected outcomes of the project occur (150 words recommended)

**Estimate how many people outside your organisation's membership will benefit? \***

### How will your project meet the funding objectives?

To be successful, applications to the City of Mandurah Community Partnership Fund must meet at least one of 1 of the funding objectives.

**Please select the funding objective(s) that**

Advance the City's vision described in the City's Strategic Community Plan by supporting groups to

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### **your proposed project will meet? \***

generate initiatives and outcomes that align with strategic and corporate objectives.

- Support a wide range of projects and initiatives that create a thriving, welcoming, vibrant City with possibility for everyone.
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- Support endeavours that encourage inclusivity and connectedness, promote healthy lifestyles, and nurture the environment.
- Empower community-led and sector-led initiatives for greatest impact.
- Support people to have a greater sense of safety in our community.
- Support initiatives that contribute high-quality, impactful, positive outcomes in focus areas such as healthy lifestyles, community safety, ending homelessness, cultural inclusion, improving literacy, celebrate heritage, arts, culture, music, conservation, environment and generate positive outcomes for certain groups that may benefit from targeted support.

### **Please list the ways that your project meets the funding objectives selected. \***

Please list the aims / objectives; How does this benefit the community? Is there a specific need or issue that your project will address?

### **What experience does your organisation have in delivering projects? \***

Word count:

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

- |                               |                                |   |
|-------------------------------|--------------------------------|---|
| <input type="checkbox"/> 0-3  | <input type="checkbox"/> 11-15 | <input type="checkbox"/> 21+  |
| <input type="checkbox"/> 4-6  | <input type="checkbox"/> 16-20 | <input type="checkbox"/> Other: <input style="width: 80px;" type="text"/> |
| <input type="checkbox"/> 7-10 |                                |   |

All applicants must answer this question

## Sustainability

The City of Mandurah seeks to fund projects that create lasting community benefit. We want to understand how your project will continue beyond the grant period and what long-term impact it will have on our community

### **Please describe how your project will continue to deliver benefits to your organisation and/or the broader community beyond the three-year grant period. You may wish to include examples of long-term impacts, ongoing activities, or sustained outcomes that will remain after the funding ends. \***

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### Accessibility for All

The City of Mandurah is committed to improving access and inclusion and making Mandurah a more inclusive community for all. It is a requirement of this grant that you consider access and inclusion in the development of your funded project.

Please review the 2021 to 2026 Access and Inclusion Plan [here](#).

**I have read, and understand the intention of, the Access and Inclusion Plan \***

Yes

No

**Tick which access features you will consider in your activities \***

- |  |  |
|--|--|
| <input type="checkbox"/> Wheelchair ramps to front door            | <input type="checkbox"/> Accessibility advertised on fliers                            |
| <input type="checkbox"/> Wheelchair accessible toilets             | <input type="checkbox"/> Flyers have appropriate font, font size and colour contrast   |
| <input type="checkbox"/> Accessible parking bays near venue        | <input type="checkbox"/> Digital flyers are accessible to assistive technology users   |
| <input type="checkbox"/> All steps have handrails                  | <input type="checkbox"/> Written material available in alternative format              |
| <input type="checkbox"/> Venue has good lighting                   | <input type="checkbox"/> Doorways width is 850mm or wider for wheelchair accessibility |
| <input type="checkbox"/> Venue has clear signage                   | <input type="checkbox"/> Access pathways are even, continuous and accessible           |
| <input type="checkbox"/> Venue has audio loop or good sound system | <input type="checkbox"/> Other: <input type="text"/>                                   |
| <input type="checkbox"/> Translation services available            |  |

### Other

**How do you plan to evaluate the success of your project \***

- |  |   |
|--|---|
| <input type="checkbox"/> Photos of project             | <input type="checkbox"/> Stories of "Most Significant Change"             |
| <input type="checkbox"/> Brief survey of participants  | <input type="checkbox"/> Recorded observation of activity / participation |
| <input type="checkbox"/> Qualitative Interviews        | <input type="checkbox"/> Phone Interviews                                 |
| <input type="checkbox"/> Numbers on attendance records | <input type="checkbox"/> Participant self rating scales                   |
| <input type="checkbox"/> Group interview / discussion  | <input type="checkbox"/> Portfolio of work done                           |

**Does your organisation work or volunteer with children? \***

Yes

No

**If yes, do you confirm that all relevant staff and volunteers have current Working with Children Checks?**

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Yes

No

**Do any City of Mandurah Elected Members or City Officers serve on your committee or actively engage in your organisation? \***

Yes

No

**If yes, please provide their name and role.**

## Project Budget

\* indicates a required field

### Overview

#### Total Project Income

Must be a dollar amount.

#### Total Project Cost \*

Must be a dollar amount.

What is the total budgeted cost over the 3 year period (dollars) of your project?

### Total Project Income over the 3-year period

**Don't** insert a '\$' sign or commas to numerical fields. This will be done automatically.

**List ALL streams of income for this project. Ensure you include all income, such as fund raising, donations, projected income from ticket sales, other grant funding sources, etc. If there are no other funding sources please enter 0.**

| List income as GST exclusive. Include all grants that have been applied for, and an estimated outcome date. |    |
|---|----|
|   | \$ |
|   | \$ |
|   | \$ |
|   | \$ |
|   | \$ |

### Grant Funds Requested

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**Total Grant Amount Requested \***

\$

Must be a dollar amount.  
What is the total financial support over the 3 year period you are requesting in this application?

### Partnership Fund - Year 1

Please ensure your listed expenses match the approved items on the 'what we WILL fund' list in the grant guidelines available [here](#). For example, we do not fund on-going operational costs.

**Expenditure Budget**

\$



**Total Amount Requested Year 1 \***

Must be a dollar amount.  
What is the amount (in dollars only) of the total requested funds committed in the first year?

### Partnership Fund - Year 2

Please ensure your listed expenses match the approved items on the 'what we WILL fund' list in the grant guidelines available [here](#). For example, we do not fund on-going operational costs.

**Expenditure Budget**

\$

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### Total Amount Requested Year 2 \*

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the second year?

### Partnership Fund - Year 3

Please ensure your listed expenses match the approved items on the 'what we WILL fund' list in the grant guidelines available [here](#). For example, we do not fund on-going operational costs.

#### Expenditure Budget

\$

| Expenditure Budget | \$ |
|--------------------|----|
|                    |    |
|                    |    |
|                    |    |
|                    |    |
|                    |    |
|                    |    |
|                    |    |
|                    |    |
|                    |    |

### Total Amount Requested Year 3 \*

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the third year?

### Provide Quotes

Formal quotes are required to support each expenditure item outlined in your application.

Attach all quotes to support expenditure listed over the three year grant term.

#### Attach quotes \*

Attach a file:

### Project Support

**For projects to be successful they often require support from within your group as well as external to it.**

**Please list all non-monetary in-kind support (e.g. donations of goods, donations of time such as professional expertise and volunteer labour, steering committee involvement and support from, or partnership with, other organisations).**

**Examples:**

- Committee of 5 volunteers will meet fortnightly to progress the project for the next 3 months.
- Donation of a Fridge by "XYZ company" - valued at \$900
- "ABC Accountancy" volunteering expertise to manage the project budget x 10 hours - estimated value \$1000.
- Committee members will paint the fence - 6 x hours
- "Department of BFF" are assisting with providing venue for free and are part of the organising committee

**List donations of time and goods**

Word count:

Must be no more than 150 words.  
any voluntary donation to your project

Please attach any supporting documents such as Letters of Support or minutes of meetings that show support for your project.

Click on the "Browse / attach a file" button and then specify which file on your computer you wish to upload.

**Attached documents**

Attach a file:

## Project Promotion and Marketing

\* indicates a required field

**Which of the following will you use to promote and market your project? \***

- |  |  |
|--|--|
| <input type="checkbox"/> Facebook                | <input type="checkbox"/> Newspaper editorial |
| <input type="checkbox"/> Twitter                 | <input type="checkbox"/> Flier               |
| <input type="checkbox"/> Newspaper advertisement | <input type="checkbox"/> Posters             |
| <input type="checkbox"/> Emails out to networks  | <input type="checkbox"/> Street Signage      |
| <input type="checkbox"/> Media Release           | <input type="checkbox"/> Pull up banner      |

choose as many as required

### Acknowledging the City of Mandurah

**It is a condition of this grant** that recipients acknowledge the City of Mandurah's support and contribution in promotional materials, media releases or other public documents relating to the project or event including, where possible, invitation to formal openings etc.

The City's logo may be used where appropriate and with prior approval by the City of Mandurah.

**To obtain the appropriate logos and branding guidelines for the City of Mandurah, please contact [hcc@mandurah.wa.gov.au](mailto:hcc@mandurah.wa.gov.au)**

### Thinking about your project, what ways could you acknowledge the City of Mandurah?

\*

- |  |   |
|--|---|
| <input type="checkbox"/> Written acknowledgement on flyers | <input type="checkbox"/> Acknowledged by Emcee at events    |
| <input type="checkbox"/> Plaque or Naming Rights           | <input type="checkbox"/> Acknowledge in event media release |
| <input type="checkbox"/> Label Equipment                   | <input type="checkbox"/> Display City of Mandurah banner    |
| <input type="checkbox"/> Acknowledged in newsletters       | <input type="checkbox"/> Other: <input type="text"/>        |
| <input type="checkbox"/> Reference in Meeting Minutes      |   |

Successful projects may be featured in City publications, so please collect success stories, photos, and participant testimonials throughout your project.

## Certification and Feedback

\* indicates a required field

### Certification

**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 and grant agreement.**

**I agree \***

Yes

**Name \***

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

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**Position \***

### 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 easy did you find the online application process?**

Very easy  Easy  Neutral  Difficult  Very difficult

**How many minutes in total did it take you to complete this application?**

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

Thank you for your time

Thank you for your application

**If you have completed all relevant fields please click SUBMIT. No alterations can be made after the round closing date.**

Applicants will receive notification from the SmartyGrants platform confirming receipt of application. The City reserves the right to reject any application that does not meet the eligibility criteria and/or to request further information. All applicants are notified of the panel decision in writing, within six weeks of the round's closing date.