Better Bayswater Grant Application Form 2026
Form Preview

Applicant Key Information

* indicates a required field

Please read the Better Bayswater Grant Guidelines and FAQs before applying to ensure eligibility requirements.

Incomplete applications may not be considered. For assistance, contact the Community Strategy and Programs Team on (08) 9272 0622.

Privacy and Responsible Information Sharing Statement

The Privacy and Responsible Information Sharing Act 2024 (WA) (PRIS) aims to better protect the personal information of the public and improve the responsible sharing of government data for the public benefit.

The City collects personal information when necessary to carry out its functions and statutory obligations and will do so in a fair, reasonable and non-intrusive manner. The City will only use and disclose personal information for the primary purpose for which it was originally obtained. Further information is available in the City of Bayswater Privacy and Information Sharing Policy.

Incorporation

Is your organisation currently incorporated? *
- ○ Yes
- ○ No

If your answer is No, you will require an auspicing body. Please complete the Auscipe Organisation section of the application. Note: An auspicing body is an incorporated group that applies for a grant on behalf of an unincorporated group. The auspicing body is responsible for the legal processes associated with delivering your project including insurances and the financial management of the grant.

Goods and Services Tax

Is your organisation currently registered for GST? *
- ○ Yes
- ○ No

Australian Business Number (ABN)

If your organisation does not have an ABN, please insert the ABN associated with the auspicing body.

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.

Public Liability Insurance

Does your organisation hold current public liability insurance to the value of $20 million, or will you be Auspiced by a company/ organisation who holds current public liability to the value of $20 million? *

- ○ Yes
- ○ No (please contact the City to discuss)

Please upload a copy of the organisation's public liability insurance
Attach a file:

Auspicing Body

Will you be applying for this grant through an Auspicing body? *

- ○ Yes (Please complete the questions below)
- ○ No

Auspice Organisation Name
Organisation Name

Auspice Project Contact Position

Auspice Project Contact Primary Address
Address

Auspice Project Contact Primary Phone Number

Must be an Australian phone number.

Auspice Project Contact Primary Email

Must be an email address.

Auspice Project Contact Primary Website

Must be a URL.

Is the Auspice organisation currently incorporated? *
☐ Yes
☐ No

Please provide a copy of the auspice organisations audited financial statement
Attach a file:

Please attach a written agreement from the proposed auspice organisation
Attach a file:

Applicant's Details

* indicates a required field

Organisation Name *
Organisation Name

Applicant Contact *
Title First Name Last Name

Position *

Primary Address *
Address

Postal Address *

Address

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Website (if applicable) *

Must be a URL.

How did you hear about the Better Bayswater Grant?

☐ Word of mouth
☐ City of Bayswater website
☐ City's social media accounts
☐ Bayswater Buzz - City's newsletter
☐ Email invite from the City
☐ Previous applicant
☐ Other:

Proposed Project / Program Details

* indicates a required field

Project Title *

Start Date *

Must be a date.

End Date

Must be a date.

Include date range if multiple dates

Are you able to complete this project or program before the end of financial year? *

- ○ Yes
- ○ No (Please discuss with the City)

Which of the following strategic priority areas will your project / program address? (Tick all that apply) *

- ☐ A Connected and Inclusive Community
- ☐ A Safe and Resilient Community
- ☐ An Active and Healthy Community

Target Group (Tick all that apply) *

- ☐ Aboriginal and Torres Strait Islander people
- ☐ Children and young people
- ☐ Families and carers
- ☐ Older adults
- ☐ People with disability
- ☐ People from culturally and linguistically diverse backgrounds
- ☐ LGBTQIA+ communities
- ☐ People experiencing homelessness or housing insecurity
- ☐ People experiencing social isolation, disadvantage or other forms of vulnerability

Venue Location *

Project Planning

Applicants are encouraged to use the Community Impact Planner to map the theory of change, logic model and measurement plan. This can be uploaded to support the application. Follow the link: Community Impact Planner

Completed Community Impact Plan
Attach a file:

Project and Outcomes (40%)

What is the project and how will it be delivered? *

Must be no more than 500 characters.

What are the expected outcomes? How will success be measured? *

Must be no more than 500 characters.

Explain how the aims and outcomes clearly identified and aligned with at least one Better Bayswater Grant priority? *

Must be no more than 250 characters.

Community Need and Benefit (30%)

What local community need has been identified? How will the project respond to this need? *

Must be no more than 1000 characters.

Attach supporting documentation
Attach a file:

Documents such as letters of support

List project partners *

Must be no more than 200 characters.

How do you plan to reach the target group and engage them in your program / project *

Must be no more than 500 characters.

How will you ensure that the program / project will be accessible and inclusive to all people *

Must be no more than 500 characters.

How many City of Bayswater participants will benefit? *

Must be no more than 200 characters.

Capacity, Budget and Sustainability (30%)

List potential program / project risks that have been identified and how these will be addressed or mitigated *

Must be no more than 500 characters.

What is your experience delivering similar activities? *

Must be no more than 500 characters.

Project Budget

* indicates a required field

Please complete the budget template with your program or projects anticipated income and expenditure. Ensure you have included:

- The amount requested from the City;
- In-kind contributions;
- Funding from other sources; and
- Your organisations financial and in-kind contributions.

Budgeting Guidelines:

- Detail all anticipated expenditure amounts as close to the actual cost;
- Applicants must provide a quote for equipment or services in excess of **$1,000**; and
- If grant funds have not been spent on approved items, a refund to the City of Bayswater may be required.

Please upload budget template and quotes for equipment or services over $1,000
Attach a file:

A minimum of 1 file and a maximum of 10 files may be attached.
Attach the completed template budget for your project

Will you be applying for a fee waiver to use a City owned facility, park or reserve to run this project or program? *

☐ Yes
☐ No

Fee Waiver Requests - Terms and Conditions

Please note that applying for a fee waiver as part of a grant application does not guarantee approval. All applications will be assessed against the City's Waivers, Concessions, Fees and Charges Policy and be assessed on a case-by-case basis.

- The City of Bayswater may waive fees to support eligible not-for-profit community groups, schools and charitable organisations.
- If approved, the value of the waived fee will be recognised as an in-kind contribution from the City and included in the Citys total grant contribution.
- Applicants are responsible for making the booking for the community facility, park or reserve, and noting that fee waivers are subject to venue availability.
- Fee waivers are capped at $2,000 and may only be requested once per year as part of a Community Grant application.

If not fully funded your requested amount, will it be possible to complete this project or program with only partial funding? *

○ Yes
○ No

Declaration

* indicates a required field

Executive Declaration (please tick each of the following points)

*

☐ The application has been signed by the accountable officer of the incorporated body (usually the President).
☐ I agree that The City of Bayswater may provide certain information to the media for promotional purposes i.e. the applicant's name, funding purpose, project / program activity and funding amount.
☐ I declare that I am currently authorised to sign legal documents on behalf of the organisation or business
☐ I certify that the information given in this document is true and accurate.

At least 4 choices must be selected.

Declaration

Name

Title | First Name | Last Name

Organisation Name

Organisation Name

Position

Date of Application

Must be a date.

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How did you find this grant application experience? *

- ○ Excellent
- ○ Good
- ○ Average
- ○ Poor
- ○ Needs improving

Please provide any feedback or comments on the application process.