

Community Development Grants 2026/27 - Application Form

Form Preview

Welcome

Thank you for applying to our Community Development Grants Program. Before completing the application form, it's important to read the [Program Guidelines](#).

Incomplete applications and/or applications received after the closing date (Monday 27 July, 3pm) will not be considered.

SmartyGrants may log you out after 20mins and you can lose work if you don't regularly save. Consider preparing your answers in the downloadable pdf copy of the application questions on our [website](#). Please email our team for a Word version of the application form. Your final application must be submitted in SmartyGrants by the due date even if you have prepared your answers elsewhere.

Support is available If you have any questions about any part of this application or program, please contact the Community Development team:

Phone: **8495 6119 or 8495 5228** Email: communitygrants@northernbeaches.nsw.gov.au

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Eligibility

* indicates a required field

Privacy

Personal information collected by Council is held and used as permitted by the *Privacy and Personal Information Protection Act 1998 (PPIPA)*.

When you lodge a grant application, Council will collect personal information from you within the meaning of PPIPA.

The Privacy Protection Notice (below) provides details regarding the collection, use and your rights regarding access and correction of your personal information.

Privacy Protection Notice

Purpose of collection: For Council purposes including Council's grant program
Intended recipients: Northern Beaches Council staff and data service providers engaged by Council
Supply: The supply of this information is voluntary although it may result in Council not being able to process your application if not supplied
Access / Correction: Contact Customer Service on 1300 434 434
Collected and held by: Northern Beaches Council.

Confirmation of Eligibility

I confirm that the applicant:

- is an eligible entity as per the [Guidelines](#)
- is authorised to apply on behalf of a group or organisation
- is able to demonstrate that the grant will be used for a purpose in the public interest, primarily for the Northern Beaches community
- has acquitted any previous Council grants or sponsorship
- has no outstanding debts owed to Council
- is not a State or Federal Government organisation
- is not a political party or projects supporting political parties or agendas
- is not an individual
- is not a for-profit organisation

You must confirm that all statements above are true and correct. *

Yes

Grant stream eligibility

The Community Development Grants Program 2026/27 has the two following categories:

Grant Category

Funding Amount

Purpose

Capacity building grants

Up to \$5,000

To build the capacity of small and emerging community organisations to deliver activities or test new initiatives that benefit one or more of the identified priority populations.

Social impact grants

Up to \$10,000

To increase the social impact of established community organisations through new projects or expanding existing programs. Projects will aim to improve safety, inclusion or connection for one or more priority populations and strengthen the community sector.

Consider reading the 'types of projects' that are eligible in the Guidelines on page 5.

The next few questions will help determine which grant category you are eligible for. Please contact us if you have any questions.

Does your organisation/community group have an ABN? *

Yes

No

Applicant ABN *

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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	

Note, if successful, you will need to fill in a Statement of Supplier Form.

What type of entity are you? *

- Incorporated not-for-profit
- Unincorporated not-for-profit
- Community group or organisation

How do you know what entity type you are? If you have an ABN, you can determine your entity type within the Australian Business Register Information above. *Common entity types in the ABN lookup include:* Incorporated not-for-profits: Australian Public Company, Other Incorporated Entity Unincorporated not-for-profit: Other Unincorporated Entity

If you don't have an ABN, it is likely you are an unincorporated association or community group.

Please call the Community Development team on 8495 6119 or 8495 5228 or email communitygrants@northernbeaches.nsw.gov.au for support.

Is your organisation or group's income less than \$500,000 per year?

- Yes
- No

You are eligible for the Capacity Building grants category and can apply for up to \$5,000

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You are eligible for either the Capacity Building grants category or the Social Impact grants category

Please note, the purpose of Capacity Building Grants category is to build the capacity of small and emerging community organisations, that are predominantly run by volunteers. Please take this into consideration when choosing a category.

Which category will you be applying for? *

- Capacity Building (up to \$5,000)
- Social Impact (up to \$10,000)

You are eligible for the Social Impact grants category and can apply for up to \$10,000

Project Details

* indicates a required field

About your group

Tell us about your group and how it contributes to positive social outcomes in the Northern Beaches community *

Word count:

Must be no more than 150 words.

How do volunteers or members contribute to the running of your organisation or delivery of its activities? *

Word count:

Must be no more than 150 words.

About your project

Project Title *

Word count:

Provide a name for your initiative. Your title should be short and descriptive

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What is your project? What will your group do with the funding? *

Word count:

Include a brief summary of what you will use the funding to do. Include who it is for and what the activities will be. Must be no more than 200 words.

Project outputs

Please describe the outputs you will deliver as part of this project

Outputs are the activities, events or deliverables of your project or program generates. Leave any fields that do not apply blank.

Key outputs of your project	Description	Quantity
Select a category which the output falls into	Briefly explain the output including hours Must be no more than 50 words.	Must be a number.
Other:		
Other:		
Other:		

Program outcomes

Consider reading 'What makes a strong application' on pages 21-22 of the Guidelines.

Please select which program outcome(s) the project contributes to *

- improved capacity of small and emerging community organisations
- increased diversity of activities or services that support positive social outcomes
- improved safety, inclusion or connection for one of more priority populations

How does your project contribute to one or more of the program outcomes? *

Word count:

Must be no more than 200 words.

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Which priority population/s will your project benefit?

Who will benefit?	How will they benefit?	How many people will benefit?
	Describe the changes for this group as a result of this project. Must be no more than 100 words.	Must be a number.

The Social impact grants should contribute to the following program outcomes:

- improved safety, inclusion or connection for one or more priority populations
- a stronger, more resilient and connected community sector.

How will your project improve safety, inclusion or connection for one or more priority populations?

Who will benefit?	How will they benefit? (including improved outcomes of safety, inclusion or connections)	How many people will benefit?	How will this outcome be measured and/or evaluated?
	Describe the changes for this group as a result of the project. Must be no more than 100 words. Must be no more than 100 words.	Must be a number.	Must be no more than 100 words.

Who else will benefit from your project?

What other groups will benefit?	How many will benefit?
e.g. general community, volunteers, group members. Must be no more than 150 words.	Must be a number.

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How does your project make the community sector stronger, more resilient and connected? Include details about community engagement, local partnerships and/or collaborative solutions *

Word count:

Must be no more than 200 words.

How will this outcome of a stronger community sector be measured and evaluated? *

Word count:

Must be no more than 150 words.

Consider uploading any additional supporting documentation

Attach a file:

e.g. engagement plan, letter of support, memorandum of understanding

Project timeframe

All funded aspects of projects must start after the signed funding agreement date (early November 2026) and all expenditure must be completed by 31 December 2027, unless otherwise agreed.

Anticipated start date *

Must be a date and no earlier than 1/11/2026.

Anticipated end date *

Must be a date and no later than 31/12/2027.

Project Budget

* indicates a required field

Please provide clear descriptions for each budget item in the 'Income' and 'Expenditure' tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Please see pages 10-11 of the [Guidelines](#) for an example budget.

Please do not add commas to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Reminder:

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- **Capacity building grants category can apply up to \$5,000**
- **Social impact grants category can apply up to \$10,000**

Income (GST exclusive)

Include: The income you're requesting from this grant, other funding that you have applied for or received, other income sources (e.g. projected ticket sales), fundraising and donations. **You can add more lines to this table by clicking 'add more'**

Do not include: In-kind support such as donated goods and services. You will have the opportunity to list this below.

Income Description	Income Type	Confirmed Funding?	Income Amount
e.g. council community grant', 'trivia fundraising night', 'company sponsorship'. Must be no more than 50 words.	This will help us understand what this grant funding will be going towards and what other support you have for the project.	Whether the income has been received or promised.	Please do not add commas to figures
	Other:		\$
	Other:		\$

Expenditure

Identify the estimated cost for project expenses. Estimates should reflect the actual costs and be based on research or quotations.

Please calculate the costs using the following figures as a guide:

- Staff wages: \$60 per hour
- Professional fees: \$80-100 per hour

Note: Please review ineligible costs in the Grant Guidelines. Ineligible items can be included in the budget if there is an alternate income source.

Income source	Expenditure Description	Expenditure Type	Expenditure Amount
This should match the 'Income Types' you've selected above. What funding source will pay for this part of the project.	e.g. 'Venue hire (6 x 3 hour bookings @ \$20/hr). Must be no more than 50 words.		The full cost of the item. Please do not add commas to figures
Other:		Other:	\$

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			\$
Other:		Other:	

Quotes are required for those expenditure (cost) items \$2000 or above

Attach a file:

Budget Totals

Your budget **MUST** balance (Total Income Amount = Total Expenditure Amount).

The Balance is automatically calculated based on numbers entered in the Income and Expenditure tables above. You will not be able to submit your application unless this equals \$0.

This enables Council to ensure that all funds related to the project are accounted for.

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure *

This number/amount is calculated.
Must equal \$0

Amount requested

All figures entered below are to be exclusive of GST.

Total Amount Requested *

\$

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

In-kind support (will not be included in budget totals)

In-kind support is not including in balancing the budget however, it shows the additional value that has contributed to the delivery of the project.

Identify in-kind contributions such as donated goods and services or volunteer hours below.

Please calculate volunteer time using \$43 per hour as a guide. See [Cost of Volunteering Calculator](#) for more information.

Type of in-kind support

Value of in-kind support

e.g. Volunteers assistance on event day - 30 hours	Must be a dollar amount.
	\$
	\$
	\$

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If you receive partial funding, can the project still proceed? *

Yes

No

How will the project outcomes be affected if you receive partial funding? *

Are there any other sources of funding being sought or already secured? Projects that are partially self-funded, or supported by diverse funding sources will be highly regarded.

Applicant Capacity

* indicates a required field

Please upload your Public Liability Certificate of Currency or quote for Public Liability *

Attach a file:

This insurance should cover the proposed project to the value of \$10 million

Does your proposed project involve children or young people? *

Yes

No

Child Protection

As your project involves children, please upload your Child Protection Policy. If you do not have a formal child protection policy, you must outline how you intend to comply with child protection and working with children legislation. See page 12 of the Guidelines for further information.

Child Protection Policy *

Attach a file:

Applicant Details

* indicates a required field

Organisation/Community group name *

Organisation Name

Make sure you provide the same name that is listed in official documentation.

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Organisation/Community group address

Address

If your Community Group doesn't have an organisation address, please enter a private address.

Website

Must be a URL.

Does your organisation/community group have an incorporation number? *

- Yes
 No

What is your incorporation number? *

Incorporated Association or Australian Company Number

You can lookup your:

- incorporation number via the [NSW incorporation number register](#)
- ACN number via [ASIC Connect](#)

Primary Contact Details

Primary contact *

First Name

Last Name

This is the person we will correspond with about this grant.

Position *

Held in organisation (e.g., Manager, Director or Fundraising Coordinator)

Primary contact phone number *

Please enter area code for Australian landline numbers

Primary contact email address *

This is the address we will use to correspond with you about this grant.

Certification and Feedback

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* 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 the information given in this application is true and correct.

I accept that electronic submission of application will be taken as consent to the terms of declaration by the office bearer submitting this application.

I agree *

Yes

Name of authorised person *

First Name

Last Name

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

Position *

Held in organisation (e.g. CEO, Treasurer)

Contact email *

Must be an email address.

Acknowledgement

Receipt of your application (including a copy of submitted details) will be acknowledged by automated email. If you have not received this after submitting, please email communitygrants@northernbeaches.nsw.gov.au

Applicant Feedback

Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

How did you find out about this program?

- Council notified me/my organisation directly
- Council newsletter
- Social media
- Word of mouth
- Poster
- Other newsletter (Local MPs)
- Other:

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Please indicate how you found the online application process:

- Very easy Easy Neutral Difficult Very difficult

Please provide us with your suggestions for improvements and/or additions to the application process/form that we can consider.

Thank you