

Community Partnerships 2026 - Application Form

Form Preview

About Community Partnerships

Community Partnerships is a stream of grant funding provided by Randwick City Council.

Purpose

Community Partnerships is for incorporated, not-for-profit organisations providing services to residents of the Randwick Local Government Area who are experiencing disadvantage.

Funding available

Organisations can apply for up to \$20,000 per year, for up to three years.

Local Area Priorities

Applications must address one or more of Randwick's Local Area Priorities:

- Domestic and family violence
- Housing affordability and/or homelessness
- Aboriginal and Torres Strait Islander communities
- The needs of young people
- In-home support services
- Mental health and social-emotional wellbeing

Please ensure you have read the [Community Partnerships Guidelines](#) before applying.

Eligibility

* indicates a required field

Is your organisation not-for-profit? *

- Yes No

Is your organisation incorporated? *

- Yes No

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

- Yes No

Are your services and programs located and/or conducted within the boundaries of Randwick City Council LGA, or predominantly servicing* Randwick LGA residents? *

- Yes - Located and/or conducted within Randwick LGA
 Yes - Located and/or conducted outside Randwick LGA, but predominantly servicing Randwick LGA residents
 No - Limited or no connection to Randwick LGA

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If your organisation is located and/or conducting outside the Randwick LGA, please provide an explanation of your local connection. For example, the proportion of clients you service who are residents of Randwick LGA. *

Word count:

Must be no more than 150 words.

All applications will be assessed against Randwick City Council's Local Area Priorities, as identified through the Randwick Social Study (2021). Please indicate which key priority theme(s) your service will address: *

- Domestic and family violence
- Housing affordability and/or homelessness
- The needs of Aboriginal and Torres Strait Islander communities
- The needs of young people (opportunities for education, employment and engagement)
- In-home services for people with support needs (e.g., those with disability or who are frail aged)
- Mental health and social-emotional wellbeing

At least 1 choice must be selected.

Not eligible

You have indicated that your organisation does not meet the eligibility criteria for Community Partnerships. Please contact Council on **(02) 9093 6677** to discuss your application.

Annual Report / Financial Statement / Other supporting documentation

Consideration will be given to organisational sustainability, quality of annual reporting, and compliance with ACNC registration requirements (where applicable).

Please attach your most recent Annual Report and/or audited Financial Statement (if available) *

Attach a file:

Other documentation (optional): If you would like to add any further documentation to support your application, please upload it here.

Attach a file:

Applicant information

* indicates a required field

Organisation details

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Name of organisation *

Organisation Name

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.

Project contact: Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position *

Phone number *

Email address *

Must be an email address.

Generic office or secondary contact: Email address

Must be an email address.

Organisation's website *

Must be a URL.

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Link to organisation's main social media page

Must be a URL.

Does your organisation work primarily with particular identity or interest groups? Please select all that apply. If your organisation works with the whole community, please select the first box only. Council uses this information to analyse the diversity of applicants and equity of grant distribution across funding rounds.

- | | |
|--|--|
| <input type="checkbox"/> My organisation works with the whole community, not a specific group. | <input type="checkbox"/> People from specific cultural or linguistic backgrounds |
| <input type="checkbox"/> Women | <input type="checkbox"/> Families with young children |
| <input type="checkbox"/> Men | <input type="checkbox"/> Young people |
| <input type="checkbox"/> LGBTQIA+ community | <input type="checkbox"/> Older people |
| <input type="checkbox"/> People with disability | <input type="checkbox"/> People who have experienced family or domestic violence |
| <input type="checkbox"/> People with mental health conditions | <input type="checkbox"/> People experiencing or at risk of homelessness |
| <input type="checkbox"/> Aboriginal and/or Torres Strait Islander people | <input type="checkbox"/> People experiencing financial hardship/ material disadvantage |

Partnerships

* indicates a required field

Are you proposing to work in partnership with another organisation for this project? *

- Yes
 No

Name of partner organisation *

Organisation Name

Partner organisation: Contact person

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position

Phone number

Must be an Australian phone number.

Email address

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Must be an email address.

Partner organisation: Web address

Must be a URL.

Please describe the role of your partner organisation. What specific contribution/s will they make to the project? *

Word count:

Must be no more than 150 words.

Project Details

* indicates a required field

Project title *

Proposed duration *

- 1 year
- 2 years
- 3 years

No more than 1 choice may be selected.

Start date *

Must be a date and no earlier than 1/8/2026.

End date *

Must be a date and no later than 31/8/2029.

Please provide a brief 1-2 sentence summary of your project. *

Word count:

Must be no more than 50 words.

In which suburb(s) will you implement the project? *

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chifley | <input type="checkbox"/> Malabar |
| <input type="checkbox"/> Clovelly | <input type="checkbox"/> Maroubra |
| <input type="checkbox"/> Coogee | <input type="checkbox"/> Matraville |
| <input type="checkbox"/> Kensington | <input type="checkbox"/> Randwick |
| <input type="checkbox"/> Kingsford | <input type="checkbox"/> South Coogee |

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La Perouse/Little Bay/Phillip Bay

In which specific location(s) will you implement the project? *

Must be no more than 10 words.

E.g. 'Kensington Park Community Centre', 'Outreach locations in South Maroubra'

How many people do you expect to benefit from the project? *

Must be a number.

Please provide a detailed description of your project, including an outline of core activities.

Detailed description: *

Word count:

Must be no more than 150 words.

Assessment Criteria

* indicates a required field

Briefly outline the key skills, knowledge and experience your organisation has to deliver the project. Include examples such as past projects, staff qualifications and training, or your organisation's connection to the local community. *

Word count:

Must be no more than 150 words.

What specific need/s or service gap/s within the community will this project aim to address? Please respond with reference to the Local Area Priorities related to your project. E.g. a youth engagement program may aim to address the lack of safe drop-in spaces for young people in a certain area. *

Word count:

Must be no more than 150 words.

What are the key outcomes you plan to achieve through the project? Please respond with reference to the expected impact your project will have on

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participants. E.g. an expected outcome of the youth program may be: 'to achieve increased levels of engagement with education & training among participants'. *

Word count:

Must be no more than 150 words.

How will you monitor and evaluate the outcomes of your project? Please mention up to three specific indicators of success that you intend to track. E.g. '80% of participants will have an increased rate of school attendance within six months; 50% of early school leavers will be in employment at three-month follow up'. *

Word count:

Must be no more than 150 words.

Hint: make sure your indicators are Specific, Measurable, Achievable, Relevant and Time-Bound.

How will the project outcomes be sustained beyond the Community Partnerships funding period? If the project is not expected to continue after Council funding expires, please indicate this below. *

Word count:

Must be no more than 100 words.

Is there an entry fee, charge or other cost to participants? *

- Yes
 No

If yes, how much is the total cost per participant? *

\$

Must be a dollar amount.

Funding request

* indicates a required field

Income

What is the total amount of funding you are requesting? *

\$

Must be a dollar amount and no more than 20000.

If your project is longer than one year and requires more than \$20,000, go back to Page 5 to edit the project duration.

What is the total amount of funding your organisation will contribute to the project? *

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\$

Must be a dollar amount.

What is the total amount of funding your partner(s) will contribute to the project (if applicable)

\$

Must be a dollar amount.

Total income for the project

\$

This number/amount is calculated.

Year 1 funding

Total amount you are requesting for Year 1 *

\$

Must be a dollar amount and no more than 20000.

Your organisation's contribution Year 1 *

\$

Must be a dollar amount.

Partner's contribution Year 1 (if applicable)

\$

Must be a dollar amount.

Year 2 funding

Total amount you are requesting for Year 2 *

\$

Must be a dollar amount and no more than 20000.

Your organisation's contribution Year 2 *

\$

Must be a dollar amount.

Partner's contribution Year 2 (if applicable)

\$

Must be a dollar amount.

Year 3 funding

Total amount you are requesting for Year 3 *

\$

Must be a dollar amount and no more than 20000.

Your organisation's contribution Year 3 *

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\$

Must be a dollar amount.

Partner's contribution Year 3 (if applicable)

\$

Must be a dollar amount.

Total income

Total amount requested from Council

\$

This number/amount is calculated.

Your organisation's total contribution

\$

This number/amount is calculated.

Your partner's total contribution

\$

This number/amount is calculated.

Total income

Total amount requested from Council

\$

This number/amount is calculated.

Your organisation's total contribution

\$

This number/amount is calculated.

Your partner's total contribution

\$

This number/amount is calculated.

Detailed budget: Council's contribution

Please outline the detailed project costs that you are proposing to use Community Partnerships grant funding to cover.

Expenditure category **Please provide a detailed list of all project costs for which you are requesting Council funding.** **\$**

Choose from the dropdown list	Hint: Be specific, e.g. "Printing 300 x service promotion flyers" rather than "printing".	Must be a dollar amount.
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total of Council's contribution

\$

This figure is automatically calculated from the detailed budget you provided above. Make sure it is the same as the total amount you are requesting.

Detailed budget: Your organisation's contribution

Please outline the other project costs that you intend to pay for with your organisation's own contribution (**NOT THE GRANT MONEY**).

Expenditure category	Cost description	\$
Choose from the dropdown list.	Hint: Be specific, e.g. "Printing 300 x service promotion flyers" rather than "printing".	Must be a dollar amount.
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Your organisation's total contribution

\$

This figure is automatically calculated from the detailed budget you provided above. Make sure it is the same as the total amount your organisation is contributing to the project.

Year 1 Detailed budget: Council's contribution

Please outline the detailed project costs that you are proposing to use the grant funding to cover in Year 1.

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Expenditure Category	Cost description	\$
Choose from the dropdown list.	Hint: Be specific, e.g. "Printing 300 x service promotion flyers" rather than "printing".	Must be a dollar amount.
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total of Council's contribution Year 1

\$

This figure is automatically calculated from the detailed budget you provided above. Make sure it is the same amount you are requesting from Council for Year 1 only.

Detailed budget: your organisation's contribution in Year 1

Please outline the other project costs that you intend to pay for with your organisation's own contribution (**NOT THE GRANT MONEY**).

This is just for year 1. We will ask for more detail for each subsequent year as part of your annual reporting for each year.

Expenditure Category	Cost description	\$
		Must be a dollar amount.
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total of your organisation's contribution in Year 1

\$

This figure is automatically calculated from the detailed budget you provided above. Make sure it is the same as the total amount your organisation is contributing to the project in Year 1 only.

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Year 2 Detailed budget: Council's contribution

Please outline the detailed project costs that you are proposing to use Community Partnerships grant funding to cover in Year 2.

Expenditure category **Please provide a detailed list of all project costs for which you are requesting Council funding for Year 2.** **\$**

Choose from the dropdown list.	Hint: Be specific, e.g. "Printing 300 x service promotion flyers" rather than "printing".	Must be a dollar amount.
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total of Council's contribution Year 2

\$

This figure is automatically calculated from the detailed budget you provided above. Make sure it is the same as the total amount you are requesting for Year 2.

Year 3 Detailed budget: Council's contribution

Please outline the detailed project costs that you are proposing to use Community Partnerships grant funding to cover in Year 3.

Expenditure Category **Please provide a detailed list of all project costs for which you are requesting Council funding for Year 3.** **\$**

Choose from the dropdown list.	Hint: Be specific, e.g. "Printing 300 x service promotion flyers" rather than "printing".	Must be a dollar amount.
		\$
		\$
		\$
		\$
		\$

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		\$
		\$
		\$

Total of Council's contribution Year 3

\$

This figure is automatically calculated from the detailed budget you provided above. Make sure it is the same as the total amount you are requesting for Year 3.

Total Council contribution for 2 years

\$

This figure is automatically calculated from the detailed budgets you provided above. Make sure it is the same as the total funding amount you are requesting from Council for two years.

Total Council contribution for 3 years

\$

This figure is automatically calculated from the detailed budgets you provided above. Make sure it is the same as the total funding amount you are requesting from Council for three years.

Partial funding

Due to the volume of applications received through the Community Investment Program, Council cannot always offer the full amount requested to successful applicants.

Is your project likely to proceed without full funding? *

- Yes
- No

Do you acknowledge that funding may be offered on a partial basis and agree to accept partial funding if offered? *

- Yes, I would accept partial funding
- No, I would not accept partial funding

Declaration

* indicates a required field

I confirm that to the best of my knowledge, the information recorded in this application is correct at the time of submission.

I acknowledge that Randwick City Council reserves the right to withdraw any offer of funding, or request the return of funds already paid, on the basis of any false or misleading information having been provided.

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I confirm that this application is made with the approval of the applicant organisation's management or authorised person.

Name of person submitting this application *

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

Next steps

Thank you for your application for Community Partnerships funding.

Please check your inbox to ensure you have received a confirmation of receipt after submitting this form. If you do not receive a confirmation email, you should assume your application has NOT been successfully submitted.

You will be notified of the outcome of your application via email by **1 August 2026**.

Any questions related to your application should be directed to:
grants@randwick.nsw.gov.au or 9093 6677.