2026/27 - Thriving Communities Grant - Round One
Form Preview

Thriving Communities Grant

The Thriving Communities Grant funds organisations and community groups to deliver activities that contribute to creating a healthy, connected, and safe Penrith community. This grant is open twice a year – see penrith.city/grants for relevant dates.

All proposed activities must align with principles of access, inclusion, and equity.

We encourage applications from First Nations groups and organisations, and those that support and celebrate First Nations individuals, communities and culture in Penrith.

Before completing the application form, please ensure you read the Guidelines in full. Should you have any questions or require assistance, please contact the Community Capacity team 02 4732 7777 or community.capacity@penrith.city

Please note: an organisation may only submit two grant applications per grant round, unless acting as an auspice. Applicants that possess the same ABN will be regarded as coming from the same organisation. This form is designed to be filled out by the auspicee, not the organisation acting as the auspice. Please contact Council if your auspice arrangement stipulates that the auspicor should complete the application form.

Applicant Details

* indicates a required field

Name of Organisation or Community Group *
Organisation Name

Branch Name (if applicable)
Organisation Name

Contact Address *
Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

If your service is located outside of Penrith LGA, please demonstrate your connection to Penrith e.g., what services do you provide in Penrith?

This question is for services located outside of Penrith LGA only. Applicants located outside of Penrith LGA must demonstrate how their service benefits Penrith residents. Failure to respond to this question could make your application ineligible for assessment.

Name of Contact Person *
Title First Name Last Name
Who can Council contact regarding the application?

Position *
Job title/position of contact person.

Email Address *
Must be an email address.
Primary contact.

Contact Number *
Must be an Australian phone number.
Primary contact. If providing a landline number be sure to include area code e.g., (02) 4732 7777.

Are you a Delegated Signatory for this organisation? *
☐ Yes ☐ No
The application must be submitted or approved by someone authorised to apply for grants on behalf of this organisation (e.g. CEO, General Manager, or Board President)

If you are not a Delegated Signatory, please upload delegation evidence or letter of confirmation by delegated signatory. *
Attach a file:
E.g. upload a letter approving the application to be made on behalf of the organisation.

Organisation Details

* indicates a required field

In order to be eligible, please confirm the applicant *
☐ Is not a school or other government agency. However, groups associated with schools for example Parent & Friend Committees are eligible to apply.
☐ Does not have overdue progress or acquittal reports for previous Penrith City Council grants.
☐ Does not have outstanding debt with Penrith City Council.
☐ Is not submitting more than 2 grant applications per grant in this funding round.
At least 4 choices must be selected.

Organisation Type *
- ○ Organisation
- ○ Community Group
- ○ Other

Is your organisation/community group a registered not-for-profit with NSW Fair Trading or ASIC? *
- ○ Yes
- ○ No

ABN

Applicant 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.

Auspice Details

As you are not a registered not-for-profit with NSW Fair Trading or ASIC you are required to have an auspice organisation.

Please provide details of your not-for-profit auspice organisation. If you require assistance to find an auspice organisation please get in touch with the Community Capacity team 4732 7777 or community.capacity@penrith.city

Auspice *
Organisation Name

Name of Auspice Organisation.

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.

Contact Person *

Provide details of the contact person at the auspice organisation.

Auspice Address *
Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Auspice Contact Phone Number *

Must be an Australian phone number.
Primary contact. If providing a landline number be sure to include area code e.g., (02) 4732 7777.

Auspice Contact Email *

Must be an email address.

Evidence of Auspice *
Attach a file:

Please provide evidence of auspice agreement.

Funding Requirements

* indicates a required field

Acknowledgement

By continuing with this application you acknowledge that the applicant is:

- willing and able to acquire and demonstrate evidence of all required insurance, licenses and approvals.
- willing to enter into an agreement with Penrith City Council and be solely responsible for the delivery of the activity and expenditure of funds.

Ineligible Activities

Funds cannot be used for any of the following activities:

- reimbursements for activities already undertaken.
- operating costs associated with running an organisation e.g. salaries and office or computer equipment.
- activities with the sole purpose of fundraising.
- activities and events that duplicate existing activities of Penrith City Council.
- activities previously funded through other Penrith City Council funds.

Will funds be used for any of the above activities? *

○ Yes
○ No

If you are unsure, please contact Penrith City Council before continuing.

Multiple Applications

Have you submitted, or do you plan to submit, another application for this grant in this grant round? *

○ Yes
○ No

Applicants may submit two applications per grant round.

Previous Grant Funding

Have you previously received funding from Penrith City Council? *

○ Yes
○ No

Do you have any outstanding reports and/or money with Penrith City Council as a result of previous funding? *

○ Yes - Funding received less than 12 months ago.
○ Yes - Funding received more than 12 months ago
○ No

You may apply for another Penrith City Council grant if your outstanding funding was received less than 12 months ago and is not yet due to be acquitted.

Have you already received a Penrith City Council grant for the proposed activity? *

○ Yes
○ No

You may not receive more than one Penrith City Council grant for the same activity. However, applications may be considered if they expand or develop an existing funded activity e.g include a new location or focus community.

Funding Request

* indicates a required field

Funding Amount

Are you seeking *
- ○ Tier one funding – sole application (up to $2,500)
- ○ Tier two funding – partnerships (up to $5,000)

Partnership Details

Please provide details of the organisation or group you are entering into a partnership with.

Please note: if you have an auspice, your auspice organisation cannot also be a partner for the same application.

Partner *
Organisation Name

Partner 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.

Partner Contact Address *
Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Partner Contact Email *

Must be an email address.

Please provide evidence of partnership. *
Attach a file:

Outline how the partnership will benefit the proposed activity. *

Word count:
Must be no more than 200 words.

Activity Details

* indicates a required field

Activity Title *

Short Activity Description *

Word count:
Must be no more than 200 words.
Provide a short description of your proposed activity.

Activity Start Date *

Must be a date and between 14/10/2026 and 31/10/2027.

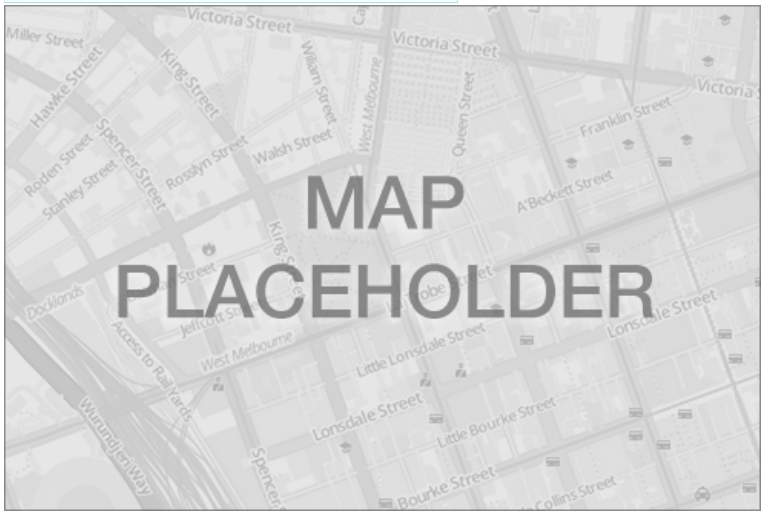
Activity End Date *

Must be a date and between 14/10/2026 and 31/10/2027.
Please note that the proposed activity must end within 12 months of the funding agreement.

Additional Comments

This space can be used to provide further details on activity dates e.g., multiple workshops, unconfirmed date, etc

Where will the proposed activity take place? *
Address



Address Line 1, Suburb/Town, State/Province, and Postcode are required.

If your proposed activity will take place in more than one location, please provide details.

Name of Venue/s *

E.g., Jamison Park, Jordan Springs Community Centre, etc. Write N/A if not applicable.

Which of the following best describes your proposed activity? *
○ An activity that is delivered once or reoccurs within the defined period of the grant.
○ Capacity building activities e.g. workshops and training opportunities.
○ Purchase of equipment which supports proposed activities
○ Activities that support communications and promotion of new initiatives.
Select one only.

Which of the following best describes your proposed activity's objective/s? *
☐ respond to emerging challenges within the community and community aspirations (also known as funding priorities).
☐ provide opportunities for the community to lead and be involved in community-led activities.
☐ provide opportunities for community organisations and groups to engage in capacity building activities.
☐ encourage community organisations and groups to collaborate to respond to the diverse needs of the community.
☐ respond to the needs of community members experiencing intersectional inequality.
No more than 3 choices may be selected.
Proposed activities must meet one or more of the objectives. All proposed activities must align with principles of access, inclusion, and equity.

How will your proposed activity meet this objective/s? *

Word count:
Must be no more than 300 words.

Why is the proposed activity needed? What evidence do you have to support this? *

Word count:
Must be no more than 200 words.

Who is the focus community of your proposed activity? *

- ☐ Children
- ☐ Young people
- ☐ Families
- ☐ Seniors
- ☐ Culturally and linguistically diverse
- ☐ People with disability
- ☐ Socio-economically disadvantaged
- ☐ First Nations
- ☐ Women
- ☐ LGBTQI+
- ☐ Local community (suburb, village, street, etc.)
- ☐ Other:

No more than 3 choices may be selected.

How does your proposed activity address the specific needs of your focus community? *

Word count:
Must be no more than 200 words.

How many people do you anticipate will benefit as a result of your proposed activity? *

Must be a number.
Note more people does not lead to better outcomes.

Outcome and Evaluation

* indicates a required field

An outcome is a specific and measurable short-term effect. It is the changes and benefits - the step-changes to achieve an ultimate goal.

Should your application be successful, you will be required to report on the outcome/s in your acquittal.

Focusing on one intended outcome enables us to design our activity around the priority that we especially want to achieve. It is likely that over the course of delivering the

activity, there will also be unexpected outcomes. This is great and valuable and can still be measured and discussed at the end of the activity. Designing an activity around too many outcomes can over-complicate things and/or dilute its focus.

The more evaluations you receive the better you can determine the success of your activity.

Proposed Outcomes

What is the primary anticipated outcome for your proposed activity? *
○ Wellbeing (physical and/or mental) improved
○ Sense of safety and security increased
○ Social connectedness enhanced
○ Social differences bridged
○ Feeling valued experienced
○ Building capacity
○ Increased access to beneficial networks and other resources
○ Agency and/or voice is enabled
Select one social outcome to measure at the completion of your proposed activity.

How will you measure this outcome? *
☐ Structured interview: directly asking structured outcome questions
☐ Unstructured interview: storytelling about most significant change
☐ Questionnaire: written survey
☐ Focus group: a sample group to conduct in depth interview with
☐ Intercept survey: short interventions often in public spaces
☐ Observation: a statement based on something one has seen, heard or noticed
☐ Other:

What method/s of engagement will best suit the activity, participants, and your resources?

Who will you ask to provide this information? *
☐ Participants
☐ A proxy (people with knowledge of the participants i.e., parents, carers)
☐ An expert, staff or facilitator (people with knowledge about the activity type and intended outcomes)
☐ Other:

Activity Budget

* indicates a required field

How much funding are you seeking from Penrith City Council? *

Must be a dollar amount and no more than 5000.
Please enter the amount of grant funding you are applying for. Applicants may apply for one of two funding tiers: Tier One - Sole Applicants for up to $2,500 or Tier Two - Partnerships for an additional $2,500 to a total amount of $5,000. Applicants requesting over $2,500 must provide evidence of a partnership (excluding auspice arrangements) with one or more organisations that are not-for-profit

incorporated organisations or unincorporated groups with evidence of auspice from a not-for profit incorporated organisation. The partnership must be shown to benefit the proposed activity.

What is your total activity budget? *

Must be a dollar amount.
Please provide the total projected cost to run your activity.

What are the in-kind contributions being made to your proposed activity? *

Answer N/A if none. In-kind contributions refer to the value of resources, services or support that are provided to an activity/event at no cost (e.g. volunteer labour, donated materials, free use of facilities).

Are you applying to other funding bodies for this activity? *

- ○ Yes
- ○ No

If yes, how much additional external funding are you seeking for your activity/ event?

Must be a dollar amount.

Sample Budget of Grant Funding Expenditure

It is important to ensure that grant assessors can clearly understand what your requested funds will be spent on as part of your activity. In the table below, please indicate what items the requested Penrith City Council grant funds will be expended on, and the expense amount for each item.

The total expenditure amount will auto populate based on the amounts provided in the table. The total grant funding expenditure amount should be the same as the amount of funding you are seeking from Penrith City Council provided above.

EXAMPLE:

Funding being sought from Penrith City Council: $3500

Expense Item

Expense Amount ($)

Stage hire

$2500

MC fee

$500

Speaker hire

$500

Total grant funding expenditure amount: $3500

You are also requested to supply your full activity budget and any accompanying quotes in the file upload sections below to provide further context for the grant funding requested.

Grant Funding Expenditure

Please indicate each of the expense items and their amounts (excluding GST) requested from Penrith City Council.

Expense Item	Expense Amount ($)
	Must be a dollar amount.

Total Grant Funding Expenditure Amount

This number/amount is calculated.
This amount should be the same as the amount of funding you are seeking from Penrith City Council provided above.

Total Activity Budget

Provide a copy of your full activity budget. *
Attach a file:

File Upload

Provide any quotes or information to support budget.
Attach a file:

Participant Cost

If your proposed activity involves participants, will there be any costs associated for participants? *

- ○ Yes
- ○ No
- ○ N/A if no participants

Will people need to pay to be part of your activity? Council supports no or low-cost activities for equity and inclusion.

If yes, please provide the amount ($). *

Must be a number.

Partial Funding

If your proposed activity only received part of the requested funding, could your activity still go ahead in some capacity? *

- ○ Yes
- ○ No

Sometimes Council is not able to provide all applicants with the full amount of funding requested. Please detail if your proposed activity could proceed with partial funding.

Minimum amount required for your proposed activity to go ahead ($). *

Must be a number.
Specify the minimum amount of Penrith City Council grant funding required for your activity to go ahead.

Please provide a short overview of how your proposed activity would change if you received partial funding. *

Payment Details

* indicates a required field

If application is successful, the details provided in the section below are required for payment of funds. Should you have an auspice, answer questions with auspice details.

Please note, Council is not liable for lost payment due to incorrect details.

Council standard payments terms are 30 days from funding approval subject to all paperwork being filled out correctly and EFTSURE performing mandatory check with the company prior to being registered with Council as a supplier. Remittance advice will be emailed to the email address provided when the payment has been made.

Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.
If an auspice is engaged, details for auspice should be provided.

Supporting Documentation & Declaration

* indicates a required field

Public Liability Insurance

Public Liability Insurance (PLI) must be provided for all grant applications. *
☐ I have PLI that covers the entire activity period.
☐ I have included attaining PLI in my budget.
☐ I will attain PLI prior to the start of the activity period.
At least 1 choice and no more than 1 choice may be selected. Applicants must supply a copy of their Public Liability Insurance (PLI) for a minimum of $10 million upon submission of the Application Form. If you have an auspice, you will need to provide a copy of your auspice's PLI. If the applicant does not have PLI, the applicant may use grant funds to cover the cost of obtaining PLI. However, quotes from insurers for PLI for a minimum of $10 million must be included and reflected in the Application Form budget.

Public Liability Insurance Upload *
Attach a file:

If you have elected to include attaining PLI using grant funding, you must include an attached quote for PLI, demonstrating that your budgeted cost is accurate.

Other Supporting Documentation

Attach a file:

Please attach any other supporting documentation including insurances, licences, approvals and quote for Public Liability Insurance.

Declaration

I declare that:

- The information contained in this application is true and correct.
- I am an authorised representative of the applicant, legally empowered to enter into contracts and commitments on behalf of the applicant.
- I have read, understood and agree on behalf of the applicant to abide with the Thriving Communities Grant guidelines.
- I am authorised by the applicant to submit this application.
- I give consent to Penrith City Council to make public the details of the applicant and the funding received, should this application be successful.

I understand and agree to the declaration above *
○ Yes
○ No

Full Name *

Position *

Application Date *

Must be a date.

Survey

* indicates a required field

How satisfied are you with the following:

1 = not at all satisfied, 5 = very satisfied

Information about grants e.g. grants webpage, grant guidelines etc. *
○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Community Funding Program *
○ 1 ○ 2 ○ 3 ○ 4 ○ 5
Grants on offer.

Application Form *
○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Did you attend a grants writing workshop offered by Council? *
○ Yes
○ No

Did you discuss your idea with a Council officer? *
○ Yes
○ No

How satisfied were you with the support from the Council Officer? *
○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

How did you hear about Penrith City Council's grants? *
☐ Council website
☐ Network/Interagency
☐ Word of mouth
☐ Social media
☐ Email from Council
☐ Other:

Select one only.

Would you apply for another Penrith City Council grant? *
- ○ Yes
- ○ No

Do you wish to receive email correspondence on Council matters which may or may not include grants? *
- ○ Yes
- ○ No

Additional Comments

Please Contact Council

* indicates a required field

Based on your answers to previous questions you are not eligible to apply for this grant or your proposed activity is ineligible. Please get in touch with Penrith City Council to discuss your applicant type and/or proposed activity. Community Capacity team 4732 7777 or community.capacity@penrith.city *