

# 50/50 Equipment Grant Application Form 2026/2027

## Form Preview

### 50/50 Equipment Grant Application 2026/2027

\* indicates a required field

**Grants are available for activities which contribute to an inclusive, safe and vibrant community.**

Please read the [Community Grants Guidelines and Terms and Conditions](#) prior to completing the application form.

**Notification of Outcome: Applicants will be notified 6 weeks after grant closing date. Proposals must consider this timeframe.**

#### Applicant Details

**Applicant Type \***

- Not for Profit
- School
- Sports Club

#### Contact Details

**Organisation Name \***

Organisation Name

**Organisation's ABN (If applicable)**

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

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**Operating Address \***

Address

  

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

### Contact Person for Application

**Contact name \***

First Name

Last Name

**Position held in the organization \***

**Contact number (business hours) \***

**Email address \***

### Equipment Details

\* indicates a required field

**Equipment/ fixture Name \***

**Location of where the equipment will be used \***

**Expected number of beneficiaries \***

Must be a number.

Please provide an estimate of how many people you expect will benefit from the equipment/fixture.

**Expected equipment/ fixture purchase date \***

Must be a date

**Amount requested \***

Must be a dollar amount.

Up to \$5,000 with a matching cash contribution from applicant.

**Brief description \***

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Describe the equipment/ fixture to be purchased. Outline the activities where the items will be used including the frequency of use. Please explain how the equipment will meet the objectives outlined in the Community Grant Program Guidelines sections 14 or 15.

### Group beneficiaries \*

Describe your target audience. Describe the consultation/ activities/engagement undertaken to identify the need for the equipment/fixture.

## Activity Detail

\* indicates a required field

### Project Objectives \*

- Create opportunities for shared cultural and artistic expression
  - Promote awareness and appreciation of Aboriginal culture and heritage
  - Facilitate connections, learning and activities for all
  - Build the capacity of your organisation to respond to identified community need
  - Foster collaboration between groups, business and stakeholders
  - Advocate and deliver opportunities for healthy activity and lifestyles
  - Facilitate and partner to deliver a range of recreation and leisure services/ facilities
  - Collaborate to ensure safe places and spaces for all
  - Nurture connections between people and the places they share
  - Advocate for and deliver well-managed natural areas supporting biodiversity and appropriate recreation
  - Undertake activities to minimise and reuse waste
  - Enhance the health of the Canning River, waterways and surrounding natural areas
  - Reduce reliance on fossil fuels and optimise the use of natural resources
  - Raise awareness and engage with others to protect, respect and enjoy the natural environment
  - Promote and educate the community on sustainability and waste management practices
  - Proactively respond to the impacts of climate change
  - Promote social inclusion and equitable access to all
- Select the objectives which best align with your activity.

### Describe how your equipment/ fixture will deliver the objective(s)

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**you have selected above. \***

**How will you promote your event to potential attendees and the Canning community?**

social media  website  media releases  Newsletter  Other

**Website**

Must be a URL.

**Social Media URLs**

**Will you need to make changes to any council owned facilities? e.g. Fixtures being installed in leased properties \***

Yes  No  I have attached email confirmation from City of Canning  
If yes, please include email confirmation from the City of Canning this change is approved for your application to be assessed.

**Storage Location for Grant-Funded Assets**

**Where will the items purchased with the grant be stored (if applicable)?**

City Facility  Personal Address

**Storage at a City Facility**

**For equipment being stored at a City facility: please specify the location and confirm whether you have permission to store the equipment there. If permission has been granted, please provide details or attach supporting documentation \***

**Storage at a Personal Address**

**For equipment being stored at a personal address: please advise how other members will have access to the equipment \***

**Project Budget**



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**Will your activity generate any income where the equipment will be used e.g. event? If yes, how will this be reinvested into the Canning community? If you plan to charge participants to attend the funded activity, please indicate the cost.**

## Documentation Checklist

\* indicates a required field

Please submit the following documentation:

- Download and complete this [Grant Payment Request Form](#)

Your proof of bank details could be a bank statement, letter or screenshot (of your banking app for example), that shows:

- Bank logo
- Name of account holder
- BSB
- Account number

## Grant Payment Request Form

**Attach a completed Grant Payment Request Form \***

Attach a file:

Please click on the hyperlink to download and complete the Grant Payment Request form and submit here. <https://canning.smartygrants.com.au/d/files/dlm/8b56b157b8f1eb03751dd8263ca1fde6193bcc7>

## Bank Details

**Attach copy of the bank statement header or screen shot confirming the bank account details \***

Attach a file:

## Quotes

**Attach supplier issued quotations or screen prints for items of \$501 and greater**

Attach a file:

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### Public Liability Insurance

**Attach a copy of your public liability insurance or your auspice organisation's liability insurance \***

Attach a file:

Attach any supporting documents

**Attach any supporting documents**

Attach a file:

### Declaration

\* indicates a required field

I hereby certify that I am authorized to prepare and submit this application.

I have read, and agree to the Community Grant Program terms and conditions as outlined in the [Community Grant Program Guidelines](#).

The information contained herein is to the best of my knowledge true and correct.

**Authorized person's name \***

First Name

Last Name

**Position held in the organization \***

**Date of declaration \***

**I confirm that I have read, and agree to the Community Grant Program Terms and Conditions \***

yes