

Local Government Consortium Grants Program 2026-2028

Form Preview

About the grant

* indicates a required field

Instructions for Applicants

Before completing this application form, you should have read the [Grant Guidelines](#).

Incomplete applications and/or applications received after the closing date will not be considered.

Application Number

This field is read only.

Program Details

The Local Government Consortium Grant Program is part of the NSW Government's ongoing commitment to support the Bondi community following the antisemitic terrorist attack at Bondi in December 2025.

The NSW Government recognises the deep and lasting impacts of the Bondi Terror Attack and is committed to an approach to recovery that is trauma-informed, culturally sensitive and community-led. It is acknowledged that recovery from terrorism extends beyond physical impacts to include enduring impacts on psychosocial wellbeing, social cohesion and community trust.

The Local Government Consortium Grant Program will facilitate initiatives that support impacted communities, particularly groups with barriers to accessing existing programs including children and young people, to:

- build connections between the local Bondi community and trust between the local community and key public institutions in the Bondi and Eastern Suburbs region.

Local government plays a critical role in delivering economic, environmental and social outcomes that strengthen community wellbeing and foster social cohesion. As members of the Community Cohesion and Wellbeing Sub-Committee, **Randwick, Waverley and Woollahra Councils** will work collaboratively as a **consortium** to respond to community needs, strengthen social connections, and promote long-term wellbeing.

Waverley Council will serve as the lead agency under an auspice agreement for the Local Council Consortium Program. In this role, Waverley Council will work closely with Randwick and Woollahra Councils to ensure a coordinated, accountable and effective approach to support connection between communities and institutions.

The Premier's Department is responsible for administering this grant opportunity in accordance with the NSW Grant Administration Guide.

Grant Program Name

This field is read only.

Local Government Consortium Grants Program 2026-2028

Form Preview

The program this submission is in.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://www.dpc.nsw.gov.au/privacy>);

Local Government Consortium Grants Program 2026-2028

Form Preview

- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Eligibility Confirmation

The consortium of councils will collectively co-design a program of work that aligns with the program's objectives and Outcomes. Funding will support the delivery of activities or initiatives that will help strengthen social cohesion and connections within communities, between communities or between communities and institutions.

The funding allows for spending up to a maximum of \$150,000 for one FTE role per annum for ordinary salary and oncosts of a Project Coordinator (see Appendix for table of oncosts). Funding may also support additional staffing costs for example support roles as required. Capital expenditure including laptop and mobile phone are considered eligible costs.

It should be noted the intent of this funding is to support an additional resource or resources to manage and coordinate the program, not to support an existing role within Council. This role can be undertaken via a job-share arrangement in agreement with all three Councils. As this role may involve exposure to vicarious trauma, external clinical supervision will be an eligible expenditure under program funding.

This grant round is only open to the following local councils:

- Randwick City Council
- Waverley Council
- Woollahra Municipal Council

An application is eligible if the following are met:

- The grant funding amount sought is up to \$700,000 (excl. GST).
- Funding is sought for eligible project costs.
- Applicants must demonstrate their project will align with at least one of the program objectives in Section 1.1 and meet the assessment criteria.
- Applicants have adequate public liability insurance cover of \$20 million.
- Where needed, applicants or relevant staff will have Working with Children Checks.
- Funded activities must commence after the grant funding commencement date.
- Funded activities must be completed by 30 June 2028.
- The application is approved by the General Manager or equivalent senior council delegate.

Funding is not available for:

- Initiatives that do not align with program objectives, and intended outcomes of the Community Cohesion and Wellbeing Funding Programs Outcomes Framework
- Supplementing, increasing, or continuing ongoing service delivery that is the core business of the three Councils
- Capital expenses, including but not limited to building works (including maintenance) and equipment purchase, unless explicitly related to the project

Local Government Consortium Grants Program 2026-2028

Form Preview

- Reimbursement of expenses incurred prior to the commencement of the funding agreement
- Covering existing debts or budget deficits of the three Councils
- Purchase of alcohol, tobacco products, gaming services, entertainment streaming
- Commercial or fundraising activities
- Cash prizes or gifts, including gift vouchers (this does not include disbursements for public participation)

Please declare this application meets the Program eligibility criteria:

- It has been prepared by and is being submitted by an eligible applicant
- Projects can commence upon completion of the funding deed and must be completed within 24 months
- Applicants will notify the Department if grant funding is secured from another source

I confirm that the applicant and project is eligible according to the criteria outlined in the Program Guidelines *

☐ Yes

Applicant Details

* indicates a required field

Applicant Details

Applicant *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

----------------------	----------------------	----------------------

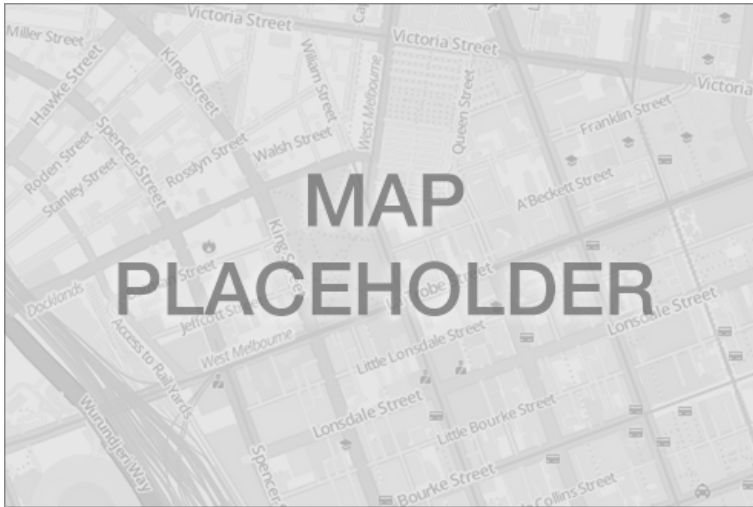
For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Primary Address

Address

Local Government Consortium Grants Program 2026-2028

Form Preview



Applicant Postal Address

Address

Primary Contact Details

Primary Contact *

Title First Name Last Name

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

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Other Contact Details - Primary Contact

Primary Contact Email *

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

Primary Contact Phone Number *

Phone number must include country code.

Primary Contact Other Phone Number

Phone number must include country code.

Local Government Consortium Grants Program 2026-2028

Form Preview

Joint Applications

Is the applicant auspiced by another organisation for the purpose of this grant? *

☐ Yes ☐ No

An auspice arrangement is when a larger, incorporated organisation assists a smaller, unincorporated organisation to fund a grant activity or event. The larger organisation is known as the auspice organisation. Your community group or organisation is known as the grant recipient.

Is the applicant applying on behalf of a partnership or consortium? *

☐ Yes ☐ No

Applications under a partnership or consortia arrangement should be submitted by the lead organisation. The arrangement should be formalised at the time of application.

Secondary Contact Details

Secondary Contact

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

----------------------	----------------------	----------------------

Secondary Contact Email Address *

Must be an email address.

Secondary Contact Phone Number *

Phone number must include country code.

Secondary Contact Address

Address

Does the applicant have an Australian Business Number (ABN)? *

☐ Yes ☐ No

Applicant 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

Local Government Consortium Grants Program 2026-2028

Form Preview

Entity Name
ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main Business Location

[More information](#)

Must be an ABN.

Organisation Details

* indicates a required field

Applicant Organisation ACN or AIN *

Enter Organisation ACN (Australian Company Number) or AIN (Association Incorporation Number) if ABN not there.

Applicant Organisation Details

Please detail the primary activities of the applicant organisation. *

Word count:

Must be no more than 200 words.

Please enter the Australian and New Zealand Standard Industrial Classification (ANZSIC) code for the applicant organisation. *

Please upload a copy of your most recent Annual Report. *

Attach a file:

If you do not have a copy of your most recent Annual Report, please provide recent Financial Statements.

Does the applicant organisation have at least \$20 million in public liability insurance, or is willing to obtain \$20 million in public liability insurance? *

- ☐ Yes
☐ No, but willing to obtain

Applicants are required to hold at least \$20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Local Government Consortium Grants Program 2026-2028

Form Preview

Please provide evidence that the applicant organisation holds Public Liability Insurance. *

Attach a file:

Applicants are required to hold at least \$20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Partnership/Consortium Organisation Details

Please detail each of the Partner Organisations involved in this application. Please 'Add more' as appropriate to ensure all partnership organisations are captured.

Partner Organisation Name *

Organisation Name

Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Partner 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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

Partner Organisation Address *

Address

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

Please attach a letter confirming that the Partnership/Consortium arrangement with this

Attach a file:

Local Government Consortium Grants Program 2026-2028

Form Preview

organisation is valid and current. *

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Program Details

*** indicates a required field**

Title *

Word count:

Must be no more than 25 words.

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

Brief description *

Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Anticipated end date *

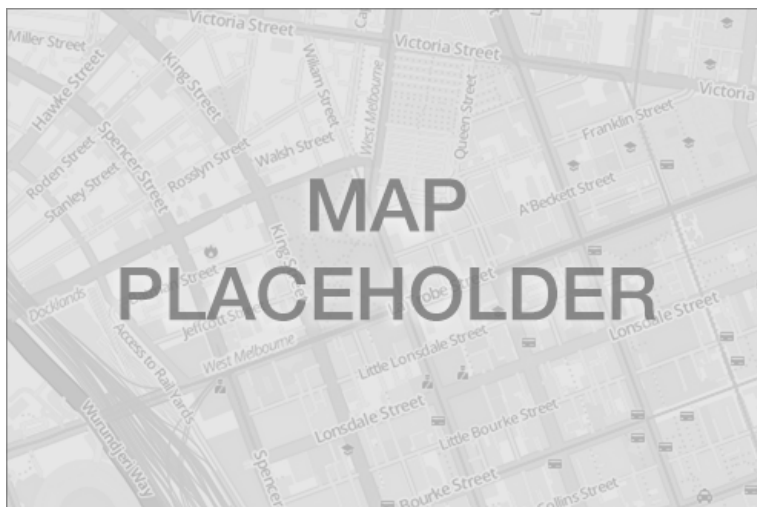
This grant funding is available for a maximum of twenty-four months.

Primary location of your initiative

Address

Local Government Consortium Grants Program 2026-2028

Form Preview



Primary location does not need to be a specific address, and can be postcode, suburb, state (NSW), etc. If delivered online, please specify the area of focus for delivery.

Project Milestones and Key Deliverables

Please detail the administrative stages or activities expected to be completed as part of the project.

Milestone and Deliverables	Expected start date	Expected end date	Explanatory notes
----------------------------	---------------------	-------------------	-------------------

Please provide detail for one Milestone per row. e.g., Planning; recruitment; evaluation. Add more rows if you want to list additional milestones. Please include detail of all Deliverables that are part of the Milestone.	Must be a date.	Must be a date.	Add notes if you need to provide more context.

Key Project Personnel

Please provide information on the key personnel who will be responsible for the delivery of the project, including their qualifications and experience.

Please include only one person per row. Add more rows if you want to list additional personnel.

Name	Organisation	Role	Experience	CV/Supporting document	Notes
One per row. Add more rows if you want to				Please provide a CV or any supporting	Please provide any further details.

Local Government Consortium Grants Program 2026-2028

Form Preview

list additional key project personnel.				documentation, where relevant.	

Project Focus

Who are the expected primary beneficiaries of this project/program? *

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, Universal – no particularly targeted beneficiaries

Please provide a short rationale for your project. *

Word count:

Must be no more than 200 words.

Explain why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek.

Risks and Dependencies

Please detail any risks or uncertainties in the delivery of the project, and how each of these will be managed.

Please include only one risk or dependency per row. Add more rows if you want to list additional risks or dependencies.

Risk or dependency description	How the risk or dependency will be managed
For example, you may require approval, have stretched resources, or time constraints for delivery.	You should provide an explanation of how you will prevent or treat the risk or dependency.

Stakeholders

Please detail all other stakeholders interested or impacted by your project. Explain their interest or impact and explain the engagement strategy you will have with that stakeholder.

You can keep this high level (e.g. quarterly meetings / regular email communication) rather than identifying each individual meeting or communication.

Please include only one stakeholder per row. Add more rows if you want to list additional stakeholders.

Stakeholder	Engagement strategy
Stakeholders may be key community members, other organisations, other funders, etc.	Please detail how you will reach out to the stakeholder before, during and after the project.

Assessment Criteria

* indicates a required field

Grant Objectives

The objectives of this program are to fund the consortium of councils to deliver initiatives that will help strengthen social cohesion and connections within communities, between communities or between communities and institutions following the Bondi Terror Attack. Initiatives must demonstrate a clear benefit to the Bondi community or Eastern Suburbs region, although they may also deliver benefits beyond these communities, recognising the value of initiatives that contribute to the wellbeing of the broader Eastern Suburbs community. Initiatives must align with the Community Cohesion and Wellbeing Framework (please see listed below and in the [Grant Guidelines](#)) and support the community in feeling safe, connected, well and heard. Initiatives do not need to meet all objectives but must identify and address at least one of the following outcomes:

Safe

- People feel safe to return to public spaces, places of worship and return to everyday activities
- Community members are confident to be their authentic selves in public life free from discrimination or fear
- Antisemitism and other forms of hate and discrimination are actively addressed? and minimised.

Connected

- Communities are provided with opportunities to connect via community-led events, programs and initiatives
- People build or regain a strong sense of belonging and sense of connection within and across communities
- Community is supported through enhanced partnership between different segments of the local community.

Well

- Local healing, wellbeing and long-term psychosocial recovery at the community level is supported (psychosocial recovery promotes positive wellbeing, resilience, social connection and social cohesion activities within the community)
- Affected communities are strengthened and develop ongoing resilience through capacity building
- People who are disconnected from support are identified and supported to connect through activities.

Heard

- People feel informed and able to navigate recovery decisions
- People have opportunities to voice views within community and institutions to improve agency
- Cohesion and wellbeing initiatives are community-led and trauma informed
- People and communities build trust in key institutions.

Select relevant outcomes that align with your activity or project. *

- ☐ Safe
- ☐ Connected

Local Government Consortium Grants Program 2026-2028

Form Preview

- ☐ Well
- ☐ Heard

At least one outcome must be selected

Safe

The Community Cohesion and Wellbeing Outcomes explain Safe as:

- People feel safe to return to public spaces, places of worship and return to everyday activities
- Community members are confident to be their authentic selves in public life free from discrimination or fear
- Antisemitism and other forms of hate and discrimination are actively managed and minimised.

Please explain in detail how your activity or project addresses this outcome. *

Word count:

Must be no more than 500 words.

Connected

The Community Cohesion and Wellbeing Outcomes explain Connected as:

- Communities are provided with opportunities to connect via community-led events, programs and initiatives
- People build or regain a strong sense of belonging and sense of connection within and across communities
- Community is supported through enhanced partnership between different segments of the local community.

Please explain in detail how your activity or project addresses this outcome. *

Word count:

Must be no more than 500 words.

Well

The Community Cohesion and Wellbeing Outcomes explain Well as:

- Local healing, wellbeing and long-term psychosocial recovery at the community level is supported (psychosocial recovery promotes positive wellbeing, resilience, social connection and social cohesion activities within the community)
- Affected communities are strengthened and develop ongoing resilience through capacity building

Local Government Consortium Grants Program 2026-2028

Form Preview

- People who are disconnected from support are identified and supported to connect through activities.

Please explain in detail how your activity or project addresses this outcome. *

Word count:

Must be no more than 500 words.

Heard

The Community Cohesion and Wellbeing Outcomes explain Heard as:

- People feel informed and able to navigate recovery decisions
- People have opportunities to voice views within community and institutions to improve agency
- Cohesion and wellbeing initiatives are community-led and trauma informed
- People and communities build trust in key institutions.

Please explain in detail how your activity or project addresses this outcome. *

Word count:

Must be no more than 500 words.

Community Benefit

The activity or project must show a clear community benefit.

Please explain in detail how the activity or project will support or benefit the community. *

Word count:

Must be no more than 500 words.

Organisational Capacity

Please demonstrate your organisation's capacity to successfully plan, resource, manage and deliver the proposed activity or project. Include details of your project plan, timelines, resources, relevant experience and risk management approach. *

Local Government Consortium Grants Program 2026-2028

Form Preview

Word count:

Must be no more than 1000 words.

Consider the people, partnerships, equipment, facilities, funding and other resources required to deliver the activity or project. Strong responses will demonstrate a clear project plan, realistic timelines, appropriate resourcing, relevant skills or experience, and effective strategies to identify and manage potential risks.

Budget

* indicates a required field

Funding Available

A total of up to **\$700,000** (ex. GST) is available for this program for a funding period of two years from the execution of the funding agreement.

The final approved budget will only fund eligible expenditure. In some cases, partial funding may be awarded or only some expenditure items will be supported for funding.

Total Project Cost *

\$

What is the total budgeted cost (dollars) of your project?

Total Amount Requested

*

\$

What is the total financial support you are requesting under this grant?

Total Applicant Co-contribution *

\$

Must be a dollar amount.

What is the total monetary amount the applicant will be contributing to the project?

Co-contribution %

This number/amount is calculated.

Percentage applicant contribution to Total Amount Requested.

Applicant In-kind Contribution *

Please detail any in-kind contributions the applicant will be making to the project.

Local Government Consortium Grants Program 2026-2028

Form Preview

Income

Please outline details of any other funding that you are seeking as part of the project, whether it has been confirmed or not. All amounts should be GST inclusive.

Please note, do not include the amount requested under this grant.

Income description **Income type** **Income status** **Income amount** **Notes**

			\$	
			Must be a dollar amount.	

Expenditure

Please include all expenditure items (including the amount requested and any GST attracted) that you are seeking to fund under the grant.

Please note, these items must be eligible under the grant as according to the guidelines.

Expenditure description **Expenditure type** **Expenditure amount (ex. GST)** **Expenditure GST** **Expenditure amount (inc. GST)** **Notes**

		\$	\$	\$	
		Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.	

Quotes

Upload quotes if relevant

Attach a file:

Please ensure all uploaded documents have clear file names and document titles so they can be easily identified during assessment.

Other Inputs

Please detail any other, non-financial inputs that you will require in order to deliver the project, including the confirmation status of the input.

Input description

Input status

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

Outcomes

Outcomes

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of your project. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

Your outcomes

How does your intended outcome link to the Program outcomes? Explanatory notes

What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row.	Please explain how your intended outcome helps contribute to the Program Outcomes.	Add notes if you need to provide more context.

Payment and Supporting Documents

* indicates a required field

Bank Details

Applicant Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Please provide a recent bank statement of the account you would use to receive the grant funding if you are successful. *

Attach a file:

You do not have to show transaction details, however, the statement must:

- Be for an account in the name of the applicant

Local Government Consortium Grants Program 2026-2028

Form Preview

- Clearly show the BSB, account number and name of the account holder
- Be a statement on financial institution letterhead
- Not be an online transaction list

Supporting Documents

Upload any further supporting documentation as needed.

Attach a file:

Conflict of Interest

* indicates a required field

Does your organisation, or any individuals involved in the proposed activity or project, have any actual, potential or perceived conflicts of interest that may be relevant to this application? *

- ☐ Yes
☐ No

A conflict of interest may arise where an individual or organisation could receive a financial, personal or other benefit from the proposed activity or project, or where a relationship may influence, or be perceived to influence, decision-making. Examples may include personal, family, business or employment relationships, or the supply of goods or services to the project. If you are unsure whether a conflict exists, we encourage you to disclose the situation.

Declaration

Please provide details of the actual, potential or perceived conflict of interest and the steps your organisation will take to manage it. *

Include details of the conflict, who is involved, any actual or perceived benefit that may arise, and the steps that will be taken to manage, monitor or mitigate the conflict.

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Local Government Consortium Grants Program 2026-2028

Form Preview

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Authorisation

I agree *

☐ Yes

Name of authorised person *

Title First Name Last Name

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

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Local Government Consortium Grants Program 2026-2028

Form Preview

How did you find the online application process?

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

GMS-MGA/Int'l/2025 v2.0