

Small Community Group Incorporation Grants 2026/27

Form Preview

Contact details

* indicates a required field

Applicant name *

Title

First Name

Last Name

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Group Details

Is your group incorporated? *

☐ Yes

☐ No

If yes please do not proceed with this application as you are not eligible.

Under what name will your group be incorporated. *

What is the primary location of the group? *

This should match the address or location stated on the Application for Incorporation.

Number of members in your group *

Must be a number.

Number of members in your group who live in the City of Joondalup *

Must be a number.

Does the group have a committee/steering group? *

☐ Yes

☐ No

How many members are on the committee?

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Must be a number.

What is the date the group commenced its activities? *

Must be a date.

Has the group previously been incorporated under a different name? *

- ☐ Yes
☐ No

Group's Purpose

What is the purpose of the group? *

Word count:

between 50 and 200 words

What are the core services and/or activities the group will deliver? *

Word count:

between 50 and 200 words

What will be the primary location of activities or services to be delivered? *

Eg: if it is community garden, what is the physical location of the garden.

Expenses

Please list the fee for the Application for Incorporation *

\$

Must be a dollar amount.

Total Amount Requested

Must be a dollar amount.

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

Please upload your quote for the Application for Incorporation (this can be in the form of an email or screen shot from Department of Mines, Industry Regulation and Safety [Department of Commerce])

Attach a file:

