

Community Garden Grants 2026/27 (Round 12)

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form you should have read the **ACT Community Garden Grants Program** guidelines, available at:

<https://www.climatechoices.act.gov.au/policy-programs/community-garden-grants>

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

This section of the application form helps determine whether you meet the eligibility requirements for this grant. Please complete the eligibility questions first to avoid spending time on an application that may not be suitable.

Applications will be assessed on how well they:

- align with the funding Project Priorities outlined in the [ACT Community Garden Grants Program guidelines](#)
- demonstrate sound project planning, including achievable milestones, timelines, budget, and project outcomes
- define project outcomes and evaluation, and indicate good value for money, and
- demonstrate community and stakeholder support.

If you have any questions in regards to these eligibility criteria, please contact us at **CEDcommunitygrants@act.gov.au**.

Confirmation of Eligibility

I confirm that the applicant organisation:

- has read and understands the guidelines for the ACT Community Garden Grants Round Twelve
- is able to demonstrate alignment between their project and the aims of this program
- is an incorporated not-for-profit organisation, or an individual/unincorporated not-for-profit organisation auspiced by an incorporated not-for-profit organisation for the purposes of this application
- has a minimum of \$20 million public liability insurance *or* can provide a quote from an insurance company to become insured for \$20 million upon becoming successful for funding (this grant cannot be used to pay for the required insurance)
- is applying for funding to be used solely in the ACT and primarily for the benefit of ACT residents
- has appropriate land approvals in place (or in progress)
- has no overdue acquittal reports associated with grant programs administered by the ACT Government
- is not a government agency
- is not a political party registered under the *Commonwealth Electoral Act (1918)*

Community Garden Grants 2026/27 (Round 12)

Form Preview

- is prepared to enter into a Deed of Grant with the Territory (please refer to the Community Garden Grants Guidelines for more information on entering into a Deed of Grant with the Territory).

I confirm that the applicant organisation meets the eligibility criteria *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Please note that if you selected **no** for the question "*I confirm that the applicant organisation meets the eligibility criteria*" then you are **NOT ELIGIBLE** for the grant.

REMEMBER to save your work

Contact Details

* indicates a required field

Privacy Notice

The **City and Environment Directorate** pledges to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

Do you consent to the Communities Climate Action Grants Program (within the City and Environment Directorate) to provide primary contact details (applicant name, email and phone number only) to other ACT Government departments for related purposes such as promotions, event launches and community consultations? *

☐ Yes
☐ No

Applicant Organisation Details

Organisation Name *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Primary (physical) address *

Address

Suburb State Postcode

Community Garden Grants 2026/27 (Round 12)

Form Preview

If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

Postal address (if different to above)

Address

Suburb State Postcode

Must be an Australian postcode.

Applicant primary website

Must be a URL.

Primary contact person *

Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Primary email address *

Must be an email address.

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

Secondary phone number

Must be an Australian phone number.

Secondary email address

Must be an email address.

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Community Garden Grants 2026/27 (Round 12)

Form Preview

Applicant Details

* indicates a required field

Organisation / Individual Name: *

What is your organisation's legal structure? *

- ☐ Church (registered as a charity)
- ☐ Company limited by guarantee
- ☐ Incorporated association
- ☐ Indigenous corporation, association or co-operative
- ☐ Individual / Community Group
- ☐ Non-trading co-operative
- ☐ Unincorporated association
- ☐ Other:

If you are an individual or your organisation is unincorporated your application must be auspiced by an incorporated not-for-profit organisation to be assessed.

What is your organisation's purpose or mission? *

Word count:

Must be no more than 150 words.

Please provide a statement outlining the principle aims and objectives of your organisation or group.

Are you being auspiced by another organisation for the purpose of this grant application? *

- ☐ Yes
- ☐ No

If you are a non-incorporated organisation or individual your grant application needs to be auspiced (seek sponsorship) by an incorporated not-for-profit organisation.

GST registered: *

- ☐ Yes
- ☐ No

Does your organisation have an ABN? *

- ☐ Yes
- ☐ No

ABN

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.

Community Garden Grants 2026/27 (Round 12)

Form Preview

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.

Incorporation Details for Applicant (or Auspicing Organisation)

If you are an incorporated organisation please attach a copy of your organisation's incorporation certificate or articles of association or constitution.

*

Attach a file:

If you are a non-incorporated group or organisation you will need to seek sponsorship of your application by an incorporated not-for-profit organisation.

The Deed of Grant for funding a successful application would then be between the sponsoring incorporated group and the Territory.

Public Liability Insurance Documentation

Please attach evidence of your organisation's Public Liability insurance cover, or provide a quote from an insurance company to be insured for \$20 million if funding is successful (this grant cannot be used to pay for the required insurance).

*

Attach a file:

REMEMBER to save your work.

Auspice Information

* indicates a required field

Community Garden Grants 2026/27 (Round 12)

Form Preview

Name of auspicing organisation *

Organisation Name

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *

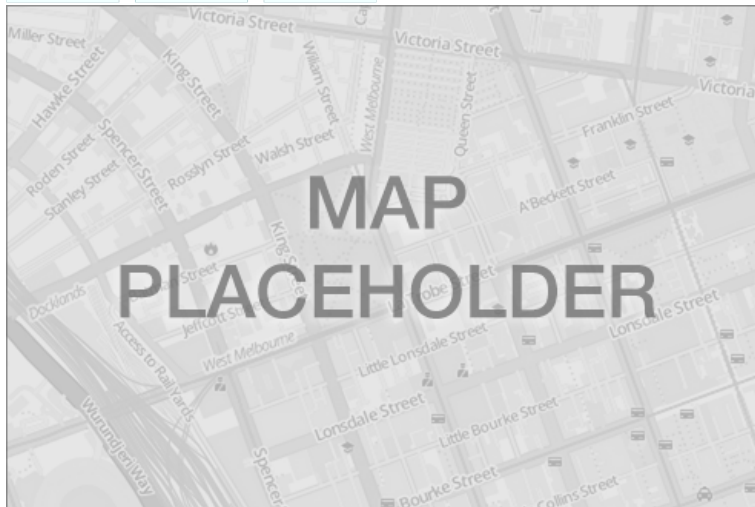
Attach a file:

If you or your organisation's application is sponsored by an incorporated organisation, please attach a letter indicating the support from the organisation. Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include; name, position, signature and date.

Auspicing organisation's primary (physical) address *

Address

Suburb State Postcode



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

Auspicing organisation's postal address (if different to above) *

Address

Suburb State Postcode

Auspicing organisation's website

Must be a URL.

Community Garden Grants 2026/27 (Round 12)

Form Preview

Primary contact person at auspicing organisation *

Title	First Name	Last Name

Position held in organisation *

e.g. Manager, CEO

Contact person's primary phone number *

Must be an Australian phone number.

Contact person's secondary phone number

Must be an Australian phone number.

Contact person's email address *

Must be an email address.

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.

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Project Details

* indicates a required field

Program Priority

Community Garden Grants 2026/27 (Round 12)

Form Preview

Applicants are required to demonstrate their project contributes to the delivery of new or existing community gardens.

Appropriate land use approvals must be in place (or in progress) upon submitting an application.

Funding is available for projects that support community gardens and meet one or more of the following Program Priorities:

Please select the Program Priority your project addresses (you can select more than one). *

- ☐ Benefits the wider community and encourages social inclusion
- ☐ Promotes healthy living
- ☐ Promotes a healthy garden environment and use of eco-friendly options
- ☐ Incorporates principles of the circular economy and zero emissions

Project Title *

Your project title will be used to identify your project in all reports, media and promotions.

Project Description *

Word count:

Must be no more than 200 words.

Provide a concise description of your project - what do you plan to do.

Results/Outcomes

What are the project outcomes and how will you know they have been achieved? *

Word count:

Must be no more than 200 words.

Describe how your outcome(s) will support the aims of the project that are described in your project summary.

Project Timeframe

Please note, that your project timeframe can be up to 18 months in length. This is to allow enough time for a sufficient growing season to have occurred during the course of your project.

Anticipated project start date *

Please choose an approximate date, no earlier than 1 October 2026.

Community Garden Grants 2026/27 (Round 12)

Form Preview

Anticipated project end date *

Please choose an approximate date, within 18 months of the project start date.

Is the property where the project is being conducted owned by the applicant organisation? *

☐ Yes ☐ No ☐ Not applicable

No more than 1 choice may be selected.

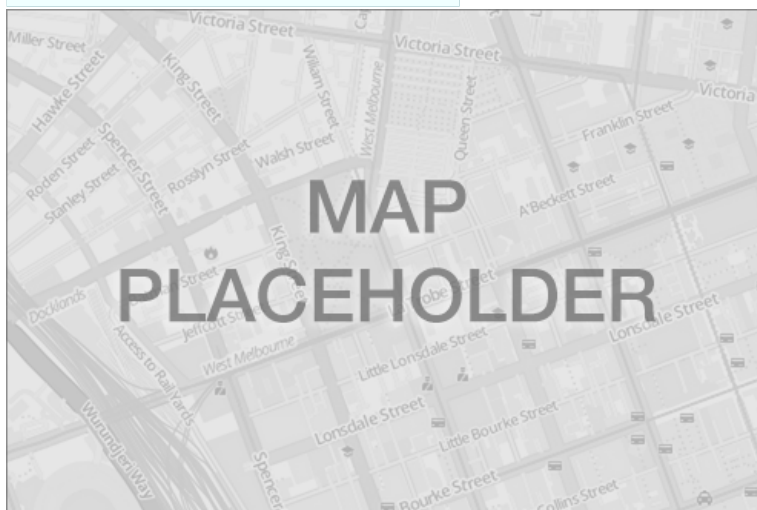
Is the property where the project is being conducted leased to the applicant organisation by a landlord or landowner? *

☐ Yes ☐ No ☐ Not applicable

No more than 1 choice may be selected.

Project location *

Address



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

Name of the landlord or landowner where the project is being conducted *

Have you received permission from the landlord or landowner to carry out the project? *

☐ Yes ☐ No ☐ Not applicable

No more than 1 choice may be selected.

Please attach evidence of the landlord's or landowner's permission *

Attach a file:

Community Garden Grants 2026/27 (Round 12)

Form Preview

Land Use Approvals

If the proposed project involves work on land NOT in the ownership or management of the applicant, do you have the landowner/managers/land lease permission or a relevant public land use permit/licence to undertake the project?

Please refer to the following factsheets to determine the type of approvals required for your particular type of garden.

[Understanding different types of community gardens](#)

[How to apply for a permit or licence for land use approval](#)

*

☐ Yes

☐ No

☐ Not Applicable

Please provide details of relevant land use approvals that are in place. *

Word count:

Must be no more than 150 words.

Attach supporting documentation here (such as land use approvals, permits, licenses) including evidence of those in progress. *

Attach a file:

Please provide evidence of support/approval from the land owner/manager (letter, email with signature, contract or strata minutes).

REMEMBER to save your work.

Merit Criteria

* indicates a required field

To be competitive you will need to score highly against each merit criterion. Your application will be assessed against the indicators listed beneath each merit criterion.

You should address each indicator in your response for your application to be deemed competitive.

Each criterion is weighted by the percentage shown, with all weightings adding up to 100%.

The merit criteria you need to address

If your application is assessed as eligible, your project proposal will be assessed on the basis of the following merit criteria:

Community Garden Grants 2026/27 (Round 12)

Form Preview

MERIT CRITERION

DESCRIPTION

WEIGHT (%)

1

Align with the funding priorities outlined in the guidelines

40

i. benefits the wider community and encourages social inclusion

10

ii. promotes healthy living

10

iii. promotes a healthy garden environment and use of eco-friendly options

10

iv. incorporates principles of the circular economy and zero emissions

10

2

Demonstrates sound project planning (risks, management, achievable milestones, budget breakdown)

30

3

Defines project outcomes and evaluation, and indicates good value for money

15

4

Demonstrates community and stakeholder support

15

Merit criterion 1 (40%)

In assessing this criterion, the extent to which your project aligns with one or more of the funding Program Priorities stated within the Grant guidelines will be considered. Examples of how applicants can address each Program Priority are listed in the guidelines.

i) Benefit the wider community and encourage social inclusion (10%) *

- ☐ Project addresses this priority (please complete rationale)
- ☐ Project does not address this priority

Community Garden Grants 2026/27 (Round 12)

Form Preview

Consider:

- promoting the garden and related activities within the wider community
- supporting activities that encourage social inclusion and community connection
- establishment of new community garden locations to ensure easy local access across Canberra.

Rationale

Word count:
150 words max

ii) Promotes healthy living (10%) *

- ☐ Project addresses this priority (please complete rationale)
- ☐ Project does not address this priority

Consider:

- improving awareness, skills and capability in buying and preparing healthy food
- supplying nutritious food to those facing barriers in accessing fresh produce
- improving mental health through provision of inclusive meeting spaces/gardens.

Rationale

Word count:
150 words max

iii) Promotes a healthy garden environment and use of eco-friendly options (10%)

*

- ☐ Project addresses this priority (please complete rationale)
- ☐ Project does not address this priority

Consider:

- prioritising use of organic and eco-friendly options for soil enhancement, weed/pest management and increased food production
- minimising use of broad-spectrum chemicals that are toxic to insects, wildlife and our waterways
- educating the community on soil health (preparation, management, structure, moisture retention and composting/worm farms)
- enhancing garden resilience by conducting presentations/workshops such as seed saving, propagation, crop rotation, water harvesting and soil health.

Rationale

Word count:
150 words max

Community Garden Grants 2026/27 (Round 12)

Form Preview

iv) Incorporates principles of the circular economy and zero emissions (10%) *

- ☐ Project addresses this priority (please complete rationale)
- ☐ Project does not address this priority

Consider:

- repurposing, recycling and/or reusing resources, tools, or materials for projects
- accepting and managing food waste by establishing compost or a worm farm
- reducing emissions with electric alternatives to fossil fuel-powered tools and equipment.

Rationale

Word count:
150 words max

Merit criterion 2 (30%)

Outline how your project demonstrates sound project planning, including risks, management, achievable milestones, and budget breakdown. In assessing this criterion, the following will be considered:- the relevant skills and experience of the applicant to help deliver project outcomes. This includes demonstrated past performance, and the ability and capacity to undertake the project.- the extent to which the project demonstrates a clear project management approach. This includes risk management, achievable milestones with realistic and defined timeframes, site plans and governance arrangements.- the amount of detail provided in the budget expenditure table, including quotes or other supporting evidence for the associated cost.

Please provide rationale. *

Word count:
500 words max

Please attach relevant documents (if required).

Attach a file:

2.a Project milestones

Please list the project's major milestones and a brief description of what will happen. Break down broad goals into specific activities, and indicate how long each milestone will take.

Milestones demonstrate that you've thought through the entire project and how it will be delivered in detail. Milestones help track your project's progress and will form the basis of check-in reports at key stages.

Community Garden Grants 2026/27 (Round 12)

Form Preview

If you prefer to complete the template in Excel, download the linked template below and upload the completed template in the next section.

[Milestone Table - template download](#)

Milestone	Description	Start Date	Finish Date	Location (if relevant)
E.g. planning, equipment, purchasing, workshop, promoting or evaluating	State (and briefly describe) the activity associated with the specific milestone	If timing is not fixed please estimate or describe what it depends on	If timing is not fixed please estimate or describe what it depends on	E.g. where the activity will take place or 'not applicable'

Upload document/s related to your milestone or the associated planned activities, including the completed Excel template here if necessary

Attach a file:

If relevant, upload any project site plans/sketches or project activity concepts/frameworks below

Attach a file:

Do you plan to maintain the project after the funding period has ceased? If so, how? *

Word count:

Must be no more than 200 words.

2.b Risk management plan

Please describe the potential risks of your project and their consequences. Include a risk level, and how you plan to prevent those risks from occurring.

Detail any issues, risks, constraints or knowledge gaps that may reduce the potential to achieve your project outcomes. Click the link below for guidance and examples of possible risks.

[Risk Level table with examples](#)

If you prefer to complete the template in Excel, download the linked template and upload in the next section. In the table below, enter 'TP' in the first and last box in row 1 to continue.

[Risk Assessment Form - template download](#)

Community Garden Grants 2026/27 (Round 12)

Form Preview

Potential Risk	Consequences of potential risk	Likelihood of potential risk occurring	Risk Level	Measures to reduce potential risk from occurring
e.g. Land use approvals not in place by the stated timeframe	E.g. minor	E.g. Possible	E.g. Medium	E.g. Keep in regular contact with relevant person processing your application

Upload completed Risk Assessment below

Attach a file:

2.c Budget (GST Exclusive)

Provide a complete breakdown of your project budget in the table below, including any other funding sources contributing to the total project cost.

You must complete all elements of the budget table below. Provide accurate details for each section as outlined:

Funding Type - Indicate where funds will come from. Select 'CGG Grant f' for requested funding from the Community Garden Grants Program.

Expenditure Type: List all resources for the project, including grant funds, cash, and in-kind contributions (e.g. donated materials, services, volunteer time, labour, or expert advice). As a guide, volunteer time or labour contributed to the project should be calculated at \$50.40/hr. Contributions from professionals or contractors should be calculated at current average industry rates..

Expenditure Description: Clearly describe what the funds will be used for. Refer to the Program Guidelines for eligible and ineligible expenses.

Amount (\$): Please use numbers only (e.g. 1000, not \$1,000) to ensure the amounts for both columns are calculated correctly. Ensure you differentiate between requested grant funding and applicant contributions.

Calculation Method: State how each cost was determined, for example, from a quote, online price, verbal/email confirmation. All quotes stated are to be provided in the Budget Supporting Documentation section.

Please note: up to 10% of requested grant funds can be used for project administration (ordering materials, creating factsheets, volunteer communications, reporting requirements and maintaining financial record keeping throughout the project).

If you prefer, download the Excel template, complete it, and upload it in the next section. Enter the total amounts for Requested Funding and Applicant Contribution in the first row to continue.

[Budget Table - template download](#)

Community Garden Grants 2026/27 (Round 12)

Form Preview

Funding Type	Expenditure Type	Expenditure Description	Requested Funding Amount	Applicant Contribution Amount	How was this calculated?
			Numerals only	Numerals only	For example: Quotes or online shop
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

Requested Funding Amount *

This number/amount is calculated.

This is the total amount of financial support you are requesting in this application. The funding limit for grant applications is \$10,000 (GST exclusive) per applicant

Total Project Amount *

This number/amount is calculated.

This is the total amount from all funding sources that are contributing to your project.

If you completed your budget table by downloading the template provided, please upload the Excel file below.

Attach a file:

Budget Supporting Documentation

Please upload any supporting documentation for how your budget items were calculated such as quotes.

Attach a file:

Will you need other non-financial inputs in order to successfully carry out your project?

Word count:

Must be no more than 150 words.

Community Garden Grants 2026/27 (Round 12)

Form Preview

Non-financial inputs could include staff time or expertise, equipment, facilities, advocacy, and other types of support not stated elsewhere.

Merit criterion 3 (15%)

Define your project outcomes and how they will be evaluated. Does your project indicate good value for money? In assessing this criterion the following will be considered:

- the project outcomes provided in the application and how the project will be evaluated, including qualitative and quantitative outcomes.- the value for money in terms of direct cash inputs, in-kind contributions, the number of people in the community who will benefit from the project and prioritises purchasing from small to medium local ACT businesses.

Please provide rationale. *

Word count:

Must be no more than 300 words.

Merit criterion 4 (15%)

Does your project demonstrate community and stakeholder support? In assessing this criterion, the following will be considered:

- the extent to which volunteer support is provided to complete the project and to maintain the gardens beyond the life of the grant. Letters supporting involvement from community organisations, co-operatives and volunteer group should be submitted as evidence for this criterion.

Favourable consideration will be given to projects that promote partnerships and/or interactions beyond their community group.

Please provide rationale. *

Word count:

300 words max.

Attach relevant letter/s of support (for the project itself and for participating in the project) here

Attach a file:

Attach governance arrangements (i.e. management framework)

Attach a file:

Community Garden Grants 2026/27 (Round 12)

Form Preview

REMEMBER to save your work.

Previous and Current Grants

Provide details of any other grants received from the ACT Government over the past two years, detailing the funding program, the project title, activities carried out and funded amount. Please indicate the status of these grants (still completing/completed/acquitted).

Remember to save your work.

Certification

* indicates a required field

This section should be signed by the chair or president of the organisation or group.

- I certify that to the best of our knowledge the statements made within this application are true and correct and have read and understand [the Program Guidelines](#)
- I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined within the application package and in accordance with [the Program Guidelines](#)
- I acknowledge that CED will not accept late applications
- I acknowledge that CED may vary the level of funding provided through the Grants program at its sole discretion
- I acknowledge that CED cannot guarantee funding for any application, and cannot guarantee funding for the full amount requested by the applicant.

Name *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Position *

Phone Number *

Community Garden Grants 2026/27 (Round 12)

Form Preview

Must be an Australian phone number.

Email *

Must be an email address.

I agree *

☐ Yes

☐ No

Date *

Must be a date.

Secondary Contact *

☐ Individual

☐ Organisation

Organisation Name

Title

First Name

Last Name

Secondary Contact Position *

Secondary Contact Phone Number *

Must be an Australian phone number.

Secondary Contact Email *

Must be an email address.

Applicant Feedback

This is the last step in the application process. Before you review your application and click the **SUBMIT** button, please take a few moments to provide some feedback.

Where did you hear about the grant program?

☐ Colleague

☐ Email from
CED

☐ Internet
Search

☐ Media
Release

☐ Network

☐ Other:

Please indicate how you found the online application process:

☐ Very Easy

☐ Easy

☐ Neutral

☐ Hard

☐ Very Hard

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

Community Garden Grants 2026/27 (Round 12)

Form Preview

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