2026-2027 Quarterly Grants Program - SOCIAL ENTERPRISE BUSINESS PLANNING

Form Preview

Instructions for Applicants

* indicates a required field

Social Enterprise Business Planning Overview

The City of Parramatta Council offers a quarterly Grants program aligned with the financial year period. **For the purpose of this Grant Program a social enterprise is defined as a business that puts people and planet first. They trade like any other business but exist specifically to make the world a better place.**

Five global standards, set by the Social Enterprise World Forum, define what makes a social enterprise.

The five global standards are:

Purpose

Exists to solve a social and/or environmental problem.

Operations

Prioritises purpose, people, and planet over profit in day-to-day decisions.

Revenue

Has a self-sustaining revenue model, earning income through trade.

Use of surplus

Reinvests the majority of any surplus back into its purpose.

Structure

Chooses legal structures and financing that protect and lock in purpose long term.

This grant offers up to $2,000 and aims to:

- Assist existing local social enterprises to engage an external professional service that can assist with the ongoing operation and sustainability of the business (such as marketing, web design, and book-keeping).

- Provide funding for existing not-for-profit organisations who are at the concept development stage of a social enterprise project and need assistance in the research, development and writing of a social enterprise business plan.

Assessment Criteria

CRITERIA

To engage a professional service:

Degree to which the Social Enterprise’s social, environmental or cultural mission is clearly described

15%

Degree to which the mission of the social enterprise aligns with an area of social, cultural, economic or environmental need in the City of Parramatta LGA.

20%

Degree to which the need for this proposal is clearly explained

25%

Degree that the professional service will assist with the sustainability of the social enterprise or assist with business planning into the future

25%

The extent that the cost of services provided in the quote(s)/budget is realistic in achieving intended outcomes

15%

Development of a social enterprise business plan:

Degree to which the proposed Social Enterprise’s social, environmental or cultural mission is clearly described

20%

Degree to which the mission of the social enterprise aligns with an area of social, cultural, economic or environmental need in the City of Parramatta LGA.

25%

Degree to which it has demonstrated that a social enterprise model is the best model for the proposed organisation/activities

20%

Degree that evidence of business planning experience and relevant skills to undertake the project has been provided (this includes skills of internal staff if doing the plan in-house, or external specialists being engaged to undertake the work)

20%

The extent that the cost of services provided in the quote(s)/budget is realistic in achieving intended outcomes

15%

Application Timeline

Applications are accepted all year round by assessed on a quarterly basis. If successful, applicants will have up to 6 months to complete their project. Please note that the closing date for each quarterly funding round are as follows:

- 1st September 2026, Tuesday (end of day 23:59)
- 2nd November 2026, Monday (end of day 23:59)
- 1st February 2027, Monday (end of day 23:59)
- 26th April 2027, Monday (end of day 23:59)

Grant Support

Grant Support

We are committed to ensuring you feel supported throughout your application process. If you have any questions, or have any accessibility requirements, please do not hesitate to reach out to our team. We are here to help!

Email: grants@cityofparramatta.nsw.gov.au

We encourage all applicants to have discussed their application with Community Capacity Building Lead Lucy Brotherton before applying: lbrotherton@cityofparramatta.nsw.gov.au

Date of contact with Council Officer *

Must be a date.

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the program guidelines here.

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

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **grants@cityofparramatta.nsw.gov.au.**

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you are able to demonstrate alignment between your project and the aims of this program
- your organisation meets the definition of a Social Enterprise (if applying to engage an external professional service)
- your organisation has an address within the City of Parramatta or can demonstrate connections and activity with the communities of Parramatta
- your organisation does not owe any reports or money to City of Parramatta Council as a result of previous funding or grants
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant

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

Contact Details

* indicates a required field

Privacy Notice

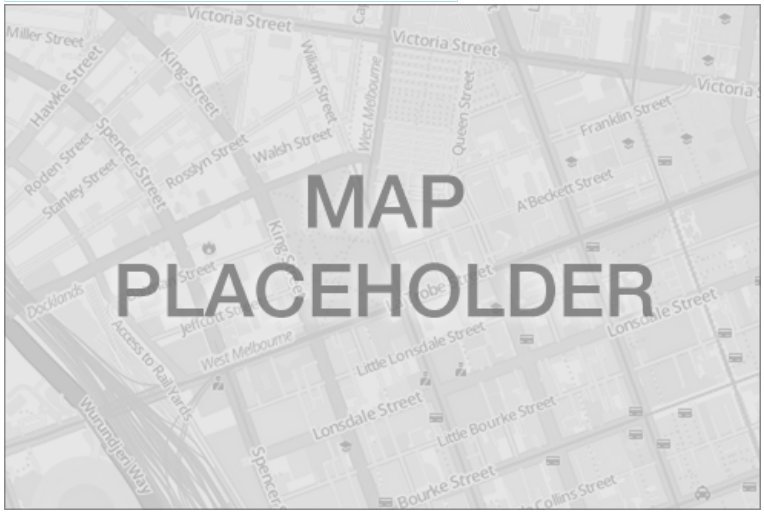
We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.*

Applicant Details

Applicant organisation name *
Organisation Name

Make sure you provide the same name that is listed in official documentation.

Applicant primary address
Address



Applicant postal address
Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Primary Contact Details

Primary contact *

Title | First Name | Last Name

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

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact phone number *

Must be an Australian phone number.

Primary contact email address *

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

Organisation Details

* indicates a required field

Select one of the following:

○ I am a local social enterprise seeking professional services
○ I am an existing organisation (or group of individuals) preparing a business plan

How long has your social enterprise been in operation?

Number of months or years.

What is your organisation's legal structure? *

○ Unincorporated association
○ Organisation established through specific legislation

○ Incorporated association
○ Cooperative
○ Company limited by guarantee
○ Trust
○ Unknown
○ Other:

○ Indigenous corporation, association or cooperative
If your organisation is unincorporated. it must have an auspice organisation.

What is your organisation's purpose or mission? *

Is your social enterprise located in City of Parramatta Local Government Area? *
○ Yes
○ No

If No, please provide evidence of your previous work in the City of Parramatta and/or your established connections with the communities of Parramatta.
Attach a file:

Does your organisation have an 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	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Additional Information - Bank Account Details

Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Remittance Email *

Must be an email address.

Additional Information - Insurance Coverage

Council requires successful applicant's to have an appropriate level of insurance for any funded project that has the potential to cause harm or loss to those involved.

If your organisation's Certificate of Currency for public liability expires during the course of the project, you will need to submit a renewed certificate of currency for public liability to cover the remainder of the project. This will be written as a condition of your funding agreement.

Please upload a copy of your Certificate of Currency Public for Liability Insurance *

Attach a file:

Expiry Date for Certificate of Currency *

Must be a date.

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement of Supplier Form. *

Attach a file:

Max 25mb per file uploaded

What is your incorporation number? *

Incorporated Association or Australian Company Number

Auspice Information

* indicates a required field

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

○ Yes ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

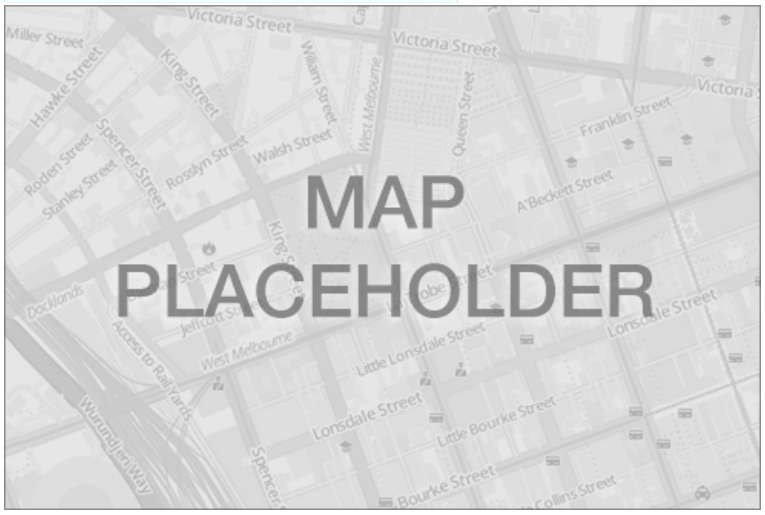
Auspice organisation name *

Organisation Name

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

Auspice primary address

Address



Auspice postal address

Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice website

Must be a URL.

Primary contact person at auspice organisation *

Title | First Name | Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

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

Auspice primary contact primary phone number *

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

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

Does the auspice organisation have an ABN? *

○ Yes ○ No

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.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement of Supplier Form: *
Attach a file:

Max 25mb per file uploaded

Project Description - Professional Services

* indicates a required field

Describe the social, environmental or cultural mission of your Social Enterprise *

Word count:
Must be no more than 25 words.
Provide a name for your project/program/initiative. Your title should be short but descriptive

Describe how your social enterprise mission aligns with an area of social, cultural, economic or environmental need in the City of Parramatta LGA. *

Describe the activity the professional service will provide and why this is needed by your social enterprise at this time. *

How will this professional service assist with the sustainability of your social enterprise or assist with business planning for the future? *

Please upload at least one quote for the professional services you are seeking *
Attach a file:

Must be within 3 months of submitting your application.

Total amount you are requesting?

Must be a dollar amount.

Project Description - Business Development Plan

* indicates a required field

Outline the social, environmental and/or cultural mission of the proposed social enterprise *

Describe the trading and market activities of the proposed social enterprise *

Describe how the proposed social enterprise will address a social, cultural, economic or environmental need in the City of Parramatta Local Government Area and how you have identified this *

Project Budget (Expenditure)

Expenditure description	Expenditure type	Amount	Quote
Provide clear descriptions for each budget item. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.	Please select the type of expenditure.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	All items over $500 must be supported with a quote, valid within 3 months of submitting your application.
	Other:		
	Other:		
	Other:		

Social Enterprise Model

Describe why you think that a social enterprise is the best choice for your proposed activities

You must include a letter of support from your board or the organisation providing auspice.
Attach a file:

Project Workplan

Please complete the below project work plan that includes:

- Project Milestones
- Tasks/Actions
- Performance Indicator
- Timeframe

If you have any questions regarding this work plan, please contact Lucy Brotherton at lbrotherton@cityofparramatta.nsw.gov.au.

Add a line for each new milestone / Stage. Please complete a minimum of two Milestones and a maximum of six.

Milestone / Stage	Key Tasks / Actions	Measurements of Completion	Timeframe for Key Task / Action

Declaration

* indicates a required field

Declaration made by or on behalf of the Applicant

The Applicant:

1. Declares the information submitted in this application is, to the best of the Applicant's knowledge, true, and presents fairly, in all material respects, the financial position of the Applicant;

2. Agrees to notify City of Parramatta Council as soon as the Applicant becomes aware of any changes to this information or any circumstances that may affect this application, which includes, but is limited to, information regarding the financial viability of the Applicant;

3. Acknowledges that City of Parramatta Council may seek further information regarding this application, if required;

4. Acknowledges that this is an application only and that the application may not necessarily result in a grant of funding being awarded by City of Parramatta Council, to the Applicant; and

5. Understand and agrees that if the Applicant is successful in making this application, which results in City of Parramatta Council awarding a grant of funding to the Applicant, that it has read and agrees to be bound by, and a party to, the Funding Agreement Standard Terms and Conditions, a copy of which can be found **here.**

Signature of Applicant (also known as the Grantee, for the purposes of the Funding Agreement Standard Terms and Conditions), agreeing to the above Deceleration:

Note: For the avoidance of doubt, by this signature, the Applicant will be bound by, and a party to, the Funding Agreement Standard Terms and Conditions, as the named Grantee in those Funding Agreement Standard Terms and Conditions, if the Applicant's application results in City of Parramatta Council awarding a grant of funding to the Applicant.

Please confirm you understand the above declaration by clicking 'Agreed'. *

☐ Yes

Public Officer's Name *

Title | First Name | Last Name

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

Signature *

Signature

Date of Declaration

Must be a date.

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.

Please indicate how you found the online application process.

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

How did you learn out about this grant program?

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