J&Y Girls Uniform Grants Program 2026
Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the program Guidelines

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.

If you have any questions in regards to these eligibility criteria, please contact **women.girls@afl.com.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

I confirm that the applicant ...

- has read and understands the program Guidelines
- is a Women and Girls Chartered Club, or is in the process of becoming a chartered club

Visit: https://play.afl/clubhelp/women-girls/community-football-charter for more information on the Women and Girls Community Football Charter.

Please select below: *

○ Yes ○ No

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

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.* To view our privacy statement, go to **AFL & AFL Club Privacy Policy - AFL.com.au**

Applicant Details

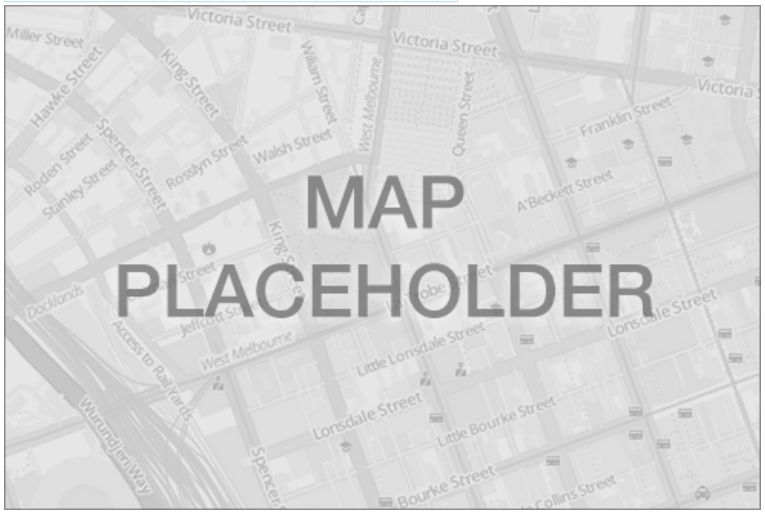
Applicant Club Name *
Organisation Name

Please enter the name of your community footy club, league or assosciation. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Competition / League Name *

Example: VAFA, Mornington Peninsula Football Netball League, Great Southern Football League etc.

Applicant primary address
Address



Applicant postal address
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, Board Member or Fundraising Coordinator.

Primary contact primary 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

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	

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

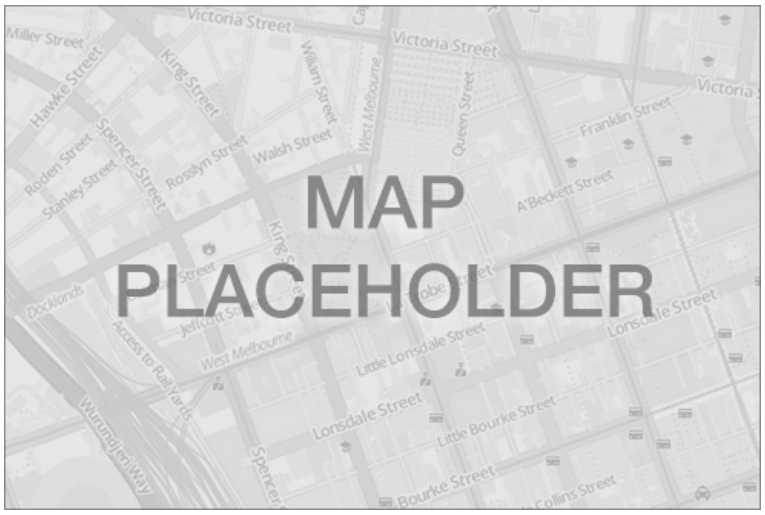
Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

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 website

Must be a URL.

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

Auspice Primary Contact

If successful, this contact will be the key contact for this project.

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 office phone number

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Project Details

* indicates a required field

Project title: *

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

Funding Overview

Grants applications must fall into the following category:

Providing Suitable Uniform for Junior and Youth Girls

Funding is open to community clubs, leagues, and umpire associations to support with replacing and/or purchasing suitable junior and youth girls uniforms. This may include:

- Replacing white shorts with a suitable alternative for junior & youth girls team, or;
- Purchasing of appropriate playing/umpiring uniforms that are made specifically for girls (i.e.

  female cut shorts, guernseys and sports bras)

Please note: this does not include training uniforms and socks. This grant round is only open to junior and youth girls. For avoidance of doubt, this includes teams, umpires and competitions under the age of eighteen.

Please provide a short summary of your requirements *

Word count:
Must be no more than 200 words.

Please confirm if you are providing a video submission or written submission to support your application. *

☐ Video
☐ Written

No more than 1 choice may be selected.

Video Submission

Please share a 2-minute video capturing the following:

1. Why this funding is required.
2. How this initiative will support women and girls in community football
3. Impact this project will have on community participation for women and girls.

To share your video using a video hosting platform, please enter the link below *

For help on how to upload a video to YouTube please click HERE

For help on how to share a video with a custom URL please click HERE

Please ensure your link is working and your settings allow anyone to view your video before submitting.

Written Submission

Written submissions should capture the following information:

1. Why this funding is required.
2. How this initiative will support women and girls in community football
3. Impact this project will have on community participation for women and girls.

Submissions to be no more than 750 words.

Please upload your document using the below link *
Attach a file:

Inputs (Budget)

* indicates a required field

What type of not-for-profit organisation are you? *
- ○ Community Football Club
- ○ Community Football League
- ○ Community Football Association
- ○ Umpire Association
- ○ Other:

Please choose the option that best applies to your organisation.

Clubs and Umpire Associations

Total Amount Requested *
$
Must be a dollar amount and no more than 3000.

Football Leagues

Total Amount Requested *
$
Must be a dollar amount and no more than 10000.

Total Project/Program Cost *
$
Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

% of AFL contribution to Total Project Cost

This number/amount is calculated.

Expenditure Description	Expenditure Amount ($)
	$
	$
	$
	$
	Excluding GST

Please attach any quotes or supporting documentation confirming costs set in your budget *
Attach a file:

response optional

Women and Girls Game Development Action Plan

* indicates a required field

In 2022, The AFL launched the Women & Girls Game Development Action Plan which is striving to achieve equal opportunity for women and girls to play, coach, umpire, officiate and govern community football.

Phase 2 (2026-2028) of the Women & Girls Action Plan was launched in 2025 and can be viewed HERE.

The following questions will assist our team in gaining further insights into the applicant's commitment to women and girls in football.

I have read the Women and Girls Game Development Action Plan Summary *
- ○ Yes
- ○ No, but I intend to
- ○ No

I would like to learn more about how my state is supporting the Women and Girls Game Development Action Plan *
- ○ Yes
- ○ No

If you select yes, we will forward your contact information to your local Women and Girls Lead once applications have closed

My club/association committee/board consists of at least 40% women *
- ○ Yes

○ No
○ Unknown

My club/association is a signatory of the Women and Girls Community Football Charter *
○ Yes
○ No
○ Unknown
To be eligible, it is a requirement for clubs, leagues & umpire associations to be signatories of the Charter or in the process of becoming chartered. Visit: https://play.afl/clubhelp/women-girls/community-football-charter for more information on the Women and Girls Community Football Charter.

Is this club willing to become a signatory of the AFL Women & Girls Community Football Charter before completion of this project?
○ Yes ○ No

If no, please provide more information: *

Certification

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and 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 in the letter of approval.

I agree * ○ Yes ○ No

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)

Contact phone number *
Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date