

Seniors Month Grants Expression of Interest 2026

Form Preview

Seniors Month Grant Expression of Interest Form 2026

Horsham Rural City Council, with funding provided by the Victorian State Government - Victorian Seniors Festival 2026, invites expressions of interest from community groups to deliver small events throughout the month of October 2026.

Expressions of Interest open on 14 August 2026 and will close on 28 August 2026.

The maximum grant request for this opportunity is \$200.

The Expression of Interest form must be completed online. If you require assistance to complete the on-line form, our Community Grants Team can help, please contact Customer Service on 53829777 to make an appointment.

Privacy

Horsham Rural City Council (Council) is collecting the information in this form for the purposes of supporting your grant application. We will take all reasonable measures to protect your information from unauthorised access, loss or misuse. For further details of Council's privacy policy and privacy statement please click [here](#).

Contact Details

* indicates a required field

Organisation Details

Organisation Name *

Postal Address

Address

Head of organisation *

Title

First Name

Last Name

Organisation telephone contact *

Organisation email address: *

Contact for Application

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Contact Name *

Title

First Name

Last Name

Position held *

Must be an Office Bearer of the organisation

Contact phone number: *

Contact Email *

Auspice Organisation

If your organisation is not incorporated you will require a not-for-profit auspice organisation to manage your grant.

Does you require an auspice organisation? *

- ☐ Yes
☐ No

If you choose yes, you must attached a signed Auspice Agreement (below). Click [here](#) to download the template

Auspice Contact details

Auspice Organisation

Organisation Name

Must be a not-for-profit organisation

Auspice Primary Address

Address

Auspice Primary Phone Number

Must be an Australian phone number.
i.e. 0353829777

Auspice Primary Email

Must be an email address.

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Auspice Contact Officer (name)

ABN Number

If you or your auspice organisation do not have an ABN - you need to complete an Australian Taxation Office Statement by Supplier form and submit it with your application. Template available [here](#)

Failure to provide either an ABN or statement by supplier will result in Council being obliged to withhold 46.5% of the grant allocation (if successful)

Please note that if you have nominated an auspice, this ABN must be for your auspice organisation

Does your organisation or auspice have an ABN Number?

- ☐ Yes
☐ No

Australian Business Number (ABN) for your organisation or auspice (if applicable)

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	

Must be an ABN.

Attach Statement of Supplier form (if required)

Attach a file:

Template available [here](#)

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Bank Account

If your application is successful, the grant will be paid into your bank account or your auspice organisation bank account (as applicable)

Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

GST

If your organisation (or auspice) is registered for GST, your project funding will exclude GST

Please identify your GST status *

- ☐ Registered for GST
☐ Not registered for GST

Event Details

* indicates a required field

Event Name *

Event date: *

Must be a date and between 1/10/2026 and 31/10/2026.

Grant amount requested: *

\$

Must be a dollar amount and no more than 300.

What is your planned Seniors Event? *

Word count:
200 word maximum

What do you want to spend the grant funding on? *

Word count:
200 word maximum

Event location

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Event must be undertaken within the Horsham Rural City municipality.

Project location - please add address

Address

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

Declaration

** indicates a required field*

Declaration

I agree that the grant funds (if successful) will be used to deliver the event as detailed in this Expression of Interest.

I agree to submit a Completion Report to Council as soon as the event is complete.

I am authorised to complete this application and have read and understood the declaration statement *

☐ Yes

Authorised Person's Name *

Title

First Name

Last Name

Position held *

Must be an office bearer

Date of declaration *