

Urgent Need Grant Application form 2026-2027

Form Preview

Urgent Need Grant Application Form 2026-2027

Horsham Rural City Council Urgent Need Small Grants program supports urgent and short-term requests for funding from not-for-profit groups within our community.

Applications for the 2026/2027 round open on 1 July 2026.

The funding round will remain open until 30 June 2026 or until the total funding pool is fully allocated.

The minimum grant request is \$200 and the maximum grant request is \$1,000.

The application form must be completed online.

Please discuss your project with Council's Grants Team on 53829777 before applying.

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](#).

Eligibility

Is your organisation Not-for-profit

- ☐ Yes
- ☐ No

Does your organisation operate in Horsham Rural Council municipality?

- ☐ Yes
- ☐ No

Does your organisation (or auspice) have public liability insurance?

- ☐ Yes
- ☐ No

Not eligible to apply

Unfortunately, you answered **no** to one or more of the above eligibility requirements and are not eligible to apply for this grant round. If you would like further information please contact the Grants Team 53829777.

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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

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

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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.

Auspice Contact Officer (name)

Attach signed Auspice Agreement

Attach a file:

Template available [here](#)

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

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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](#)

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

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Please identify your GST status *

- ☐ Registered for GST
- ☐ Not registered for GST

Project Details

* indicates a required field

Project Name *

Project start date: *

Must be a date and between 1/7/2026 and 30/6/2027.

Project end date: *

Must be a date and between 1/7/2026 and 30/6/2027.

Grant amount requested: *

Total project cost: *

Brief project description: *

Word count:
200 word maximum

Why do you need to do this project? *

Word count:
200 word maximum

Project location

Project 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.

Does your project propose works or activities on land you own? *

- ☐ Yes
- ☐ No (you may need Land Owner consent depending on your project)

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Land owner consent

*If your project involves an event or building, landscaping works or maintenance to land and buildings you **do not own**, you will need to provide evidence of Land Owner consent. Please attach a letter of consent.*

If your project involves property owned or managed (Crown Land) by Horsham Rural City Council you will need to discuss your project with the Grants Team on 53829777 before submitting your application

Attach Land Owner Consent

Attach a file:

Template available [here](#)

Funding

What is the grant amount requested from Council?

Maximum request \$1,000

What are you going to spend the Council grant amount on?

Expense	\$ Amount
Please list each item separately	

Grant Expenditure Total

Total Expenditure Amount

This number/amount is calculated.

Declaration

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* indicates a required field

Declaration and Privacy statement

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

I have read the guidelines for the program prior to submitting this application form.

I agree that I will contact Horsham Rural City Council immediately if any information provided in this application changes or is incorrect.

I agree that the grant funds (if successful) will be used to deliver the project as detailed in this application.

I agree to submit a Completion Report to Council as soon as the project 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 *