Youth Grant Application Form 2026-2027

Horsham Rural City Council Youth Grants program allocates funding for activities or projects that benefit young people who live, work or study in the Horsham municipality.

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

The funding round will remain open until 30 June 2027 or until the total funding pool is fully allocated.

The minimum grant request is $200 and the maximum grant request is $2,500.

The application 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.

Eligibility

Is your organisation Not-for-profit or do you have a Not-for-profit auspice for your application?

- ○ Yes
- ○ No

Is your project for the benefit of young people (aged between 10-24) living, working or studying 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.

Applicant Details

* indicates a required field

Contact for Application

Applications may be submitted by individuals or not-for-profit organisations

Contact Name *

Title | First Name | Last Name

Position held

Contact phone number: *

Contact Email *

Applicant Organisation Details

If the applicant is a not-for-profit organisation, please complete this section

Organisation Name

Postal Address

Address

Head of organisation

Title | First Name | Last Name

Organisation telephone contact

Organisation email address:

Must be an email address.

Auspice Organisation

If you are an individual applying for a grant or your organisation is not incorporated, you will require a not-for-profit auspice organisation to manage your grant. A signed Auspice Agreement must be attached below.

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.

Auspice Contact Officer (name)

Attach signed Auspice Agreement
Attach a file:

Template available here

ABN Number

If your organisation 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 withold 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

Bank Account

If your application is successful, the grant will be paid into your organisation 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

Project Details

* indicates a required field

Project Name *

Estimated start date: *

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

Estimated end date:

Must be a date.
The project must be completed within 12 months of the grant approval date

Grant amount requested: *

$

Maximum grant request is $2,500

Total project cost: *

$

What is your project idea: *

Word count:
Must be no more than 200 words.
Clearly explain your project

Why do you want to do this project? *

Word count:
Must be no more than 200 words.
What is the purpose of your project? Is is creative or innovative?

How many young people between 10-24 years of age will benefit from your project?

Must be a number.

How does your project directly benefit young people and /or the wider Horsham community? *

Word count:
Must be no more than 200 words.

Is your project youth led, with young people actively involved in planning, decision making and delivery?

Word count:
Must be no more than 200 words.

Explain how your project will have a positive impact. Will it support learning, well-being, inclusion, connection and skill development?

Word count:
Must be no more than 200 words.

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)

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 HRCC Youth Team on 53829531 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 $2,500

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.

The grant amount requested in this application may be reduced. Should the grant amount be reduced, please indicate the minimum grant that would allow the project or part of the project to proceed.

Minimum grant

Must be a dollar amount.

Quotations

Attach quotations for all expenditure items greater than $1,000
Attach a file:

Delivering your project

Is your project achievable? Are there any risks?

Word count:
Must be no more than 200 words.
Please explain how your will deliver your project within the proposed timeframe and budget

Declaration

* 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 and auspice (if applicable).

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

If applicable

Date of declaration *