

# Community Development Grants Application Form

## Form Preview

### Horsham Rural City Council Community Development Grants Application Form 2025-2026

Horsham Rural City Council's Community Grants Program allocates funding to enhance and support the many different not-for-profit community groups in the municipality.

Applications for the 2025/2026 round close on **Monday 3 March 2025.**

The maximum allocation per organisation is \$10,000 although most successful applications range between \$500 and \$5,000.

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.

**PLEASE NOTE: YOU CANNOT APPLY FOR EVENT FUNDING UNDER THIS STREAM.** A separate funding round for events support will open in May 2025

#### 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

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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.

### 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.***

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**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 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***

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### 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	<a href="#">More information</a>
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.

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### 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 \***

**Project start date: \***

Must be a date and between 1/7/2025 and 30/6/2026.

**Project end date: \***

Must be a date and between 1/7/2025 and 30/6/2026.

**Grant amount requested: \***

**Total project cost: \***

**Brief project description: \***

Word count:  
200 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 will need Land Owner consent for any external/internal building works or landscaping)

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### Land owner consent

*If your project involves internal/external building 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 will be undertaken on property owned or managed (Crown Land) by Horsham Rural City Council please complete and attach the HRCC Land Owner Consent [template](#)*

#### Attach Land Owner Consent

Attach a file:

Template available [here](#)

### Other facility user groups

#### Does your project impact other groups that regularly use the facility?

- ☐ Yes - you must attach a signed Endorsement Form for each impacted user group  
☐ No

#### Attach signed endorsement form(s)

Attach a file:

Template available [here](#). Multiple endorsement forms may be attached as required

### Permits required

#### Does your project require a Planning, Building or Cultural Heritage Permit?

- ☐ No permits required  
☐ Yes, ensure that the cost of obtaining any permits is included in your project

## Project Description

\* indicates a required field

#### What are the planned activities or works? \*

Word count:

Must be no more than 200 words.

#### Why do you want to do this project? (What is the problem you are trying to solve?) \*

Word count:

Must be no more than 200 words.

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**Who will benefit? \***

Word count:

Must be no more than 200 words.

**What will the project achieve? \***

Word count:

Must be no more than 200 words.

**Please describe any project risks (if applicable)**

**How many people will benefit from the project? \***

Must be a number.

**Age groups involved with the project \***

- ☐ +65
- ☐ 36-65
- ☐ 16-35
- ☐ 0-15

At least 1 choice must be selected.

## Funding Priorities

\* indicates a required field

Support of key priorities

**Which of the following key funding priorities does your project support? (select all that apply) \***

- ☐ Supports First Nations peoples health and wellbeing
- ☐ Values and respects the culture of First Nations peoples
- ☐ Provision of accessible, inclusive, safe and welcoming spaces
- ☐ Supports tourism and events
- ☐ Addresses family violence, alcohol and other drugs, tobacco and gambling harm
- ☐ Supports gender equity
- ☐ Improves mental health and social connection
- ☐ Encourage participation and diversity in sports, events, art and culture
- ☐ Supports child and youth initiatives
- ☐ Supports social inclusion and positive ageing for older people
- ☐ Encourages innovation and new technologies in our community
- ☐ Supports adaptation to reduced emissions and climate change
- ☐ Supports protection and conservation of our natural environment

At least 1 choice must be selected.

Inclusion

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**Does your project specifically support the inclusion of people that experience barriers to participation? \***

- ☐ Yes  
☐ No

**Tell us how your project specifically targets the inclusion of people that experience barriers to participation? \***

Word count:

Must be no more than 200 words.

## Project Budget

Provide details of your project budget

**Is your organisation (or auspice) registered for GST?**

- ☐ YES - do not include GST in your budget  
☐ NO - include GST in your budget

## Cash Budget

<b>Income (how you will pay for your project)</b>	<b>\$</b>	<b>Expenditure (items you are going to purchase)</b>	<b>\$</b>
Please list all cash contributions		Please list all cash expenditure items i.e. Airconditioner	
Grant request			
Applicant cash			
Other cash contributions			

## Cash Budget Totals

*Note: Total project income must equal total project expenditure*

**Total Income Amount**

This number/amount is calculated.

**Total Expenditure Amount**

This number/amount is calculated.

**Income minus Expenditure**

This number/amount is calculated.  
\$0



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### In-kind project support

*Please provide details of any in-kind support that you are contributing to the project. In-kind support may include:*

- *Voluntary labour (calculate using a rate of \$30 per hour)*
- *Commercial value of products donated to a project i.e. paint*
- *Commercial hire value of equipment donated i.e. small digger for landscaping.*

#### Details of In-kind support

\$


### Total of In-kind support

#### Total In-kind support

This number/amount is calculated.

### Quotations

*Quotations must be attached for any individual expenditure items above \$1,000.*

#### Add quotation(s) here

Attach a file:

### Additional budget information

**If your cash contribution is greater than \$5000, please attach a copy of your organisation's latest annual financial report.**

Attach a file:

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

Must be a dollar amount.

### Application Check List

\* indicates a required field

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Please indicate whether you have considered and submitted (as required) all components of the application by checking the appropriate box.

- \*
- ☐ Signed Auspice form has been attached if required
  - ☐ Signed Endorsement form(s) has been attached if required
  - ☐ The applicant organisation (or auspice) has public liability insurance
  - ☐ Quotations have been attached for all expenditure items more than \$1,000
  - ☐ Organisation's last Annual Financial Report has been attached if your cash contribution is greater than \$5,000

### Support Material:

Please attach any additional information that may help explain your project i.e. photographs

**Attach Files:**

Attach a file:

## 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.

I have read the accompanying guidelines for applicants provided with 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 Community Grant Project 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

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**Position held \***

Must be an office bearer

**Date of declaration \***