Youth Go Grants 2026 Application Form
Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before you begin Before completing this application, please read the Youth GO! Grants T&C's.

This section is designed to help you understand whether your project is eligible for funding before you invest time in completing the full application.

We recommend answering these questions first, as ineligible applications cannot be considered.

Important information

- Applications received after the closing date will not be assessed
- Incomplete applications will not be considered
- All applications must meet the eligibility criteria outlined in the program guidelines

Need help?

If you have any questions about eligibility or the application process, please contact Campaspe Shire Council's Youth Team:

Phone: 1300 666 535

Email: youthteam@campaspe.vic.gov.au

If you contact us, please include your application number.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- You have read and understood the Youth GO! Grants program guidelines
- Your project aligns with the aims of this funding program
- Your organisation is a not-for-profit organisation; an educational institution; or be auspiced by a not-for profit organisation.
- Your organisation is located in, or provides services to, the Shire of Campaspe
- Your organisation is financially viable
- Your organisation has no outstanding debts to Council or overdue acquittals from previous Council funding.
- Holds appropriate insurance for the activities outlined in this application
- Your organisation is able to deliver the activities alcohol, smoke, vape and drug-free, and is accessible to young people.
- Your organisation is able to deliver the activities for free or low cost to participants.

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

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 Privacy statement Campaspe Shire Council

Applicant Details

Organisation *
Organisation Name

Make sure you provide the same name that is listed in official documentation.

Organisation primary address
Address

Organisation primary phone number *

Must be an Australian phone number.

Organisation email address *

Must be an email address.

Primary Contact Details

Primary contact *
First Name Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Director 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

What is your organisation's purpose or mission? *

Word count:
Must be no more than 100 words.

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	

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 primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Primary contact person at auspice organisation *

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

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.

Project Details

* indicates a required field

Project title *

Word count:
Must be no more than 25 words.
Provide a name for your project/program/initiative. Your title should be short but descriptive

Project Dates

When will your project begin? *

Must be a date.

When will your project end? *

Must be a date.

Project Description

Please provide a short description of your intended activity or event *

Word count:
Must be at least 50 words.
What your activity/event is. Who it is for (which young people will be involved). What will happen during the activity/event. What you hope young people will get out of it.

How will you ensure the project is inclusive and accessible for all young people? *

You may wish to consider gender diversity, disability and neurodivergence, cultural and religious inclusion, transport, cost, and access barriers

Which age group is your project/activity primarily designed for? *

○ 12 - 17 years
○ 18 - 25 years
○ Other:

The majority of participants must fall within the selected age group. For child safety and program clarity, it is recommended that activities are designed for one age group only, rather than combining 12–17 and 18–25, where appropriate.

Is there a cost for the young person to participate in this acitvity? *

☐ No
☐ Yes
☐ Other:

If there is any cost to the young person to participate in this activity at all, what are those costs and what is it for? Please detail *

Please select the option that best fits your project. Choose the one that most closely reflects the main purpose of your activity. *

○ Youth engagement and participation – activities that support young people to have a voice and be involved in decision-making processes
○ Youth development – activities that support young people to build skills, knowledge, confidence, or experience through training, mentoring, or volunteering

○ Youth celebration and events – activities that recognise, showcase, or celebrate the achievements and contributions of young people in the community

Project Milestones

What are the main stages in delivering your activity or event?

Please list the key steps involved in planning and running your project. This helps us understand how the project will be delivered.

Examples might include:

- Planning and preparation
- Youth consultation and co-design
- Promotion and marketing
- Participant engagement / recruitment
- Event or activity delivery
- Follow-up / reflection
- Evaluation
- Reporting and acquittal

Milestone	Start Date	End Date	Notes
One per row. e.g. Planning; recruitment; evaluation. Add more rows if you want to list additional milestones.	Leave blank if date is unknown or not relevant. Must be a date.	Leave blank if date is unknown or not relevant. Must be a date.	Add notes if you need to provide more context.

Community Support

Does this initiative have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing? *

○ Yes ○ No ○ I'm not sure

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

What evidence do you have that this project/program has community support? *

Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Project Outcomes

Project Outcomes

What changes or benefits do you expect will happen as a result of your project?

Tell us what you think young people (and the community) will gain from this activity.

These might include changes in:

- skills or knowledge
- confidence or wellbeing
- social connection or inclusion
- participation in community life
- behaviour or attitudes
- longer-term community benefits

Immediate outcomes occur directly following an activity (e.g. within 1 month); medium-term outcomes are those that fall between the short and long-term outcomes (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

Your outcomes	Timeframe	Explanatory notes
e.g. Young people feel more confident in leadership.Please be brief. One per row.	When do you expect this outcome to emerge?	Add notes if you need to provide more context.

Indirect Beneficiaries

Indirect beneficiaries are people or groups who are not directly participating in the activity but may still experience positive impacts.

Examples of indirect beneficiaries include families of participants, schools or education settings, local community groups or organisations, and the wider community.

If there are no indirect beneficiaries, please write “None”.

Who else might benefit from your project, even if they are not directly involved?

Project Budget

* indicates a required field

Total Amount Requested *

Total Project/Program Cost *

What is the total financial support you are requesting this application from Campaspe Shire Council?

What is the total budgeted cost (dollars) of your project?

Project Budget (Income)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

The first line should be this grant to which you are applying for.

Income description	**Income type**	**Is this funding confirmed?**	**Income amount (budgeted)**	**Notes**
Youth Go Grant	Earned Income Government Grants Philanthropic Grants Donations Sponsorship Pro Bono/In-kind	Confirmed Unconfirmed		This grant application
Provide a clear description for each budget item. Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.	Please select the type of income		Enter the total amount expected to be received. Must be a dollar amount.	Add notes if you need to provide more context

Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below.

Please attach quotes for those expenditure items $500 and over

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

Please note items you wish to spend Council funds on.

Expenditure description	**Expenditure type**	**Expenditure amount (budgeted)**	**Notes**
Provide clear descriptions for each budget item. Examples of expenses could include 'onsite power	Please select the type of expenditure.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	Add notes if you need to provide more context.

& water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.			

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Quotes for expenditure items

Please attach quotes for those expenditure items $500 and over
Attach a file:

{{ Grantmakers: Add your own hint to reflect your policy on obtaining quotes }}

What other in-kind inputs will you need in order to successfully carry out this project?

Input	Confirmed?
Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

Certification and Feedback

* 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

Name of authorised person * First Name Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Position held in Organisation *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Applicant Feedback

You are nearing the end of the application. Before submitting, we would appreciate your feedback to help us improve the application process.

Please indicate how you found the online application process.

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

Approximately how long did this application take you to complete?

Estimate in minutes i.e. 1 hour = 60

Do you have any suggestions to improve this application or the process? Please let us know if anything was unclear, repetitive, or could be improved