

Campbelltown Youth Week 2026

Form Preview

Campbelltown City Youth Week 2027

Youth Week

Youth Week is an opportunity for young people across NSW to come together in their local communities to celebrate, showcase their talents, use their voice and have fun!

Campbelltown City Council is providing grants to local youth services, not for profit organisations and businesses to fund activities or events to be held during NSW Youth Week 2027, April 7- 17, throughout the Campbelltown LGA.

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the program guidelines: [Youth Week Grant Guidelines](#)

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before proceeding with the application.

If you have any questions in regards to the eligibility criteria, please contact **Josh Piper at joshua.piper@campbelltown.nsw.gov.au**.

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you are able to demonstrate alignment between your project and the aims of this program
- your organisation is located in (and/or supplies services to) the Campbelltown City LGA.
- your organisation is able to demonstrate financial viability

Campbelltown Youth Week 2026

Form Preview

- your organisation does not owe any reports or money to Campbelltown City Council as a result of previous funding or grants
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant

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*. View our [Privacy Policy](#)

Applicant Details

Applicant *

☐ Individual ☐ Organisation

Organisation Name

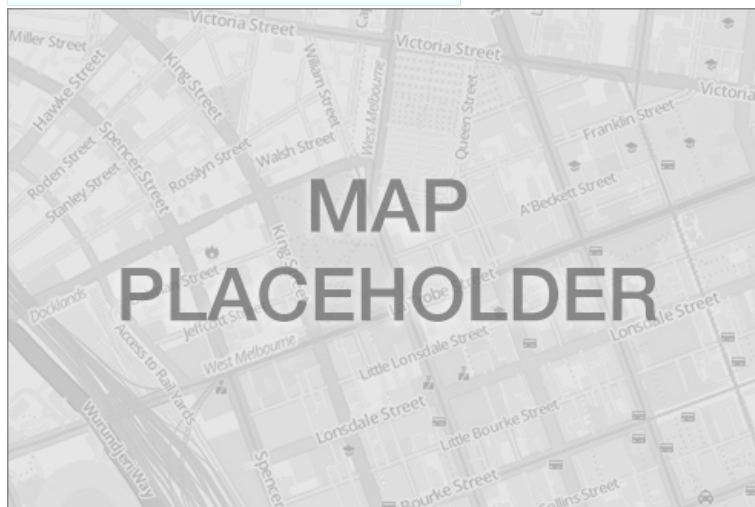
Title First Name Last Name

----------------------	----------------------	----------------------

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

Applicant primary address

Address



Campbelltown Youth Week 2026

Form Preview

Applicant postal address

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Primary Contact Details

Primary contact *

Title

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 office 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

Campbelltown Youth Week 2026

Form Preview

What is your organisation's purpose or mission? *

Word count:

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	

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form. *

Attach a file:

Max 25mb per file uploaded

What is your incorporation number? *

Incorporated Association or Australian Company Number

Auspice Information

* indicates a required field

Campbelltown Youth Week 2026

Form Preview

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

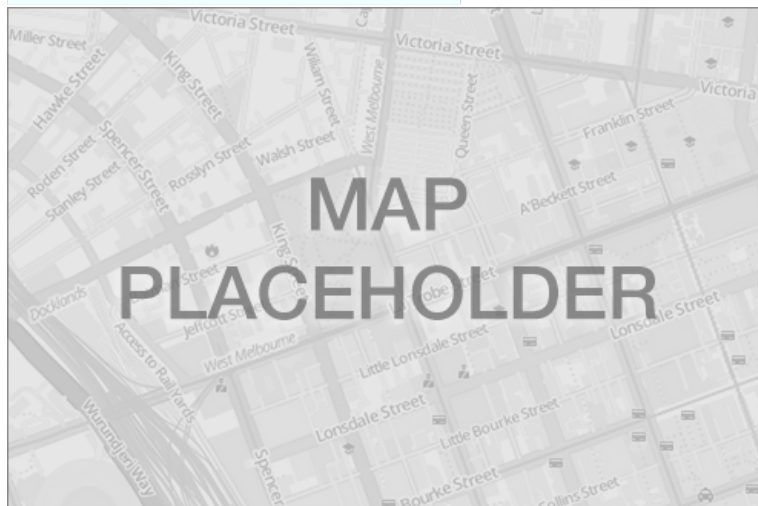
Auspice organisation name *

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 postal address

Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Campbelltown Youth Week 2026

Form Preview

Auspice website

Must be a URL.

Primary contact person at auspice organisation *

Title 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)

Campbelltown Youth Week 2026

Form Preview

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

Project Details

* indicates a required field

Proposed 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

Please note: All projects must be delivered during Youth Week 2026 between the dates 16 April to 26 April 2026.

Anticipated start date *

Anticipated end date *

Priorities

Your event/project must target 12-24 year olds from the Campbelltown LGA and address ONE or more of the following objectives. For more information on the objectives please refer to the [Campbelltown City Youth Plan](#).

- Opportunities
- Connection
- Safety
- Wellbeing
- Voice
- Sustainability

Campbelltown Youth Week 2026

Form Preview

Please provide a short summary of your initiative *

Word count:

Must be no more than 200 words.

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), where you will deliver the project (location) and what effects you expect to result from your activities (outcomes). Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Rationale / Theory of Change: What is the need and how will you address it?

Word count:

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Alignment - How does your initiative align with the objective/s of the Campbelltown City Youth Plan? *

Word count:

Must be no more than 150 words.

For more information about our program and organisational goals - see Campbelltown City Council's key priority areas listed above this question. Go to the SmartyGrants Answer Bank (<https://applicantshelp.smartygrants.com.au/answers-bank/#AnswersBank-Howwillyourinitiativehelpusachieveourgoals?/Whichofourprogramaimsdoesyourprojectalignwith?>) if you need some ideas about how to frame your response.

What consultation has occurred with young people about this event/activity? *

Word count:

Must be no more than 150 words.

How will young people be involved in the planning/organising and implementation of this event/activity? *

Word count:

Must be no more than 150 words.

Project Budget

Campbelltown Youth Week 2026

Form Preview

* indicates a required field

Total Amount Requested *

What is the total financial support you are requesting in this application? Please note- grants can only be up to \$1000

Total Project/Program Cost *

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

Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below (Inclusive of GST)

Please note that Council will not fund:

- 1.General donations (however, Council may provide grants to specific projects run by charities where they meet the criteria)
- 2.General administrative operational expenditure (e.g. administration, insurance), shortfalls in funding by government departments or completed/ retrospective projects
- 3.Projects that will rely on recurrent funding from Council.
- 4.Political activities or activities that could be perceived as benefiting a political party or political campaign
- 5.Activities that could be perceived as divisive within the community
- 6.Activities or entities that pollute land, air or water
- 7.Activities that destroy or waste non-recurring resources
- 8.Activities that market or promote products/services in a misleading or deceitful manner
- 9.Activities that produce, promote or distribute products/services likely to be harmful to the community
- 10.Activities that entice people into financial over-commitment
- 11.Activities that exploit people through the payment of below-award wages or poor working conditions
- 12.Activities that discriminate by way of race, religion, or sex in employment, marketing or advertising practices
- 13.Activities that contribute to the inhibition of human rights generally
- 14.Projects that duplicate existing Council services or programs
- 15.Projects that directly contravene existing Council policy
- 16.Projects that do not meet the identified priority needs of the Campbelltown LGA as set out in Council's Community Strategic Plan.

Expenditure description	Expenditure type	Expenditure amount (budgeted)	Notes
-------------------------	------------------	-------------------------------	-------

Provide clear descriptions for each budget item. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.	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.

Project Budget (Income)

Campbelltown Youth Week 2026

Form Preview

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)

Income amount (budgeted)

Enter the total amount expected to be received. Must be a dollar amount.

Applicant Capacity

* indicates a required field

Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application. *

--

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Financial Details

Bank details

Please complete the details on the [EFT Form](#) sign and upload with your application. **Please note:** If your project is successful, grant funds will be deposited into this bank account.

Certification and Feedback

* indicates a required field

Certification

Campbelltown Youth Week 2026

Form Preview

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 *

Title

First Name

Last Name

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

Position *

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 process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process.

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.