

2026 SHCF Grants Application Form

Form Preview

The Southern Highlands Community Foundation Community Grants Round 2026

SHCF Grants Funding

The Southern Highlands Community Foundation (SHCF) is a registered charity and community foundation dedicated to building a stronger, kinder, and more connected community within the Southern Highlands Region of NSW. Established in 2002, the Foundation has spent over 24 years connecting funds with those in need, distributing more than \$1,000,000 in grants and scholarships throughout the Southern Highlands.

Led by a volunteer board of directors drawn from respected local community members, the SHCF takes a data-driven approach to identifying areas of greatest need and measuring the impact of its work.

Through our Community Grants Program and other initiatives, the Foundation supports grassroots projects that promote health and welfare, education, environmental sustainability, and the wellbeing of families, youth, aged residents, and First Nations people - all with a focus on creating lasting, meaningful change in the local community.

This year, we will also consider funding organisations / projects that have received funding from SHCF in the past 12 months (including those yet to acquit). The SHCF grants committee will give priority to the areas of greatest need regardless of prior funding committed.

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The Grants Process

- The 2026 SHCF Grants Program will open on **July 1st** and close on **August 31st**.
- The total granting pool for 2026 is \$130,000
- With \$30,000 of this total towards youth (under 25) specific projects.
- We will consider applications for grants of up to a maximum of **\$25,000** from eligible organisations.
- Successful applicants will be notified in early October.

Multi Year

- In 2026 applicants will also be able to apply for multi-year funding (up to 3 years) for projects where multi-year funding will help the on-going viability and sustainability of the project.
- Please note a limited amount of projects will be awarded multi-year funding and this will be determined on the greatest need to the Southern Highlands community.

Youth Specific Projects

- In 2026 SHCF is operating a sub-category of projects specifically focused on Young People (10-25 years old) in the Southern Highlands.
- At the time of application, you will be able to select if you believe your project specifically addresses the needs of young people in the Southern Highlands.

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Eligibility

* indicates a required field

Program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the program guidelines: [Funding Guidelines 2026 - Southern Highlands Community Foundation](#)

What we fund - Programs and initiatives at a local community level that support members of the Southern Highlands community. We support programs across the wide community spectrum including health and wellbeing, education, arts, families, aged, youth, environment and First Nations people and culture.

This year, we will also consider funding organisations / projects that have received funding from SHCF in the past 12 months (including those yet to acquit). The SHCF grants committee will give priority to the areas of greatest need regardless of prior funding committed.

What we look for

In assessing funding opportunities/partnerships we look for the following:

- Strong local leadership.
- Organisational health-good governance and accountability, effective operational systems, and financial viability.
- Demonstrated need- the project addresses a real gap in the Southern Highlands community and is not a duplicate of something already being offered.
- Community relevance- the project makes sense for the local community and works with other organisations to achieve its goals.
- Have a clear case as to what will be different because of the grant.

Note -

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 any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **Vanessa** at **office@shcf.org.au**

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

Application Number

This field is read only.

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Confirmation of Eligibility

Before proceeding, please confirm the following:

- You have read and understood the program guidelines
- Your organisation is a not-for-profit organisation (includes public educational institutions such as schools and kindergartens)
- With a valid ABN/or alternatively have a project partner if you are not an incorporated organisation. A project partner (auspice) is an incorporated community or not-for profit organisation that is willing to enter into the funding agreement on your behalf and help you to deliver the project
- Your organisation and/or project is located in the **Southern Highlands Region of NSW**
- Your organisation holds charitable registration with the ACNC (The charity does not necessarily have to have DGR 1 but cannot be DGR 2)
- Your organisation is able to demonstrate financial viability
- Your organisation does not owe any reports or money to SHCF as a result of previous funding or grants
- You have a registered bank account in the organisations name
- Have the ability to report on impact and outcomes of grant
- 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
 No

If you are not eligible to apply please go no further

What we will not fund

- Organisations that have been funded by SHCF in the past and have not completed their acquittal (excluding Grantees from 2025 who will not have done their 2025 acquittal yet).
- Any initiatives or projects outside the Southern Highlands Area
- Projects already fully funded by a different funder (partial funding may be considered).
- For-profit organisations
- Funding for projects that have already occurred or funding for historical need.
- Individual applicants
- Political organisations
- Membership based organisations where activities only benefit their members (i.e. RSL clubs, rotary, social clubs, sporting clubs etc...)
- Independent schools
- Religious or sectarian organisations involved in purely religious/sectarian activities
- DGR 2 organisations
- Programs or organisations that have been established for non-charitable purposes
- Retrospective funding for costs already incurred

You must confirm that your organisation is not excluded from funding: *

- Yes, my organisation is eligible
 No, my organisation is not eligible

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If you are not eligible please go no further.

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 Policy - Southern Highlands Community Foundation](#)

Applicant Details

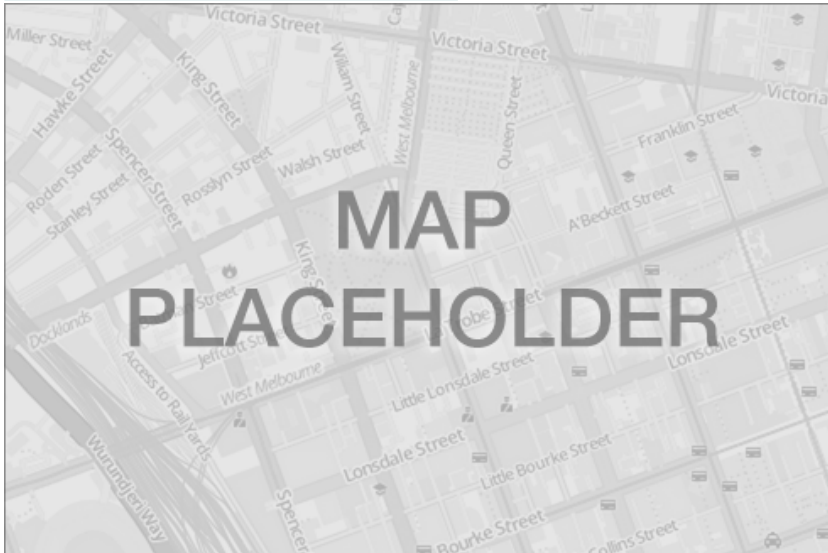
Organisation Name *

Organisation Name

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

Applicant primary address

Address



Applicant postal address

Address

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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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

What is your organisation's purpose or mission? *

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Word count:

How many people receive services or benefit from your organisation each year?

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	

If 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

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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

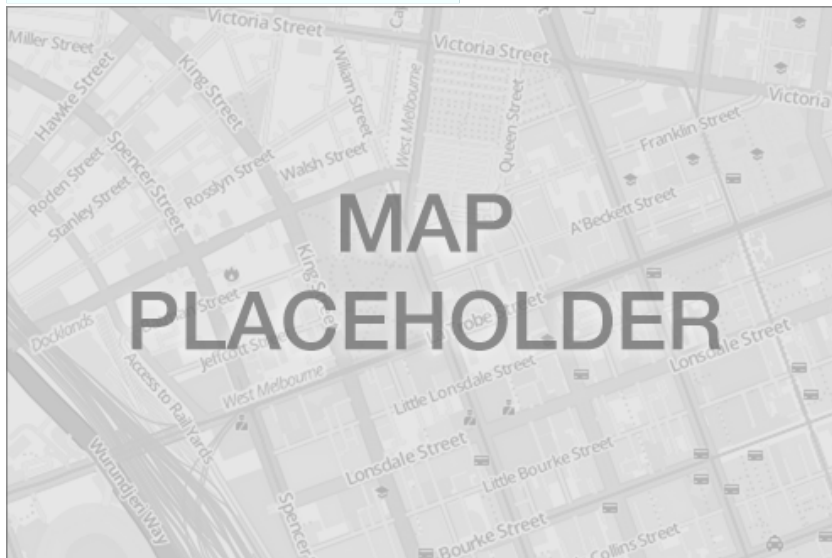
Auspice organisation name *

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 postal address

Address

Auspice primary phone number *

Must be an Australian phone number.

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Goods & Services Tax (GST)

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

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

Anticipated start date *

Anticipated end date *

Please provide a short summary of your initiative or project *

Word count:

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), 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.

Youth Projects

Is your project Youth Specific (for anyone 25 years and under)

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Location

Project Location

Milestones

What are the major steps / stages (i.e. milestones) involved in delivering your initiative?

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 Don't know

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

* indicates a required field

What are the primary areas of focus for this project/program? *

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You may select up to five items. You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees).

Who are the expected primary beneficiaries of this project/program? *

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal - no particularly targeted beneficiaries'

Project Outcomes

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of your project. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

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
What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row.	When do you expect this outcome to emerge?	Add notes if you need to provide more context.

Estimated number of people who will participate in/benefit directly or indirectly from this project *

How many Volunteers will be involved with your project? *

How will you acknowledge funding support by SHCF? *

Acknowledgement of SHCF support is mandatory

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Project Budget

* indicates a required field

How Many Years of Funding Are You Requesting?

Select Years *

Total Amount Requested per year *

What is the total financial support you are requesting in this application?

Total Project/Program Cost Per Year *

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

Project Budget (Income) Per Year

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.

All items should be GST exclusive.

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

Income description	Income type	Is this funding confirmed?	Income amount (budgeted)	Notes
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) Per Year

Please outline your project expenses in the expenditure table below.

All items should be GST exclusive.

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',	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.

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'office supplies', 'part-time staffer x 40 hours'.			
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Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Net Profit / Loss (Income - Expenditure)

This number/amount is calculated.

Please explain how the delivery of the project might be impacted by reduced funding

Provide details here *

Are you happy to accept partial funding? *

Are you happy to accept funding for a shorter time period than requested? *

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

Input

Confirmed?

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.	

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.)

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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.

Please provide a link to or attach a copy of your most recent Audit or Certified Financial Statements *

Upload

Link

Please provide your most recent audited accounts OR if your organisation does not have audited accounts please provide your most recent management accounts signed by an organisations board member.

Please upload a copy of your most recent Financial Report.. *

Attach a file:

Link To Your Most Recent Financial Report. *

Must be a URL.

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 *

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 *

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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.