

2026 Round 2 Arts & Creativity

Form Preview

Eligibility

* indicates a required field

Before completing this application form, you should have read the 2024 Community Grants Guidelines available at www.ryde.nsw.gov.au/communitygrants

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

For further enquiries, please contact the Grants Specialist via commgrants@ryde.nsw.gov.au

Are you applying as an individual or organisation? *

☐ Organisation

☐ Individual

Did you participate in a City of Ryde Community Grants workshop? *

☐ Yes ☐ No

No more than 1 choice may be selected.

The following section MUST be completed by the Applicant Organisation:

Is your organisation a not-for-profit? *

☐ Yes

☐ No

Is your organisation an incorporated legal entity or auspiced by an incorporated entity? *

☐ Yes

☐ No

Include your most recent annual report or organisation's constitution.

Attach a file:

Include a copy of your organisation's most recent financial report.

Attach a file:

Eligibility screen

Have you/ your organisation received previous grant funding from City of Ryde? *

☐ Yes

☐ No

Have you acquitted previous City of Ryde grants? *

☐ Yes

☐ No

☐ Unsure

City of Ryde Community Grants must be acquitted within 12 months

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Upload a copy of previous acquittal for City of Ryde grant funding.

Attach a file:

Do you have (or can you obtain) appropriate insurance for this project? *

☐ Yes ☐ No

\$20 million public liability insurance

Upload a copy of your public liability insurance/ certificate of currency. *

Attach a file:

Do you/ your organisation operate in Ryde or are you able to demonstrate that the program will benefit residents in Ryde? *

☐ Yes ☐ No

I agree not to use single-use plastics when undertaking projects with this grant funding. *

☐ Agree

Refer to the City of Ryde, No Single-Use Plastics Policy

I agree that where a project involves adults working with children, the organisation/ group will comply with the working with children check regulation. *

☐ Agree

Contact Details

* indicates a required field

Applicant Details

Applicant Name (organisation or individual) *

Organisation Name

Primary (Physical) Address *

Address

Suburb State Postcode

Must be an Australian post code

Postal Address (if different from above)

Address

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Suburb State Postcode

Applicant Website

Must be a URL

Social media contact details

Contact Person *

Title First Name Last Name

Position held in Organisation *

Primary Phone Number *

Contact Mobile Phone Number

Must be an Australian phone number

Applicant Primary Email *

Must be an email address

Is your Organisation Incorporated? *

☐ Yes ☐ No

IA or ACN Number

Incorporated Association or Australian Corporation Number. If no, you must have an incorporated organisation act as an auspice.

Do you/ your organisation have an ABN? *

☐ Yes ☐ No

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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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN

Auspice Organisation Details

Auspice Organisation Name *

Organisation Name

Auspice Primary Address *

Address

Suburb State Postcode

Must be an Australian post code

Auspice Postal Address (if different from above)

Address

Suburb State Postcode

Auspice Project Contact *

Title First Name Last Name

Auspice Project Contact Position *

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Auspice Project Contact Primary Phone Number *

Auspice Project Contact Primary Email *

IA or ACN Number *

Incorporated Association or Australian Corporation Number

Please attach signed certification letter by Office Bearer of Auspice Organisation *

Attach a file:

President, Chair, Secretary or Treasurer. Letter must include, name, position, signature and date. Max 25mb

Does the Auspice Organisation have an ABN Number? *

☐ 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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN

Bank details

Payment can only be made to an individual or an incorporated organisation. All applications with an auspice organisation must provide bank details of the auspice organisation.

Bank Account *

Account Name

BSB Number

Account Number

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Must be a valid Australian bank account format.

Upload a copy of a bank deposit slip or a copy of a bank statement header to confirm account name and details *

Attach a file:

Project Details

* indicates a required field

Project Title *

Project Start Date *

Must be a date and no earlier than 1/1/2027.

Project End Date *

Must be a date and no later than 30/12/2027.

Brief project description *

Word count:

Maximum 25 words

Have you previously applied for a City of Ryde Grant for this project? *

☐ Yes

☐ No

What category does your project best fit into? *

☐ Aboriginal Arts and Culture ☐ Emerging and Experimental Art ☐ Dance ☐ Music ☐ Literature ☐ Theatre ☐ Visual Art and Craft ☐ Multi-Arts ☐ Other

What is your project? *

Why is this important? Why does this work need to be done? *

Word count:

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You can see the key needs and priority focus areas in the City of Ryde Creativity Strategy (Minimum 50 words - Maximum 200 words)

What are the planned activities and timeframes? *

Word count:

Briefly list the specific activities that will take place. Must be no more than 200 words.

How many artists/ creatives will you be engaging with as part of the project? *

Must be a number.

Who will your project engage with? How will they benefit from the project? *

Must be no more than 150 words

How do you plan to promote this project? How will you connect with the target group identified in the previous question? *

Word count:

What will success look like for your project? *

Word count:

Identify and describe at least three things you want the project to achieve in terms of benefits for participants and/or others (Minimum 50 words - Maximum 200 words)

How will you measure the success of your project? *

Word count:

Describe three changes you will see if the expected outcomes of the project occur. No more than 150 words.

What evidence do you have of community need or support for the project? *

Must be no more than 200 words.

HINT: Consider referring to the City of Ryde Creativity Strategy or Community Strategic Plan.

Upload supporting documents (optional)

Attach a file:

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If you have examples of previous work or evidence of need upload the documents here

Will any partner organisations or groups be involved in this project? *

Word count:

If yes please describe. Must be no more than 100 words

How will this project demonstrate that it will be self-sustainable beyond the funding period? *

If you have letters of support for this project upload them here (optional).

Attach a file:

Budget Information

* indicates a required field

Total Grant Amount Requested *

\$

Up to \$5000

If you are offered a grant less than the amount you have requested, will you be able to proceed with your project? *

☐ Yes

☐ No

If No, please provide more information?

Word count:

Must be no more than 100 words.

Budget

List all anticipated sources of income and expenditure (including in-kind items). Estimated costs are acceptable, but please provide a realistic overview of your budget. All grants will need to be acquitted and all sources of income and expenditure reported accurately.

Income	\$	Expenditure	\$

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City of Ryde Grant	\$		\$
In-kind contributions	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure (Profit/ Loss)

\$

This number/amount is calculated.

Include quotes to support your proposed budget. Items over \$500 should have a quote
Attach a file:

Attendee Contribution

Will you be charging attendees to attend? *

☐ Yes

☐ No

☐ Not applicable

If yes, how much will you be charging each attendee?

Must be a number.

Feedback, Review and Submit

* indicates a required field

Certification

Where the applicant is an organisation the following details MUST be completed.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if City of Ryde approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application, policy and/or funding agreement.

I agree. *

☐ Yes

☐ No

Certification must be agreed to by two representatives of the Applicant Organisation

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1. Name (President or CEO) *

Title	First Name	Last Name

Position *

2. Name (Secretary, Treasurer or staff member) *

Title	First Name	Last Name

Position *

Date *

Must be a date

Privacy Notice

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in City of Ryde's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles City of Ryde's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

We would value any feedback you may have regarding our online grants application process.

Please indicate how you found the online application process:

☐ Very easy ☐ Easy ☐ Neither ☐ Difficult ☐ Very difficult

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

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

No more than 100 words.

How did you find out about the City of Ryde Community Grants? *

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Would you like to receive the City of Ryde Community Grant e-newsletter? *

☐ Yes

☐ No

☐ I have already subscribed.