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.

Contact the City of Ryde Team Leader Community Grants and Community Facilities to confirm eligibility criteria for the grants Ph: 9952 8048.

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

☐ Yes ☐ No
No more than 1 choice may be selected.

Which session did you attend?

☐ 05/02/25 Online 10.00am-11.00am ☐ 05/02/25 Face-to-face 6.00pm-8.00pm

Did you participate in a City of Ryde Community Grants Helpdesk session with the Team Leader Community Grants? *

☐ Yes ☐ No
No more than 1 choice may be selected.

What date did you attend this Helpdesk session?

[   ]
Must be a date.

Organisation Eligibility

The following section MUST be completed by the Applicant Organisation:

Is your organisation not-for-profit? *
○ Yes   ○ No

Is your organisation an incorporated legal entity or auspiced by an incorporated entity? *
○ Yes   ○ No

Does your organisation operate in Ryde or are you able to demonstrate that the program will benefit residents in Ryde? *
○ Yes   ○ No

Include a copy of your organisations annual report *
Attach a file:
[   ]

Include a copy of your organisations most recent financial report. NOTE: IF YOU ARE APPLYING FOR A GRANT OVER $5,000 YOU MUST INCLUDE AN AUDITED FINANCIAL REPORT *

Attach a file:

Do you have/ or are you able to obtain appropriate insurance for this project? *

○ Yes   ○ No

For example: volunteers, professional indemnity, public liability

Upload a copy of your public liability insurance certificate

Attach a file:

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

Acquittal Information

Has your organisation received previous grant funding from City of Ryde? *

○ Yes   ○ No

Has your organisation acquitted previous City of Ryde Grants?

○ Yes   ○ No   ○ Unsure

City of Ryde Community Grants must be acquitted within 12 months

Upload a copy of your most recent City of Ryde grant acquittal

Attach a file:

Contact Details

* indicates a required field

Applicant Organisation Details

Applicant Organisation Name *

Organisation Name

Primary (Physical) Address *

Address

Suburb   State   Postcode

Must be an Australian post code

Postal Address (if different from above)

Address

Suburb   State   Postcode

Must be an Australian post code

Applicant Website

Must be a URL

Contact Person *

Title   First Name   Last Name

Position held in Organisation *

Primary Phone Number *

Must be an Australian phone number

Contact Mobile Phone Number

Must be an Australian phone number

Applicant Admin Contact Primary Email *

Must be an email address

Incorporation

Is your Organisation Incorporated? *

○ Yes   ○ No

IA or ACN Number

2025 Round 1 Community Wellbeing Major

Form Preview

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

Does your Organisation have an ABN? *

○ Yes   ○ No

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

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 *

Auspice Project Contact Primary Phone Number *

Auspice Project Contact Primary Email *

IA or ACN Number *

Incorporated Association or Australian Corporation Number

Does the Auspice Organisation have an ABN Number? *

○ Yes   ○ No

Please attach signed certification letter by Office Bearer of Auspice Organisation *
Attach a file:

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

Payment details

Payments can only be made to incorporated not-for-profit organisations. Payment must be made to the auspice organisation where an auspice is nominated.

Bank Account *
Account Name

BSB Number   Account Number

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 1/7/2025.

Project End Date *

Must be a date and no later than 30/6/2026.

Brief project description *

Word count:
Must be no more than 25 words.

Have you previously applied for a City of Ryde Grant for this project?
○ Yes   ○ No

Provide an outline of your project.

Word count:

Must be no more than 300 words.

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

Word count:

Refer to the City of Ryde Community Strategic Plan, Social Plan, Reconciliation Action Plan or Disability Inclusion Action Plan for information on key needs and priority focus areas. (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.

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

Must be no more than 150 words

How do you plan to promote the project to the target group?

Word count:

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

Must be no more than 200 words.

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 show that it will have benefits for the community beyond the funding period?

If you have letters of support for this project upload them here.
Attach a file:

City of Ryde Outcomes

Outcomes are the changes that you expect to occur for the participants/ beneficiaries of your project eg. have the people attending your project made new social connections or learnt new skills.

Please tell us how your project will be addressing the outcomes identified by the City of Ryde.

Your outcome	Alignment with City of Ryde outcomes	How does your intended outcome link to our outcome?
What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row.	Which of our outcomes will your project contribute to? If multiple apply pick the most relevant. No more than 1 choice may be selected.	Please explain how your intended outcome helps contribute to ours.

Measuring Outcomes

Please tell us how you are planning to measure the City of Ryde outcomes you have listed in the question above. Remember to set realistic targets as you will be expected to report on these measures at the end of your project.

Measure	Target	Collection method
Which of our measures will you track? You will be required to report on your progress. Add more rows if you want to list additional metrics. No more than 1 choice may be selected.	Identify a target for the measure you have chosen - an estimated total for your project. Must be a number.	How will you collect and verify the data? E.g. survey, headcount, observation/estimation

Budget Information

* indicates a required field

Total Grant Amount Requested

$

Up to $15000

If your organisation is 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.

Grant funding

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- CoR Grant Funding	$	Expenditure- City of Ryde Grant Funding	$
City of Ryde Grant	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$

Budget- Matched Contribution

Income/ In-kind- From non-CoR grant sources	$	Expenditure	$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$

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:

[   ]

Feedback, Review and Submit

* indicates a required field

Certification

This MUST be completed by the applicant organisation.

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.

We agree *	○ Yes	○ No

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

1. Name (Chair or President) *

Title	First Name	Last Name
[ ]	[ ]	[ ]

Position *

[   ]

2. Name (Secretary or Treasurer) *

Title	First Name	Last Name
[ ]	[ ]	[ ]

Position *

[   ]

Date *

[   ]

Must be a date

Please include a copy of your most recent AGM

Attach a file:

[   ]

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? *

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

○ Yes   ○ No   ○ I already subscribe