2026 Round 2 Events Medium
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 Council's Grants Specialist via commgrants@ryde.nsw.gov.au

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

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

Organisation Eligibility

The following section MUST be completed by the Applicant Organisation:

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

Are you 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 most recent annual report *
Attach a file:

Include a copy of your most recent financial report *
Attach a file:

Do you have/ or can you obtain appropriate insurance for this project? *
○ Yes ○ No
$20 million public liability insurance is required.

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

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

Has your organisation completed an acquittal in SmartyGrants? *
○ Yes ○ No

Upload a copy of your grant acquittal if not provided in SmartyGrants
Attach a file:

Contact Details

* indicates a required field

Applicant Organisation Details

Applicant Organisation Name *
Organisation Name

Primary (Physical) Address *
Address

Suburb State Postcode

Postal Address (if different from above)
Address

Suburb State Postcode

Applicant Website

Contact Person *
Title First Name Last Name

Position held in Organisation *

Primary Phone Number *

Contact Mobile Phone Number

Applicant Admin Contact Primary Email *

Incorporation Information

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.

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.

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 *

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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Payment Details

Payment must be made to an auspice organisation where an auspice is listed. Payment can only be made to an incorporated not-for-profit organisation.

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

Event Title *

Event Date *

Must be a date and between 1/1/2027 and 31/12/2027.

Briefly describe your event *

Word count:

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

○ Yes ○ No

Where will the event take place? *

Provide evidence of community support for the Event *

Word count:

How do you know there is a need for this type of event? (Minimum 50 words - Maximum 200 words)

How will the event benefit the community and the City of Ryde? *

Word count:

Refer to the City of Ryde Community Strategic Plan or other relevant Council plans. Must be no more than 200 words.

How many people are you anticipating will attend your event? *

Must be a number.

How do you plan to promote your event to the Ryde community? *

Word count:

What activities will be undertaken during the event? *

Must be no more than 150 words

Who will be delivering this event and how many people will be involved in the delivery? *

Word count:
We want to understand the capacity of your organisation to run the event

What events have the organisers previously managed? *

Word count:
No more than 150 words.

Does the event include any partner organisations? *

Must be no more than 200 words.

How will you measure the success of your event? *

Word count:
For example, surveys, feedback forms etc. Note, these must be uploaded to your acquittal reporting if you are successful.

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

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 goals	Alignment with our outcomes	How does your intended outcome link to our outcome goals?

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.

Budget Information

* indicates a required field

Total Grant Amount Requested *

$

Up to $7500

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.

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.

NB: MATCHED CONTRIBUTIONS MUST BE IDENTIFIED FOR MAJOR EVENT GRANTS. For further information on eligible budget items and contributions refer to the City of Ryde Event Grant Guidelines or contact Team Leader Community Grants on Ph: 9952 8048.

Income	**$**	**Expenditure**	**$**
City of Ryde Grant	$		$
	$		$
	$		$
	$		$
	$		$
	$		$

	$		$
	$		$

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

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 have already subscribed.