2025 Round 1 Events Minor 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.

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?	$\hfill\Box$ 05/02/25 Online 10.00am-11.00am $\hfill\Box$ 05/02/25 Faceto-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 co	ompleted by the Applicant Organisation:
Is your organisation a not-for ○ Yes	-profit? * O No
Are you an incorporated lega Yes	l entity or auspiced by an incorporated entity? * ○ No
Does your organisation operaprogram will benefit resident Yes	te in Ryde or are you able to demonstrate that the s in Ryde? *
Include a copy of your most r	
Attach a lile.	

Form Preview

Include a copy of your most recent fina Attach a file:	ncial report *
Do you have/ or can you obtain approp O Yes	riate insurance for this project? *
\$20 million public liability insurance is required.	O 1.10
Upload a copy of your public liability in Attach a file:	surance certificate
I agree not to use single-use plastics wifunding. O Agree Refer to the City of Ryde, No Single-Use Plastics	when undertaking projects with this grant Policy
I agree that where a project involves a organisation/ group will comply with the Agree	dults working with children, the ne working with children check regulation
Acquittal	
Has your organisation received previou ○ Yes	us grant funding from City of Ryde? * O No
Has your organisation acquitted previous O Yes O No City of Ryde Community Grants must be acquitted	Unsure
Has your organisation completed an accompleted of Yes	cquittal in SmartyGrants? No
Upload a copy of your grant acquittal i Attach a file:	f not provided in SmartyGrants
Contact Details	
Contact Details	
* indicates a required field	
Applicant Organisation Details	
Applicant Organisation Name * Organisation Name	
Primary (Physical) Address *	

Form Preview

Address							
Suburb	State	Postcode	2				
Postal A Address	ddress (if differe	nt fro	om above)			
Addiess							
Suburb	State	Postcode	2				
Applica	nt Websi	te					
Combook	Dorgon	k					
Title	Person * First Na		Last N	lame			
Position	held in	Organisa	tion *	k			
Duimonus	Dhana A						
Primary	Phone N	lumber *					
Contact	Mobile F	Phone Nu	ımber	•			
Applica	nt Admin	Contact	Prima	ary Email [,]	k		
Incorpo	oration	Informa	tion				
Is your (○ Yes	Organisa	tion Inco	rpora	ited? *	○ No		
IA or AC	N Numb	er					
				Incorporated			
				you must ha			

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Does your Organisation have (a) Yes	an ABN? * ○ No					
ABN						
	The ABN provided will be used to information. Click Lookup above tentered 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

•	ation Nam	ie	me *		
Auspice Address	-	/ Address	*		
Suburb	State	Postcode	<u> </u>		
		an post cod			
Auspice Address	e Postal A	Address (if diff	erent fro	om above)
Suburb	State	Postcode	2		

Form Preview

Auspice Title	Project Contact First Name			
ritie	FIRST Name	Last Name		
Auspice	Project Contact	Position *		
Auspice	Project Contact	Primary Phone I	Number *	
Auspice	Project Contact	Primary Email *		
IA or AC	N Number *			
Incorporat	ed Association or Au	stralian Corporation	Number	
	e Auspice Organi	sation have an <i>i</i>		
○ Yes			○ No	
Please a Attach a		tification letter	by Office Bearer of	Auspice Organisation *
Auspice	ABN *			
		The ARN nr	ovided will be used to	look up the following
		information		to check that you have
		Information	from the Australian Bus	iness Register
		ABN		
		Entity name		
		ABN status		
		Entity type		
		Goods & Ser	vices Tax (GST)	
		DGR Endors	ed	
		ATO Charity	Туре	More information
		ACNC Regist	tration	
		Tax Concess	sions	
		Main busine	ss location	

Payment Details

Form Preview

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	
Account Name	
BSB Number Account Number	er
Must be a valid Australian bank acco	unt format.
Upload a copy of a bank depo confirm account name and de Attach a file:	esit slip or a copy of a bank statement header to etails *
Project Details	
* indicates a required field	
Event Title *	
Event Date *	
	Must be a date and between 1/7/2025 and 30/6/2026.
Briefly describe your event *	
Word count:	
	four a City of Budo Current fourthing music at 2
○ Yes	for a City of Ryde Grant for this project? No
Where will the event take pla	ce?
Provide evidence of semment	ty support for the Event *
Provide evidence of communi	ty 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)

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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? *
denvery.
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 know if your event has been a success? How will you measure this?
Word count: Must be no more than 100 words

If you have letters of support for this event upload them here.

Form Preview

Total Income Amount

calculated.

This number/amount is

Pudgot Informat	tion				
Budget Information	LIOII				
* indicates a required	field				
Total Grant Amount Requested		\$ Up to \$2500			
If your organisation offered a grant less the amount you have requested, will you able to proceed with your project? *	than ⁄e be	○ Yes		○ No	
If No, please provid more information?	e				
		Word count: Must be no m	ore than 100 words	5.	
Budget					
List all anticipated sou	but please p	rovide a rea	listic overview of	your budget. A	ll grants will
costs are acceptable, need to be acquitted a	and an Sound				
costs are acceptable,	RIBUTIONS	budget item	ns and contribution	ns refer to the	City of Ryde
costs are acceptable, leed to be acquitted a NB: MATCHED CONT For further information Event Grant Guideline	RIBUTIONS	budget item	ns and contribution	ns refer to the	City of Ryde
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Income - Expenditure (Profit/ Loss)

This number/amount is

calculated.

Total Expenditure Amount

calculated.

This number/amount is

Form Preview

e quotes to sup t. Items over \$ a file:		e	

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	
		on must be agreed cant Organisation	d to by two repres	entatives of
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.

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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.

	•	nd the online app	-	-)/ !!cc! !!
Very easy	○ Easy	 Neither 	 Difficult 	 Very difficult
How many min	nutes did it tal	ce you to complet	e this application	? *
-		mprovements and we need to consi	d/or additions to t der:	he application
No more than 100) words.			
How did you fi	ind out about	the City of Ryde C	Community Grants	? *
Would you like ○ Yes		e City of Ryde Co	mmunity Grant e-	newsletter? ady subscribe