

2026 Round 2 Facilities and Equipment Form Preview

Eligibility

* indicates a required field

Before completing this application form, you should have read the Community Grants Program Guidelines 2024 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

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? *
☐ Yes ☐ No

If not do you have an incorporated legal entity to act as an auspice?
☐ Yes ☐ No

Attach a copy of your most recent annual report *
Attach a file:

Required for all incorporated organisations

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

Does your organisation operate in Ryde or are you able to demonstrate that the capital works/ equipment will benefit residents in Ryde? *
☐ Yes ☐ No

Do you have appropriate insurance for your activities? *
☐ Yes ☐ No
\$20 million public liability

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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 regulations *

☐ Agree

Acquittal Information

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

☐ Not Sure

☐ Yes

☐ No

Applications will not be considered until previous funding acquittals are received.

If yes, have you completed an acquittal?

☐ Yes ☐ No ☐ Unsure

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

Attach a file:

Contact Details

* indicates a required field

Applicant Details

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

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Applicant Website

Contact Person *

Title	First Name	Last Name

Position held in Group *

Primary Phone Number *

Must be an Australian phone number

Contact Mobile Phone Number

Applicant Admin Contact Primary Email *

Must be an email address

Incorporation

Is your organisation incorporated? *

☐ Yes ☐ No

Incorporation Number (IA or ACN)

Must be a number.

List your organisation's Incorporation Association or Australian Corporate Number. If you do not have a number you must have an auspice organisation to support your grant application

Does your Group 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

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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 *

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Must be an email address

IA or ACN 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

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:

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Capital Works or Equipment

* indicates a required field

Project Details

What is the name of your project? *

Provide a brief summary of your proposed capital works or equipment purchase *

Must be no more than 25 words.

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

☐ Yes

☐ No

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

Attach a file:

Capital Works and Equipment

Are you planning to undertake capital works? *

☐ Yes

☐ No

Capital works

What is the location of the building where the capital works are planned?

Who owns the building where capital works are planned?

What is the current usage of the building where capital works are planned?

Provide a description of the capital works that are planned?

Word count:

Must be no more than 250 words.

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Please include any relevant drawings or documentation

Attach a file:

What activities will be provided in the building/ facility ie. What is the building/ facility used for?

Word count:

Must be no more than 200 words.

Provide evidence of community support for the project.

Word count:

Must be no more than 250 words.

Refer to the City of Ryde Social Plan, Community Strategic Plan or other relevant Council plan

Who will benefit from the capital works that are planned? Include the target groups.

Word count:

Must be no more than 250 words.

How will you know that the target groups listed in the previous question have benefited? How will you measure this?

Word count:

Must be no more than 250 words.

How will the capital works provide ongoing benefit for the community?

Word count:

Must be no more than 250 words.

What date are the capital works scheduled to commence?

Must be a date and between 1/7/2026 and 30/6/2027.

Equipment

Are you planning to purchase equipment? *

☐ Yes ☐ No

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Equipment

What equipment are you planning to purchase with the grant funding?

Word count:

Must be no more than 250 words.

Please provide any relevant documentation for the equipment.

Attach a file:

What will the equipment be used for? (please list the activities that will take place)

Word count:

Must be no more than 200 words.

Provide evidence of community support for the project.

Word count:

Must be no more than 250 words.

Refer to the City of Ryde Social Plan, Community Strategic Plan or other relevant plans.

Who will benefit from the equipment? (Who will be using the equipment)

Word count:

Must be no more than 250 words.

How will you know that the target groups listed in the previous question have benefited? How will you measure this?

How will the equipment provide ongoing benefit for the community?

Word count:

Must be no more than 250 words.

When are you planning to purchase the equipment?

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

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 outcomes	Alignment with our outcomes	How does your intended outcome link to our outcomes?
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 \$5000

If you are offered a lesser amount will you be able to undertake the project *

- ☐ Yes
☐ No

If no, provide further details.

Budget

List all anticipated sources of income and expenditure (including in-kind contributions). Items over \$500 will require a quote. Estimated costs for items under \$500 are acceptable, but please provide a realistic overview of your budget. All grants will need to be acquitted with sources of income and expenditure accurately reported.

Income	\$	Expenditure	\$

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	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

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.

Attach quotes to support your items listed in your budget. Expenditure (cost) items over \$500 will require a quote:

Attach a file:

Maximum 25mb per file attachment. Recommended no more than 5mb per attachment.

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 *

Title

First Name

Last Name

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Position *

2. Name *

Title	First Name	Last Name

Position *

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.