

General Donations 2025

Form Preview

Eligibility

* indicates a required field

Before completing this application form, you should have read the 2024 Minor Donations and Awards Guidelines and the 2023 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 Ph: 9952 8048.

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

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

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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

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

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Position held in Organisation *

Primary Phone Number *

Contact Mobile Phone Number

Applicant Admin Contact Primary Email *

Incorporation

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.

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

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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:

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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	

Bank Details

Payment can only be made to an incorporated not-for-profit organisation. All applications with an auspice organisation must provide bank details of the auspice organisation.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Project Details

* indicates a required field

Project Title *

Project Start Date *

Must be a date and no earlier than 1/1/2025.

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Project End Date *

Must be a date and no later than 31/3/2026.

Brief project description *

Word count:

Must be no more than 25 words.

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 or other relevant 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 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)

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How will you know if this success has been achieved? How will you measure this?

*

Word count:
No more than 150 words.

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

Budget Information

* indicates a required field

Total Grant Amount Requested

\$
Up to \$1,000

If your organisation is offered a lesser amount, 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	\$
City of Ryde Grant	\$		\$
	\$		\$
	\$		\$

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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.

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 *

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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 subscribe to the City of Ryde Grant e-Newsletter?

☐ Yes ☐ No ☐ I already subscribe