2025 Round 1 Sport and Recreation

Form Preview

Eligibility

* indicates a required field

Before completing this application form, you should have read the 2024 Community Grants Program 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 Team Leader Community Grants and Community Facilities at Council for further information regarding the eligibility criteria Ph: 02 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.

The following section MUST be completed by the Applicant Organisation:

Is your organisation a not-for-profit sporting group or club? *
○ Yes   ○ No
Only sporting organisations are eligible to apply for this category.

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 organisation most recent financial report- An audited financial statement is required for grants $5,000 or above *
Attach a file:

Has your organisation received any previous grant funding from City of Ryde? *
○ Yes   ○ No   ○ Unsure

Has the organisation acquitted previous City of Ryde grant funding
☐ Yes ☐ No ☐ Unsure
All City of Ryde Grants must be acquitted within a 12 month period

Upload a copy of your most recent City of Ryde grant acquittal
Attach a file:

Do you have appropriate insurance for this project? *
○ Yes   ○ No

Upload a copy of your public liability insurance
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 regulations *
○ Agree

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

Must be an Australian phone number

Applicant Admin Contact Primary Email *

Must be an email address

Is your Organisation Incorporated? *
○ Yes   ○ No

IA or ACN Number

Incorporated Association or Australian Corporation Number. If no, you must have an incorporated organisation acting as an auspice for this application..

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

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 *

[   ]

Must be an Australian phone number

Auspice Project Contact Primary Email *

[   ]

IA or ACN Number *

[   ]

Incorporated

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.

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

Banking Details

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

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 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 summary *

Word count:
Provide a short description of your project (25 words)

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

Provide a description of your project

Project Rationale - Why does this work need to be done? *

Word count:
Describe the specific issue or need you want to address (Minimum 50 words - Maximum 200 words)

What are the planned activities and timeframe? *

Word count:
Briefly list the specific activities that will take place. Must be no more than 200 words.

Who will the project engage with? How will they benefit from the project? *

How will you promote your project to the target groups identified in the previous question?

Word count:
Must be no more than 100 words

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

Will any partner organisations or groups be involved in this project?

If yes please describe the proposed partnership

What does success look like for the project? *

Word count:
Identify and decribe what you want the project to achieve in terms of encouraging increased participation in sport and recreational activities (Minimum 50 words - Maximum 200 words)

How will you know if you have achieved success? How will you measure this? *

Word count:
No more than 150 words.

How will this project be sustainable beyond the grant funding period?

If you have letters of support for this project 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 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

Total Grant Amount Requested	$ Up to $5000
If you are offered less than this amount will you be able to undertake the project?	☐ Yes ☐ No
If no, please provide further information.	

Budget

List all anticipated sources of income and expenditure (including in-kind contributions). 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 accurately reported.

Income	$	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.

Upload quotes to support the expenses listed in your proposed budget. A quote should be provided for all items over $500.
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 letter of approval.

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 *

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