Small Equipment application 2027
Form Preview

Important

- Please ensure that you fully complete all sections and provide the necessary documentation.
- Applications close **11:59pm, Sunday 17 January 2027.** Incomplete and late applications will not be considered.
- For further information about the Ku-ring-gai Community Grants program, contact Haley Vallone on 9424 0829.
- For help with completing the application form, please contact Haley Vallone on 9424 0829 or email communityservices@krg.nsw.gov.au.

Grants of up to $2,000 are available in this category

Eligibility

* indicates a required field

Incomplete applications and/or applications received after the closing date will not be considered.

Before completing this application form, you should have read the General Information for Applicants and Small Equipment Grant Guidelines available at Ku-ring-gai Council - Community Grants.

The following section MUST be completed by the Applicant Organisation.

Is your organisation a not-for-profit, community organisation, or a local business that encourages economic development opportunities which benefit the local community? *
○ Yes ○ No

Are you an incorporated legal entity or auspiced by an incorporated entity? *
○ Yes ○ No

Does your organisation operate in the Ku-ring-gai LGA, or can you demonstrate that the program will benefit residents in this area? *
○ Yes ○ No

Does your organisation adhere to principles of Access and Equity in the provision of your programs? *
○ Yes ○ No

Have you met acquittal conditions for previous Ku-ring-gai Community Grants funding?
○ Not Applicable ○ Yes ○ No

If you answered 'No' to any of the above five Eligibility questions you cannot proceed with this application. If you have any questions in regards to this please speak to Haley Vallone on 9424 0829.

Are you applying from a political party, or from an organisation affiliated or associated with any political party? *
○ Yes ○ No

Is the requested funding for capital assistance or maintenance of buildings or grounds? *
○ Yes ○ No

Is the requested funding for recurring or ongoing expenses? *
○ Yes ○ No

If you answered 'Yes' to any of the above three Eligibility questions you should not proceed with this application. If you have any questions in regards to this please speak to Haley Vallone on 9424 0829.

Contact Details

* indicates a required field

Applicant Organisation Details

Applicant 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

Contact Person *

Title | First Name | Last Name

Position held in Organisation *

Primary Phone Number *

Contact Mobile Phone Number

Applicant Admin Contact Primary Email *

Is your Organisation Incorporated? *

○ Yes ○ No

IA or ACN Number *

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

If you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 47% of any approved grant may be witheld. Download the form from Ku-ring-gai Council - Community Grants.

Please Upload completed Statement of Supplier Form: *
Attach a file:

Auspice Organisation Details. Only complete if your organisation is NOT incorporated.

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 *

Auspice Project Contact Primary Email *

IA or ACN 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

Organisation information

* indicates a required field

Describe your organisation, outlining its aims and objectives. *

If your organisation is applying for KCG funding for the first time, please attach a copy of your Constitution or business registration.
Attach a file:

How many Ku-ring-gai volunteers, if any, do you have currently working for your organisation? *

How many hours in a week, on average, do volunteers work? *

What tasks do volunteers perform for your organisation? *

Please outline the positions and hours of work of the paid staff in your organisation. *

Please indicate the main sources of funding for your organisation (if applicable), and amounts paid by each source.

Source	$
	$
	$
	$
	$
	$
	$

Project Details

* indicates a required field

Project Title *

Project Start Date

Project End Date

If your organisation is offered a grant less than the amount you have requested, would you be able to proceed with your project? *

○ Yes ○ No

Brief project description *

Word count:

Project Rationale - How will this project contribute to your service provision? *

Word count:

How does the project align with Ku-ring-gai Community Grants Program's Priority Funding Areas? *

Word count:
Visit www.krg.nsw.gov.au/communitygrants for a list of Council's Priority Funding Areas.

Which residents in Ku-ring-gai will benefit from the project? *

Word count:

What are the expected outcomes of the project? *

Word count:

How will you know if these outcomes have been achieved? *

Word count:

Please provide any evidence of community support for the project *

Word count:

Demonstrate your organisation's capacity to successfully undertake the project. *

Word count:

How will the project's achievements be sustained after funding period? *

Word count:

Have you investigated the possibility of working in partnership with other providers in this project? *

Word count:

Budget Information

* indicates a required field

Total Amount Requested $

Total Project Cost $

Has an application for funding been made to other bodies or levels of government?

○ Yes ○ No

Does your organisation receive financial or in-kind funding from Council? *

○ Yes ○ No

Have you received funding from Council for this project or other projects in the past 5 years? *

○ Yes ○ No

Please upload a copy of your 2026 acquittal form if you are a recipient of 2026 Community Grants (Arts & Cultural / Community Development / Small Equipment).

Attach a file:

If you answered 'Yes' to the above, please list year and amount received.

Year	Amount received
	$
	$
	$
	$

	$

Budget (GST Exclusive)

Outline your project budget including details of other funding that has been confirmed and applied for. Clear item descriptions must be given.

The budget **MUST** balance (**TOTAL INCOME = TOTAL EXPENDITURE**). Please include these areas in your budget INCOME and EXPENDITURE columns. All figures are GST exclusive.

Please don't add commas to figures, eg. write $1000 not as $1,000

Income	**Confirmed Funding?**	**$**	**Expenditure**	**$**
		$		$
		$		$
		$		$
		$		$
		$		$
		$		$

Please attach quotes for all expenditure (cost) items:
Attach a file:

Please attach the Minutes for your most recent AGM (Annual General Meeting): *
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 Ku-ring-gai Council approves the grant, I will be

required to accept the terms and conditions of the grant as outlined in the grant application and 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 *

Privacy Notice

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form will be stored in Ku-ring-gai Council's records database, and may also be used for statistical research and evaluation of the KCG program. 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. Please take a few moments to provide some feedback before you click **REVIEW,** and then click the **SUBMIT** button.

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

Please provide us with any improvements and/or additions to the application process/form that you think we need to consider: