2026-2027 Quarterly Grants Program - SMALL GRANTS FUND
Form Preview

Instructions for Applicants

Small Grants Overview

The City of Parramatta Council offers a quarterly Grants program aligned with the financial year period. This program funds local initiatives that enhance our community's vibrancy, inclusivity and resilience. The small grants fund offers up to $3,000 and aims to:

- Support community based groups, sport and recreation clubs, and service organisations to develop effective projects that address the social, economic and/ or environmental needs of residents in the Parramatta Local Government Area, as described in City of Parramatta Council’s Community Strategic Plan;
- Maximise access to and use of community resources, services and facilities, including equity of access for people experiencing social exclusion, marginalisation or isolation;
- Encourage community participation in the development and delivery of projects and activities;
- Support the development of networks and partnerships between communities, local community groups, agencies and City of Parramatta Council.

Assessment Criteria

CRITERIA

Projects should demonstrate clear alignment with Council priorities and provide evidence of positive community.

15%

Degree to which the need for the project is evident and/or clearly explained.

25%

Degree to which the project benefits the Local residents and/or positively impacts the organisation.

30%

Extent to which the funding is linked to a discrete and defined activity or project and exhibits sound project management.

30%

Application Timeline

Applications are accepted all year round by assessed on a quarterly basis. If successful, applicants will have up to 6 months to complete their project. Please note that the closing date for each quarterly funding round are as follows:

- 1st September 2026, Tuesday (end of day - 23:59)
- 2nd November 2026, Monday (end of day - 23:59)
- 1st February 2027, Monday (end of day - 23:59)

- 26th April 2027, Monday (end of day - 23:59)

Grant Support

We are committed to ensuring you feel supported throughout your application process. If you have any questions, or have any accessibility requirements, please do not hesitate to reach out to our team. We are here to help!

Email: grants@cityofparramatta.nsw.gov.au

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the program guidelines here.

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

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions, please contact **grants@cityofparramatta.nsw.gov.au.**

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you are able to demonstrate alignment between your project and the aims of this program
- your organisation is a not-for-profit organisation, and or registered charity
- your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- your organisation has an address within the City of Parramatta
- your organisation does not owe any reports or money to City of Parramatta Council as a result of previous funding or grants
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant

You must confirm that all statements above are true and correct. *

☐ Yes

Contact Details

* indicates a required field

Privacy Notice

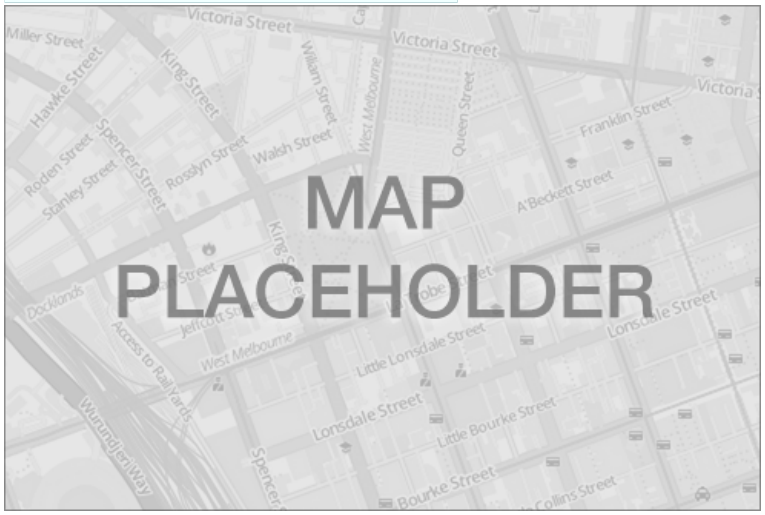
We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.*

Applicant Details

Organisation *
Organisation Name

Make sure you provide the same name that is listed in official documentation.

Applicant primary address
Address



Organisation postal address
Address

Organisation primary phone number *

Must be an Australian phone number.

Organisation email address *

Must be an email address.

Organisation website

Must be a URL.

Primary Contact Details

Primary contact *

Title | First Name | Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact phone number *

Must be an Australian phone number.

Primary contact email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

What is your organisation's purpose or mission? *

What is your organisation's legal structure? *

- ○ Unincorporated association
- ○ Incorporated association
- ○ Cooperative
- ○ Company limited by guarantee
- ○ Indigenous corporation, association or cooperative
- ○ Organisation established through specific legislation
- ○ Trust
- ○ Unknown
- ○ Other:

If your organisation is unincorporated. it must have an auspice organisation.

Does your organisation have an ABN? *
○ Yes ○ No

Applicant 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	

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement of Supplier Form. *
Attach a file:

Max 25mb per file uploaded

What is your incorporation number? *

Incorporated Association or Australian Company Number

Additional Information - Bank Account Details

Note - If your organisation is being auspiced, please provide the auspice organisation's bank account details. If successful, the grant payment will be made directly to the auspice organisation.

Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Remittance Email *

Must be an email address.

Additional Information - Insurance Coverage

Council requires successful applicant's to have an appropriate level of insurance for any funded project that has the potential to cause harm or loss to those involved.

If your organisation's Certificate of Currency for public liability expires during the course of the project, you will need to submit a renewed certificate of currency for public liability to cover the remainder of the project. This will be written as a condition of your funding agreement.

Please upload a copy of your Certificate of Currency Public for Liability Insurance *

Attach a file:

Expiry Date for Certificate of Currency *

Must be a date.

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

○ Yes ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

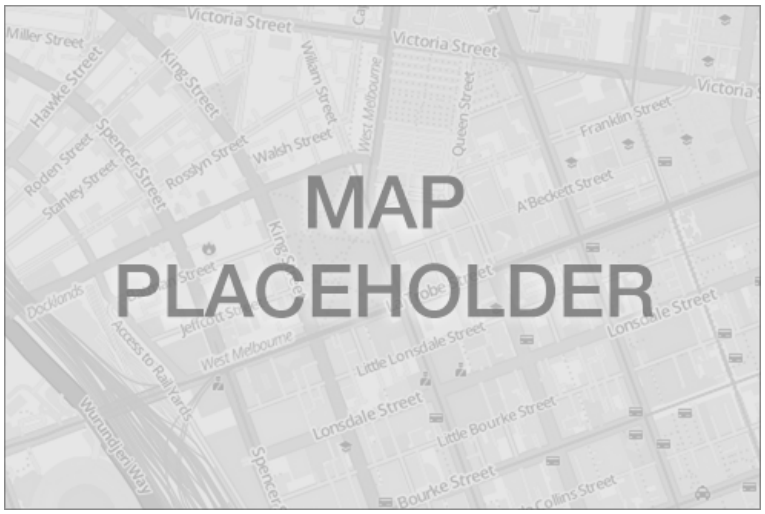
Auspice organisation name *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Auspice primary address

Address



Auspice postal address
Address

Auspice primary phone number *
Must be an Australian phone number.

Auspice email address *
Must be an email address.

Auspice website
Must be a URL.

Primary contact person at auspice organisation *
Title First Name Last Name
We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *
e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact primary phone number *
Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *
Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an ABN? *
○ 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.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

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

Max 25mb per file uploaded

Project Details

* indicates a required field

Project name *

Word count:
Must be no more than 25 words.
Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated project commencement date *

Anticipated project completion date *

Where will your project take place? *

Please provide a location, and address and or a venue name.

Please provide a short summary of your project *

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Please select which strategic pillar aligns with your project?

- ○ We all belong - A diverse, creative, inclusive and inspiring city.
- ○ We put people first - An equitable and socially connected city.
- ○ We are an economic powerhouse - A prosperous, productive and ambitious city.
- ○ We nurture our environment - A regenerative and resilient city.
- ○ We are future focused - A leading and forward-thinking city.

Alignment - How will your project reflect the strategic pillar you selected? *

What is the need and how will you address it through your project? *

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek.

Who will benefit from this project? *

What positive changes will be seen in the people and communities involved in your project? (No more than 200 words)

Budget

Total Amount Requested *

Must be a dollar amount and no more than 3000.
What is the total financial support you are requesting in this application?

Total Expenditure Amount

This number/amount is calculated.

Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below.

Provide detailed explanations for each expenditure description. For example:

- Facilitator Fees: *$40/hour x 2 hours/week x 10*

Quotes:

- For any itemised expense between $500 and $999, provide ONE
- For any expense of $1000 or more, provide TWO

A quote is a statement from a supplier that describes the item or service and its cost. Quotes can be screenshots from a supplier's webpage or a written document detailing the items and associated costs.

If correct quotes are not uploaded on time of submission, this may effect the total amount you have requested.

Expenditure description	Expenditure type	Expenditure amount (budgeted)	Quote
Provide clear descriptions for each budget item. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours at $40/hr'.	Please select the type of expenditure.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	For expense items over $500.

Declaration

* indicates a required field

Declaration made by or on behalf of the Applicant

The Applicant:

1. Declares the information submitted in this application is, to the best of the Applicant's knowledge, true, and presents fairly, in all material respects, the financial position of the Applicant;

2. Agrees to notify City of Parramatta Council as soon as the Applicant becomes aware of any changes to this information or any circumstances that may affect this application, which includes, but is limited to, information regarding the financial viability of the Applicant;

3. Acknowledges that City of Parramatta Council may seek further information regarding this application, if required;

4. Acknowledges that this is an application only and that the application may not necessarily result in a grant of funding being awarded by City of Parramatta Council, to the Applicant; and

5. Understand and agrees that if the Applicant is successful in making this application, which results in City of Parramatta Council awarding a grant of funding to the Applicant, that it has read and agrees to be bound by, and a party to, the Funding Agreement Standard Terms and Conditions, a copy of which can be found **here.**

Signature of Applicant (also known as the Grantee, for the purposes of the Funding Agreement Standard Terms and Conditions), agreeing to the above Deceleration:

Note: For the avoidance of doubt, by this signature, the Applicant will be bound by, and a party to, the Funding Agreement Standard Terms and Conditions, as the named Grantee in those Funding Agreement Standard Terms and Conditions, if the Applicant's application results in City of Parramatta Council awarding a grant of funding to the Applicant.

Please confirm you understand the above declaration by clicking 'Agreed'. *

☐ Yes

Public Officer's Name *

Title | First Name | Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Signature *

Signature

Date of Declaration

Must be a date.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process.

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

How did you learn out about this grant program?

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