Test- RSO Application form

Form Preview

About the grant

Instructions for Applicants

Please use information provided in the Funding Deed to populate this registration form.

Incomplete project information or changes to information provided in the Funding Deed will not be accepted.

Application Number

This field is read only.

Program Details

This field is read only.
The program this submission is in.

Disclaimer

The Grantee acknowledges and agrees that:

- submission of this registration does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this registration and the Department does not accept any liability for such costs, whether or not this registration is ultimately accepted or rejected; and
- it has read the Funding deed for the Program and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this registration form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of tfthhe project will be made public, including details such as the names of the organisation (Grantee) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;

- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked ‘Commercial-in-confidence’ or ‘Confidential’ is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Registration form, the Grantee acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: https://www.dpc.nsw.gov.au/privacy);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Contact Details

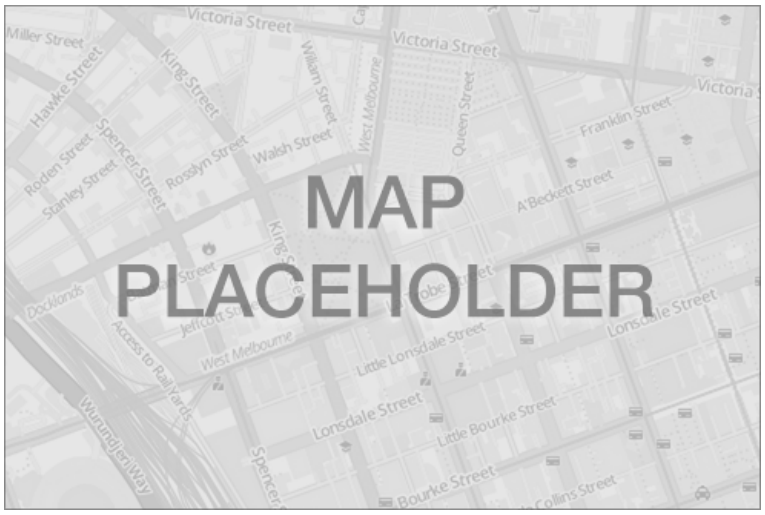
* indicates a required field

Organisation Details

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.

Primary Address
Address



Postal Address
Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

Website

Must be a URL.

Does the applicant organisation have an Australian Business Number (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.

Primary Contact Details

Primary Contact *

Title | First Name | Last Name

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

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Project Details

* indicates a required field

Project Explanation

Please enter below: Project Title in the **Title field**, Project Description in **Brief Description**, Expected Start Date of the Project in **Anticipated Start Date**, , Expected End Date of the

Project in **Anticipated End Date**, Project Location/Address in **Primary location of your initiative**.

Note: LGA, NSW Electorate and Federal Electorate will be displayed automatically

Title *

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

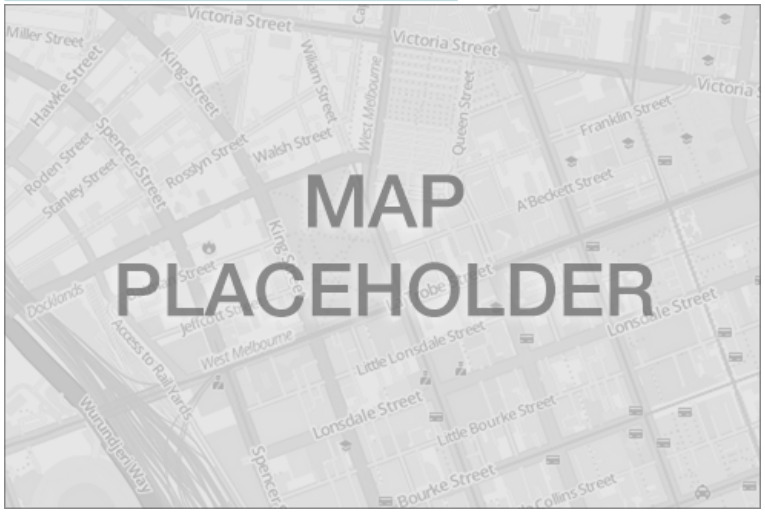
Brief description *

Word count:
Must be no more than 50 words.
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Anticipated end date *

Primary location of your initiative
Address



Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

Federal Electorate

Project Region

Suburb

Expected Outcome

Nature of Concern *

Treatment List

- ☐ Bicycle Safety 2026/2027
- ☐ Drink & Drug Driving 2026/2027
- ☐ Driver Fatigue 2026/2027
- ☐ Driver Reviver 2026/2027
- ☐ Heavy Vehicle Safety 2026/2027
- ☐ Motorcycle Safety 2026/2027
- ☐ Occupant Restraints 2026/2027
- ☐ Older Road Users 2026/2027
- ☐ Pedestrian Safety 2026/2027
- ☐ Safe Systems 2026/2027
- ☐ Safety Around Schools 2026/2027
- ☐ Speed 2026/2027
- ☐ Young Road Users 2026/2027
- ☐ LGRSP Ad-hoc Projects 2026/2027

What are the expected outcomes of the project? *

These are the Objectives of the project.

Evaluation Criteria *

Evaluation Criteria

Budget

* indicates a required field

Project Co-Funded? *
○ Yes ○ No

Total Amount Requested *
$
What is the total financial support you are requesting under this grant?

Project Co-Funding

State Government Contribution
Must be a dollar amount.

LGA Contribution
Must be a dollar amount.

Other Contributions
Must be a dollar amount.

Total Project Cost
Must be a dollar amount.

Supporting Documentation

Upload supporting documentation if required
Attach a file:

Declaration and Authorisation

* indicates a required field

Declaration

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TfNSW has input these data based on the application details already completed, this form is completed for data capturing purposes only.

Authorisation

I agree *

☐ Yes

Name of authorised person *

Title | First Name | Last Name

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

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.