Project Application Details
Form Preview

ABC Program

Program Details

Grant Program Name

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

Application Number

This field is read only.

Disclaimer

It is acknowledged all data has been transferred over from Transport for NSW information systems, where the original application was submitted and managed.

All data has been transferred by a Department representative to reflect the current status of the project.

All Funding conditions are outlined within the Funding Deed and must be adhered to as per the executed funding deed.

Use of Information

In addition to the terms outlined in the Funding Deed, it is acknowledged the Department may:

- use the relevant details of the project to be made public, including details such as the names of the organisation (Applicant) 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

In addition to the terms outlined in the Funding Deed and by accepting the funding, it is acknowledged:

- 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.

Applicant Details

* indicates a required field

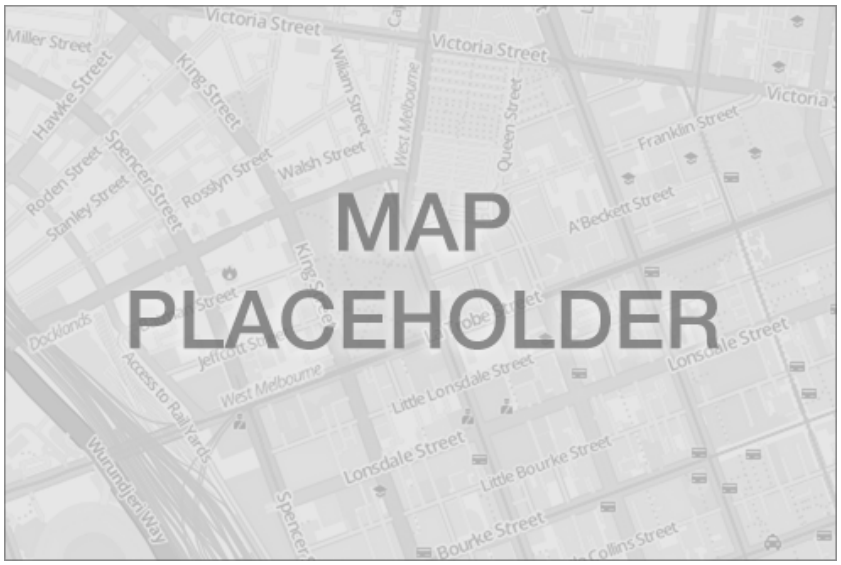
Applicant Details

Applicant *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last 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.

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 Other 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.

Does the applicant 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.

Applicant Primary Bank Account Details

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Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Project Details

* indicates a required field

Title *

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

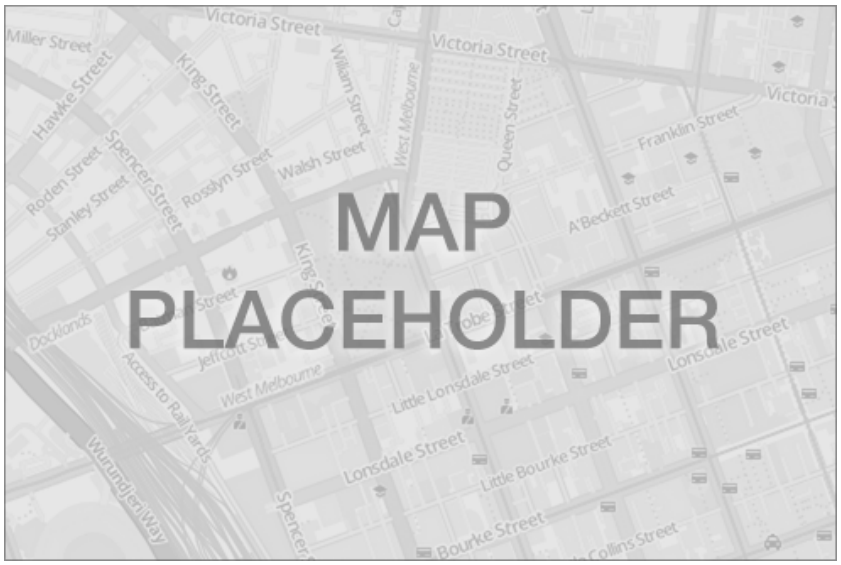
Brief description *

Word count:
Must be no more than 300 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 (NSW), etc. If delivered online, please specify the area of focus for delivery.

Total Amount Requested *

$

What is the total financial support you are requesting under this grant?

TfNSW Milestone Details (Equip)

TfNSW Milestone Name	Milestone Schedule Payment	Baseline Date	Milestone Forecast Date	Milestone Actual Date
	Must be a dollar amount.	Must be a date.	Must be a date.	Must be a date.

Declaration and Authorisation

* indicates a required field

Declaration

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This information has been completed and submitted by an authorised Transport for NSW officer using information sourced from Transport for NSW systems and records. The submission is for the purpose of migrating historic application and project data into the Whole of Government Grants Management System (OneGMS) to support ongoing project delivery, management and reporting.

By submitting this application, I declare that:

- The information provided is true, accurate and complete to the best of my knowledge, based on available systems and records;
- I am authorised to submit this application on behalf of Transport for NSW for grants administration purposes;
- Information contained in this application may be shared with relevant NSW Government agencies, program administrators and external advisers for assessment, reporting, compliance and assurance purposes; and
- All relevant conflicts of interest have been declared.

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.

GMS-SGA/Locn/2025 v2.0