New toy library grant application 2025
Form Preview

Contact details

* indicates a required field

Organisation Name *

Organisation's 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

Organisation primary address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Organisation email *

Must be an email address.

Organisation website

Must be a URL.

Contact for Application

Contact Name *

First Name

Last Name

Contact Position *

Contact phone number *

Must be an Australian phone number.

Contact email *

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

Organisation Details

* indicates a required field

Organisation type *

Which of the following best describes your organisation

Legal structure *

Which of the following best describes the legal structure of your organisation

What does your organisation do? *

If you are an individual, provide a brief summary of why you are interested in starting a toy library

Do you already run a toy library? *
○ Yes   ○ No

If yes, what is the name of the toy library?

Has your organisation previously received funding from us? *
○ Yes   ○ No

If yes, what was the funding for?

New toy library details

* indicates a required field

New toy library name *

New toy library location *

If you don't yet have a venue, list the town/suburb where the toy library will be located

New toy library postcode *

Must be a number.

Is the toy library in a growth corridor? *

○ Yes   ○ No   ○ Don't know

Have you spoken to anyone at Toy Libraries Australia about opening a new toy library? *

○ Yes   ○ No

If yes, who did you speak to?

Do you have a venue for the new toy library? *

○ Yes   ○ No   ○ Other:

Target opening date: *

Must be a date - if unknown please provide a best guess

Do you have a toy library bank account? *

Does your toy library have insurance? *

Your toy library and community

* indicates a required field

Tell us about your community and how it will benefit from a toy library? *

Word count:
Must be no more than 200 words.

What are the goals for your toy library? *

Word count:
Must be no more than 100 words.

Who is supporting the establishment of the new toy library? How will you work with them? *

Word count:
Must be no more than 100 words.

If applicable, please attach any letters of support or other documents you would like to share.

Attach Files:

Attach a file:

Project Budget

* indicates a required field

Expenditure

Outline your expected expenses in establishing the toy library

Expenditure type	Amount $
	$
	$
	$
	$
	$

Total establishment expenses

$

This number/amount is calculated.

Funding

What other funding do you have confirmed or have applied for?

Funding source	Funding confirmed?	Amount $
		$

		$
		$

Funding requested (max $8,000) *

$

What is the total financial support you are requesting in this application?

Declaration

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the organisation is approved for this grant, we will be required to accept the terms and conditions outlined in the grant guidelines.

I agree *   ○ Yes   ○ No

Authorised Person's Name *

First Name

Last Name

Position *

Date *