Regional Arts Fund - Acquittal Form

Why we ask for grant acquittals

Grant acquittals help us to tell the story of the Regional Arts Fund. We use the stories and data you provide to write case studies, track trends in regional arts, and to understand how the funds provided through the RAF are channelled into communities. This data helps us to advocate for the needs of regional arts communities to government and industry.

Through this grant acquittal, we are interested in hearing about the real life experience of delivering your project. While we are required to collect attendance and financial data, we are less interested in the raw numbers, and more interested in the stories behind those numbers. For example, a project which only had 5 attendees may have had an even greater impact than a project with 5,000 attendees. We want to know the story behind those 5 attendees, and how the project impacted them. Perhaps your project had no audience at all, but provided you with the support to undertake a rare opportunity. We want to hear about the impact that your project had on you as the recipient, and the community around you.

What we ask for

In this acquittal, we will ask for data and stories around the following areas:

- Project Plan: Changes to the plan, and reflections on successes.
- **Regional Arts Fund outcomes:** Impact, Support & Partnerships, Reach, and Opportunity.
- People Data: Employment, professional development, audiences, participants.
- Budget: Actual income and expenditure, leveraged income, and in-kind support.
- Images: At least two high quality images of the project.

Project Details

* indicates a required field

Funding Details	
Application Number	
	This field is read only. The identification number or code for this submission.
Grant Program Name	
	This field is read only. The program this submission is in.
Grant Round Name	
	This field is read only.

Total Amount Allocated	The round this submission is in. \$ This field is read only. The total amount of funding allocated	for this subr	nission.
Project Details			
	rom your original application. If any contact your grant administrator.	of the deta	ails have
Project Title			
	This question is read only.		
Project Summary			
	This question is read only.		
Start Date			
	This question is read only.		
End Date	This question is read only.		
Project Plan			
	nge as they are delivered. Please re cation, and tell us about any chango		
Did any of the original project activities change in the course of your			

Outcomes

changes here. *

provide an outline of any

Tell us about some of the successes of your project, or what didn't work as expected. What was your favourite part of the project? What would you do differently next time? Did you learn anything unexpected? Will this project have a lasting impact on your practice or career?

To guide your response, consider the outcomes of the Regional Arts Fund:

- 1.**Impact:** Encourage and support sustainable economic, social and cultural outcomes in regional communities.
- 2.**Support & Partnerships:** Develop partnerships and networks which leverage financial and/or in-kind support for regional arts activities and encourage ongoing collaboration.
- 3.**Reach:** Develop audiences and broaden community engagement with the arts.

 4.Opportunity: Increase emplements and raise the profile of, region 			nt opportunities for,	
Project Outcomes: *				
Testimonials & Feedback				
Testimonials are a great way to feedback from anyone during th to the next question.				
Testimonials and Feedback: *				
Cross-Industry Connection	ons			
We are often asked to speak to tutilised cross-industry collaborat advocacy tool.				
Please note, cross-industry co success. If this was not a focus to the next question.				
Did your project align with any of the following	□ Health	☐ Tourism	☐ None of the above	
fields? *	☐ Education	☐ Agriculture	□ Other:	
Tell us about how your project engaged with the industries identified				
above:				
People				
* indicates a required field				
Project Personnel & Partr	ners			
Were there any other people or organisations involved in this project?	○ Yes○ No			

Please review and update the list of people or organisations involved in this project, provided in your application.

For any personnel or partners whose involvement changed, or who were unable to participate, please outline these changes in the 'Update' field.

Name	Туре	Relationship Type	Update
	eg. artist, mentor, project partner, financial contributor		Did this person or or organisation participate in the project as planned?
Fotal new partnershi collaborations: *	ps/ Must be a nu Enter 0 if nor		
Total existing partnerships/collaborations: *	Must be a nu Enter 0 if nor		
Employment			
Did your project emp people? *	Oloy O Yes O No		
Please review and upda	ate the employment st	atistics for your project	, provided in your
A full-time equivalent (f of full-time hours wo worker (usually 38 hou	rked by an employe		ivalent to a full-time

If a position did not go ahead as planned, enter 0 in the 'Actual number of employees' and FTE fields.

Job Title/Role	Employment status	Projected number of employees	Actual number of employees	FTE
		This question is read only.	Must be a number.	Must be a number.

Total number	
of employment	
opportunities:	This number/amount is calculated

Total FTE:	This number/	amount is calculated.	
Professional Developme	ent		
Professional development opp knowledge or skills, learn som opportunity to learn a new ski	ething new or d	eepen existing knowled	ge. It could be an
In this section, we want to hea were created by your project. be 1 professional developmen	For example, if	you ran a workshop for	30 people, this would
High numbers are not necedevelopment was not a focusestion.	_	-	
How many professional development opportunities were provided? *	Must be a nu If none, pleas		
How many individuals accessed these opportunities? *	Must be a nu	mber.	
How were these numbers calculated? *			
Audience			
Did your project have an audience? *	YesNo		
Please provide information abo	out your audien	ce below.	
High numbers are not necessal digital engagement, please tal views or post engagements. In reach and impact of the fund.	ke care to provi	de realistic numbers bas	sed on actual page
Estimated audience numbers (in-person)		Actual audience numbers (in-pers	on) *
This question is read only.		Enter 0 if none.	
Estimated audience numbers (digital)		Actual audience numbers (digital)	*

Enter 0 if none.

This question is read only.

How did you calculate these numbers? *	
If there was a large variance between estimated and actual numbers, tell us why you think that is the case:	
Who was the audience for your activity? Did you learn anything new about them? *	
Participants	
Did your project have participants? *	○ Yes ○ No
Please provide information about	participants below.
digital engagement, please take of	a measure of success. Particularly when reporting on care to provide realistic numbers based on actual page ced numbers are not useful to us when advocating for the
Estimated participant numbers (in-person)	Actual participant numbers (in-person) *
This question is read only.	Must be a number. Enter 0 if none.
Estimated participant numbers (digital)	Actual participant numbers (digital) *
This question is read only.	Must be a number. Enter 0 if none.
How did you calculate these numbers? *	
If there was a large variance between estimated and actual numbers, tell us why you think that is the case:	

Form Preview

Tell us about the	
participants. Did you	
learn anything new	
ahout them? *	

Budget Report

* indicates a required field

Please review the budget lines provided in your original application and enter the actuals. If a budget line was removed, enter 0 in the actuals field.

Please provide a brief explanation for any variances.

Cash Income

Income Category	Description	Budgeted Income	Actual Income	Variance Explanation
		Must be a dollar amount.	Must be a dollar amount.	
		\$	\$	
		\$	\$	
		\$	\$	

Cash Expenditure

Expenditure Category	Description	Income Source	Budgeted Expenditure	Actual Expenditure	Variance Explanation
			Must be a dollar amount.	Must be a dollar amount.	
			\$	\$	
			\$	\$	
_			\$	\$	

Cash Totals

Total Cash Income	Total Cash Expenditure	Cash Balance *
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated. Must equal 0.
Of the total cash income above, how did you contribute from your own fun		

Form Preview

Must be a dollar amount and at least 0.

Total Leveraged Ca	sh:		/amount is calculated. cost, minus RAF grant a ution.	warded, minus applicant
In-Kind Support				
Item	Source		Budgeted Contribution	Actual Contribution
			Must be a dollar amour	it. What was the actual amount of in-kind support contributed? Must be a dollar amount.
			\$	\$
			\$	\$
In-Kind Support 1	Totals			
Total In-Kind Suppo	ort:	\$ This number	/amount is calculated.	
Of the total in-kind support above, how much did you contribute? *		\$ Must be a do	ollar amount and at least	0.

Leveraged In-Kind

Support:

5

This number/amount is calculated.

Total Project Cost & Leveraged Income

Total Project Cost:	\$ This number/amount is calculated. Total in-kind support + total cash income
Total RAF Funding:	\$ This field is read only. The total amount of funding allocated for this submission.
Total Applicant Contribution:	\$ This number/amount is calculated.
Leveraged Support:	\$

This number/amount is calculated.

Form Preview

Total project cost - Total RAF funding - Total applicant contribution

Images, Acknowledgement and Declaration

* indicates a required field

Documents

Please upload any reports or documents that may have been produced for this project.

These might include:

- Evaluation reports
- Audience surveys
- Financial reports
- Marketing materials
- Exhibition collateral

Please upload documents here:	Attach a file:		
Web Links			
Please provide any links to your project. This may include the project website, social media, online video documentation.			

Images

Please upload at least **two** high resolution images of your project.

Providing good quality documentation will help us to celebrate your project with the community, and promote the Regional Arts Fund.

Images of minors: Please note that images of minors (people under 18 years of age) may not be shared without signed photo release forms from a parent or guardian.

Indigenous Cultural and Intellectual Property (ICIP): ICIP refers to the rights that Indigenous people have, and want to have, to protect their traditional arts and culture. You must have permission to share any images that include ICIP. For more information about identifying ICIP, see the <u>Arts Law Centre of Australia Information Sheet</u>.

Please provide a detailed caption for each image, so that we can make sure to accurately acknowledge artists, participants and photographers. Include any information in the caption that you would want to be used if the image was shared publicly.

Some example caption formats are included below for your reference.

Form Preview

Images of artworks: [Artist Name], [Artwork Name], [Year]. Exhibited at [Gallery Name] as part of [Exhibition Name].

Images of people/events: [Person Name], [Person Name] and [Person Name] at [Event Name], [Event Date], held at [Event Location].

File Upload	File Name	Caption	Photographe Credit	minors visible in this photo?	Does this image contain ICIP?
				Minors means any person under 18 years of age.	
Photo Rele	ase Forms (Minors)			
Please upload the photo release forms for any minors photographed: *		Attach a f	ile:		
Indigenous	Cultural an	d Intellectu	al Property (I	CIP)	
Please provide	e further inform	ation about the	e images that con	tain ICIP.	
Do you have to share the		○ Yes○ No			
Please provion of this permi		Attach a f	ile:		
Please provious and proper a or naming of	ttribution				

Image Consent - Regional Arts Australia

community connected

with the ICIP: *

Regional Arts Australia uses images to promote the Regional Arts Fund. This may include but is not limited to publishing the image on our website, in annual reports, in promotional material, reports and case studies.

- 1.I consent to the image/s being included in Regional Arts Australia's publicity and promotional material.
- 2.Images that may include my likeness may be used in Regional Arts Australia's publications, websites, digital image databases and presentations including all Regional Arts Australia marketing collateral.

Form Preview

3.Regional Arts Australia is not obliged to include images of me, or my work, in their material.

4.I release and indemnify Regional Arts Australia its servants and agents from any claim by me or on my behalf arising out of any loss, damage, accident or injury to me as a result of the recording or reproducing of photographic material including my image.

I/We consent to the	Yes	○ No	Other:
attached images being			
made available to			
Regional Arts Australia			
to use for the purposes			
stated above: *			

Image Consent - Australian Government, Office for the Arts

From time to time the **Australian Government's Office for the Arts** uses images to promote a funded project. This may include but is not limited to publishing the image on our website, in annual reports, in promotional material, reports and case studies.

Department of Infrastructure, Transport, Regional Development and Communication - Copyright Licence Agreement

- 1.l/we, affirm that I/we own the image described above and unconditionally give the Department of Communication and the Arts and its successors and assign, permission to digitise, host, print and publish online, the following images in perpetuity.
- 2.I/we unconditionally license copyright to the Department of Communications and the Arts to reproduce, (in print and electronic media), to copy, or crop the images listed above, without prior permission or remuneration on the condition that the images are correctly cited and attributed.
- 3.I /we confirm that, in accordance with the Privacy Act 1988, we have the written consent of individuals appearing in the photographs and where children have been photographed, and they are not in a public place, and their identity can be established, parental consent has been acquired.
- 4.l/we release the Department of Communication and the Arts from any claims or demands arising out of or in connection to the use of these images.

I/We consent to the	Yes	○ No	Other:
attached images being			
made available to the Office for the Arts to use			
for the purposes stated			
above: *			

Image Consent - Flying Arts Alliance

Flying Arts Alliance occasionally uses images to promote the Regional Arts Fund. This may include but is not limited to publishing the image on our website, in annual reports, in promotional material, reports and case studies.

1.I give **Flying Arts Alliance** permission to reproduce images and videos for documentation and/or for purposes associated with the promotion of the Regional Arts Fund and I allow **Flying Arts Alliance** to reproduce these materials in any form, in whole or in part, and distribute them by any medium including the print and digital or other multi-media uses.

- 2.Images that may include my likeness may be used in **Flying Arts Alliances** publications, websites, digital image databases and presentations including all Flying Arts Alliance marketing collateral.
- 3. Flying Arts Alliance is not obliged to include images of me, or my work, in their material.
- 4.Certify that, in accordance with the Privacy Act 1988, we have the written consent of individuals appearing in the photographs and where children have been photographed, and they are not in a public place, and their identity can be established, parental consent has been acquired.

I/We consent to the attached images being made available to Flying Arts Alliance to use for the purposes stated above: *						
	No		Oth	ner:		
Name of person providing consent *	First Name	Last	Name			
Date of consent *	Must be a date.					
Acknowledgement of Fund						
In what ways did you acknowledge						
the Regional Arts Fund throughout your project? *	Word count: Must be at least 50 words	S.				
Please upload evidence	Attach a file:					
of acknowledgement *						
Declaration						
	I certify that:					
	1.All details supplied attached documer of my knowledge. 2.That the acquittal knowledge and ag who applied (if applications). I agree that I will dimmediately if any acquittal changes	has breem reem olicab ontac info	e true been si lent of ble). ct Reg rmatio	and correctubmitted we the organic ional Arts An provided	t to the vith the sation	e full /group ia
Name of person signing declaration *	First Name	Last	Name			

Date of declaration *	
	Must be a date.