Regional Arts Fund Project Grant Application

* indicates a required field

Regional Arts Fund Project Grants

Project Grants are provided through the Australian Government's Regional Arts Fund, devolved through Regional Arts Australia and administered in each state by Regional Program Administrators.

Project Grants provide funding for high-quality arts projects benefiting regional or remote artists, arts workers, audiences, and communities. The focus of the project could include any area of creative practice, multiple art forms, or cross-disciplinary practice.

Funding for up to \$30,000 is available through this grant program. There is no minimum amount you can apply for.

Preparing to write your application

Grant applications take a significant amount of your time and energy to prepare.

To give yourself the best chance of success it is important that you read the <u>Regional Arts Fund Grants Guidelines</u>, and the <u>Regional Arts Fund Eligibility Notes</u> as they contain valuable information on what kind of applicant type, project, or expenses are eligible for funding, and the criteria for assessing the grant.

To be eligible for a RAF Project Grant, your Australian Business Number (ABN) that you supply must match your name and current address. Please make sure your ABN is up to date by checking the <u>Australian Business Register</u>

You may only apply for funding from the Regional Arts Program Administrator that represents the state or territory that your ABN is registered in.

Please contact your Regional Arts Fund Program Administrator in the state or territory in which you are applying to for further assistance. A list of the Regional Arts Australia state and territory offices can be found here.

| Have you read through the Regional Arts Fund Guidelines? * | ○ Yes | ○ No | |
|---|-------|------|--|
| Have you discussed your application with the Regional Program Administrator in your State or Territory? * | ○ Yes | ○ No | |
| Which staff member did you discuss your application with? * | | | |

| | | | | 2.0 |
|---|----|-------|-------|------|
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| | = | , . ∼ | | ity |

* indicates a required field

Activity Dates

This round is for projects starting after 1 January 2025. The maximum grant period for Project Grants is two years.

| Start Date * | |
|--------------|---|
| | Must be a date and no earlier than $1/1/2025$. |
| End Date * | |
| | Must be a date. Must be no later than two years from Start Date. |

Ineligible dates

Please contact the Regional Arts Fund Program Administrator in your State or Territory to discuss your eligibility. A list of the Regional Arts Australia State and Territory offices can be found here.

As the start date of your project falls prior to 1 January 2025, it is not eligible to be funded in this round. *

I understand

Regional Arts Fund Eligibility

The Regional Arts Fund provides designated funding for **organisations and individuals that are based in regional areas**. Organisations or individuals based in metropolitan locations are not eligible to apply for the Regional Arts Fund.

To determine eligible locations, the fund uses the Modified Monash Model. If you haven't used the Modified Monash Model before, please follow these <u>instructions</u>.

| What is the MM classification of you primary address? * | | |
|--|-------|------|
| What type of applicant are you? * | | |
| Do you have an ABN that is registered to your name and location? * | ○ Yes | ○ No |
| Have you already received a Regional Arts Fund Project Grant this financial year? * | ○ Yes | ○ No |

| Do you have any outstanding acquittals for the Regional Arts Fund, or other Government grants? * | ○ Yes | O No |
|---|--|--|
| Unincorporated Groups | | |
| You will need your application to criteria: | be auspiced by an organisati | ion that meets the following |
| if required by the Australian not have any outstanding re Australian Government fund | organisation or local governm n Tax Office, be registered for eports, acquittals or serious bi ling or funding from a state or ach is one that has resulted in | the purposes of GST reaches relating to any |
| All activities undertaken mu | st have the support and ap | pproval of the auspice body. |
| You and your auspice body shou a legally binding grant agreeme body will be responsible for mee managing, reporting on and acq | nt with the Regional Program eting the obligations set out in | Administrator. The auspice |
| You will be required to enter the Details section of this form. | details of your auspicing orga | anisation in the Applicant |
| Do you have an auspice orga ○ Yes | nisation that meets the el | igibility criteria? * |
| Individuals Under 18 | | |
| You will need your application to active ABN. | be auspiced by an individual | who is over 18 and has an |
| The individual auspicing you to enter into a legally bindin Administrator. | | |
| The individual auspicing your apout in the agreement as well as | | |
| You will be required to enter the Applicant Details section of this | | icing your application in the |
| Do you have an individual wi ○ Yes | ith an ABN who can auspice | e your application? * |
| Ineligible | | |

Please contact your Regional Program Administrator to discuss your eligibility before continuing with this application.

| Your answers to the eligibility to apply for the Regional Arts O I understand | | dicate that you are n | ot eligible |
|--|--|-----------------------|-------------|
| Applicant Details | | | |
| * indicates a required field | | | |
| Contact Details | | | |
| Applicant Name * | IndividualOrganisation Name | ○ Organisation | |
| | First Name | Last Name | |
| | I ii st ivairie | Last Name | |
| | | | |
| Applicant Primary Phone Number * | | | |
| | Must be an Australian ph | one number. | |
| Applicant Primary Email | | | |
| T | Must be an email address | S. | |
| Applicant Primary | | | |
| Website | Must be a URL. | | |
| | | | |
| Organisation Contact * | First Name | Last Name | |
| | | | |
| Organisation Contact | | | |
| Position * | | | |
| Organisation Contact | | | |
| Primary Phone Number * | Must be an Australian ph | one number. | |

Location

Organisation Contact

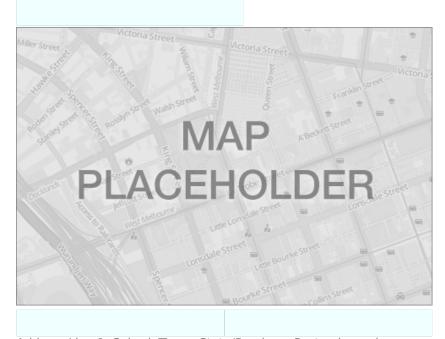
Primary Email *

Please enter the street address of your primary location. This should match the address registered on your ABN. If your address doesn't appear in the search bar, you can move the pin on the map or enter the coordinates of your location.

Must be an email address.

Applicant Primary Address *

Address



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

Applicant Postal Address

Address

ABN Details

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 | | |
| | Must be an ABN. | | |
| Does the 'Main business location' listed above match the postcode in your primary address provided? * | ○ Yes | ○ No | |
| Please contact the Australian Buwww.abr.business.gov.au/Help/U | | ate your details here: https:// | |
| Regional Arts Funding can only ABN 'main business location'. | be paid to applicants w | hose physical address matches their | |
| You can submit this form and th will still process your application | | ing your 'main business location'. We | |
| Auspice Information (Ind | ividuals under 18 | | |
| Your answers to the eligibility quantity an individual over 18 with an ac | | our application must be auspiced by | |
| For more information about app Regional Arts Fund Guidelines <u>h</u> | | bodies, please see clause 7.1 in the | |
| Auspice Contact Name * | First Name | Last Name | |
| Auspice Contact Primary Email * | Must be an email addre | ess. | |
| Auspice Contact Primary Phone Number * | Must be an Australian p | phone number. | |
| Auspice ABN * | | | |

entered the ABN correctly.

ABN

Entity name ABN status

The ABN provided will be used to look up the following information. Click Lookup above to check that you have

Information from the Australian Business Register

| | Entity type | |
|--|--|------------------------------|
| | Goods & Services Tax (GST) | |
| | DGR Endorsed | |
| | ATO Charity Type | More information |
| | ACNC Registration | <u></u> |
| | Tax Concessions | |
| | Main business location | |
| | | |
| | Must be an ABN. | |
| Auspice Contact Primary Address * | Address | |
| | | |
| | | |
| Auspice Contact Postal | Address | |
| | | |
| | | |
| | | |
| Auspice Information (U | nincorporated Groups) | |
| | questions indicate that your app e eligibility criteria. | lication must be auspiced by |
| | pplications from auspice bodies, here. | please see clause 7.1 in the |
| Auspice Organisation | Organisation Name | |
| Name * | | |
| | | |
| Auspice Organisation | | |
| uspice Contact Postal ddress * uspice Information (United and a second and a second | Must be an email address. | |
| | | |
| Auspice Organisation | | |
| Primary Phone Number * | Must be an Australian phone nu | mber. |
| | | |
| | | |
| ADN | The ABN provided will be use information. Click Lookup ab entered the ABN correctly. | |
| | Information from the Australian | n Business Register |
| | ABN | |
| | Entity name | |
| | ABN status | |

Entity type

| | Goods & Services Ta | x (GST) | |
|--|--|--------------------------|------------------------|
| | DGR Endorsed | | |
| | ATO Charity Type | | More information |
| | ACNC Registration | | |
| | Tax Concessions | | |
| | Main business locati | on | |
| | Must be an ABN. | | |
| Auspice Organisation Primary Address * | Address | | |
| | Address Line 1, Subu Country are required | | rovince, Postcode, and |
| Auspice Organisation | Address | | |
| Postal Address * | Address Line 1, Suburb/Town, State/Province, Postcode, and | | rovince, Postcode, and |
| | Country are required | | |
| Auspice Organisation Primary Website | Must be a URL. | | |
| Applicant identification | | | |
| Does the applicant identify as any of the following? * | ☐ Aboriginal or Torres Strait Islander | □ LGBTQIA | ☐ None of the above |
| ionowing: | ☐ Culturally and Linguistically Diverse | ☐ Youth (25 y and under) | rears □ Other: |
| | ☐ A person with disability | ☐ Would rath not say | er |
| Indigenous or Non-Indige | nous Organisati | ons | |
| Is the organisation an Indigenous organisation? * | YesNo | | |

Please select one definition below that best describes how your Indigenous organisation is

structured:

Tier 1 - An incorporated Aboriginal or Torres Strait Islander organisation with at least 51% Indigenous ownership **and** at least 51% Indigenous control via its governing body that is either:

- Tier 1a a Community-controlled* organisation where the above thresholds are mandated by its governing rules or legislation;
- Tier 1b not a Community-controlled* organisation but meets the above 51% Indigenous ownership and 51% Indigenous control thresholds.

Tier 2 - Another organisation, with at least 50% Indigenous ownership or 50% Indigenous control

| control | |
|---|--|
| How is your Indigenous organisation structured? * | ☐ Tier 1a ☐ Tier 1b ☐ Tier 2 *Community-controlled means an Indigenous organisation with majority Aboriginal and/or Torres Strait Islander ownership and control, and that is operated for the benefit of Aboriginal and Torres Strait Islander communities. |
| Applicant's history with t | he Regional Arts Fund |
| What is your history with the Regional Arts Fund? * | |
| Please use this space to provide any further information regarding the applicant's history with the Regional Arts | This is an optional question |

Project Details

* indicates a required field

Project Details

Please note, the Project Title and Project Summary entered below must be suitable for publication. These details will be used to promote your project, if

successful. We recommend that the Project Summary is written in the third person and does not contain dots points or lists.

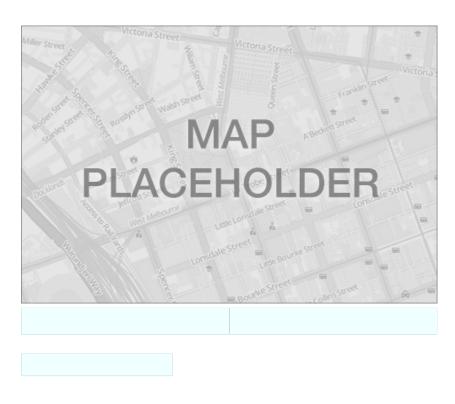
| What I | evel | of fun | ding | |
|--------|-------|--------|------|---|
| are yo | u apj | olying | for? | * |

- Projects \$0 to \$7,500
- O Projects \$7,500 \$30,000

Project type *

- Arts project
- Professional development for artists and arts workers

| | O Com | munity capacity buildir | ng project | |
|--|---|--|--|--|
| Project title * | | | | |
| | If your ap | plication is successful, th | is will be published publicly. | |
| Project summary * | | | | |
| | | no more than 150 words. | is summary will be published | |
| What is the main artform of your proje | ect? if more th | nan one main artform plea | ase select 'cross artform' | |
| Describe your project in detail, outlining we you plan to do, how you plan to do it and what you want to achieve. | hat you at | unt | | |
| | Must be r | no more than 500 words. | | |
| Project Plan | | | | |
| · | Outcome/s | Start Date | End Date | |
| · | Outcome/s | Start Date Must be a date. | End Date Must be a date. | |
| · | Outcome/s | | | |
| Activity Project Location | | Must be a date. | Must be a date. | |
| Activity Project Location | | Must be a date. | | |
| Activity Project Location Please list the main proplace (if applicable). | oject location, plus a | Must be a date. Any other locations whe | Must be a date. | |
| Activity Project Location Please list the main proplace (if applicable). If your project location the map to select the | oject location, plus a on does not have e location. u/resources/apps-a | Must be a date. any other locations whe | Must be a date. Pere your project will take | |



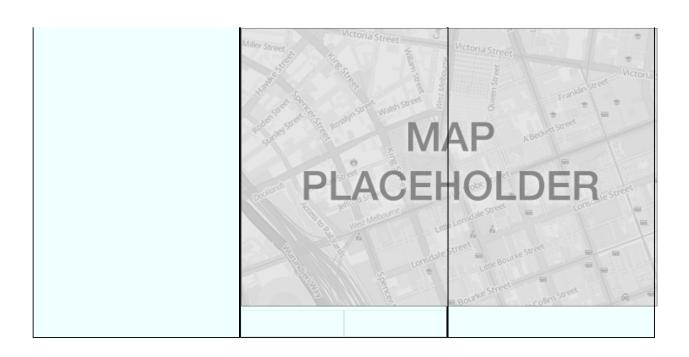
What is the MM of the main project location? *

Does your project have workshops or presentation outcomes in another location? *

| 0 | Yes | \bigcirc No |
|---|-----|---------------|
| | | |

Please list the other locations where your project will take place.

| Venue/Location Name | Address | MM Category |
|----------------------------|--|-------------|
| | Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. | |
| | | |



People

* indicates a required field

Project Personnel & Partners

Will there be any other people or organisations involved in this project?

YesNo

Please provide details below for any other people or organisations involved in this project.

Participant and partner types may include:

- Participating Artists/Performers
- Collaborators
- Mentors
- Financial Partners
- Venue Partners
- Presenting Partners
- Host organisations

Evidence of confirmed status may include:

- Letters
- Email correspondence
- Video or audio recording

Please ensure that any email correspondence, video, or audio recording is only shared with the explicit permission of all parties.

| Name | Participant/ Partner Typ | | Status | Evidence of confirmed status |
|---|-----------------------------|---|-------------------|--|
| | | | | |
| Employment | | | | |
| Will your project people? * | : employ | ○ Yes ○ No | | |
| Please provide em relevant. | ployment stat | cistics for your activ | rity, making sure | to include yourself if |
| When selecting the | e employmen | t status, please not | e: | |
| An independe | nt contractor | ludes those whose includes owners an including sole-trade | d managers of i | ludes entitlements. ncorporated and |
| Please list paid er | nployees on | ly. | | |
| Job Title/Role | E | imployment statu | ıs Num | ber of employees |
| | | | | |
| Total number employment opportunities: * Audience | | This number/amou | nt is calculated. | |
| Will your project audience? * | have an | ○ Yes ○ No | | |
| Estimated audie numbers - LIVE * | | Must be a number. | | |
| Estimated audie numbers - DIGIT | | Must be a number. | | |
| How did you calo these numbers? | | | | |
| Tell us about wh | o your | | | |

audience is: *

| | Word count: Must be between 50 and 150 words. |
|---|--|
| Participants | |
| Will your project have participants? * | YesNo |
| Estimated participant numbers - LIVE * | Must be a number. |
| Estimated participant numbers - DIGITAL * | Must be a number. |
| How did you calculate these numbers? * | |
| Tell us about who the participants are: * | |
| | Word count: Must be between 50 and 150 words. |
| Beneficiaries | |
| Who are the primary beneficiaries of your project? * | |
| Is this activity being led by the primary beneficiary listed above? | Yes - the Applicant or Project Lead(s) identifies with the primary beneficiary listed above. No - the Applicant or Project Lead(s) do not identify with the primary beneficiary listed above. |
| any consultation that has helped | with the primary beneficiary group. Provide details of to shape this project, or support for the project from the your support material contains evidence of this support. |
| Relationship to primary beneficiary: * | |

Regional Arts Fund Assessment Criteria

* indicates a required field

Response to the Assessment Criteria

This section asks you to describe how your activity will meet the assessment criteria for the Regional Arts Fund.

Please select and respond to **the most relevant** example/s for each assessment criteria.

Tips:

- Concise, clear and direct responses are easier to asses than long wordy responses.
- You are not expected to respond to every example choose only the relevant ones. This may only be one for each criterion. You will have a higher chance of success if you only respond to relevant examples.
- Keep your response size relative to the funding requested. For example, if you are asking for \$500 there is no expectation that you will write 500 words for each response. 50-100 will be sufficient.

Criterion 1: Impact

Encourage and support sustainable economic, social and cultural outcomes in regional communities.

| Please identify the most relevant example/s that will be addressed by your activity: * | □ Long term outcomes for regional communities □ Demonstrated need for the project in the community □ Creation of opportunities for future arts and cultural activity □ Sustainable economic or social benefits (eg tourism, employment, health and wellbeing, social cohesion, access) | |
|--|---|--|
| How will your activity achieve the Impact outcome/s identified | | |
| above? * | Word count: Must be no more than 500 words. | |

Criterion 2: Support and Partnerships

Develop partnerships and networks which leverage financial and/or in-kind support for regional arts projects and encourage ongoing collaboration.

| Please identify which |
|-----------------------|
| of the following |
| examples of support |
| and partnerships will |
| be addressed by your |
| activity: * |

| Ш | Community support and engagement |
|---|----------------------------------|
| П | Financial and project partners |

☐ Financial and project partners
 ☐ Level of co-contribution (cash and/or in-kind)
 ☐ Development of networks, collaborations and

partnerships

Make sure to upload evidence of community support and engagement in the **Support Material** section of this form. For example, letters of support or testimonials for your project.

| Ensure you have listed your financial and project partners in the People section of this form. | | | | |
|---|---|--|--|--|
| Make sure to detail any cash or | in-kind contributions in the Budget section of this form. | | | |
| Describe how this project will develop networks, collaborations or partnerships: * | Word count: Must be between 50 and 150 words. | | | |
| Criterion 3: Reach | | | | |
| Develop audiences and broaden | community engagement with the arts. | | | |
| Please identify which of the following examples of reach will be addressed by your activity: * | □ Access to social and cultural development opportunities for diverse communities, practitioners, participants and/or audiences □ Opportunities for community members or groups to participate in the arts □ Development of audiences by attracting new attendees/participants or extending their experience of the arts □ Geographical spread of the project Ensure you have listed all of the project locations in the About your Project section of this form. | | | |
| How will your activity achieve the Reach outcome/s identified | | | | |
| above? * | Word count: Must be no more than 500 words. | | | |
| Criterion 4: Opportunity | | | | |
| Increase employment and professional development opportunities for, and raise the profile of, regional and remote artists. | | | | |
| Please identify which of the following examples of opportunity will be addressed by your activity: * □ Employment opportunities for regional artists or arts workers □ Profile raising of regional artists or arts workers □ Opportunity for an artist to access an exceptional or rare opportunity □ Skills development | | | | |

| Ensure you have listed all employ the People section of this form. | ment opportunities that will be created by your project in |
|--|---|
| How many regional artists or arts workers will have their profile raised through this project? * | Must be a number. |
| How many regional artists or arts workers will develop new or existing skills through this project? * | Must be a number. |
| How will your activity achieve the Opportunity | |
| outcome/s identified above? * | Word count: Must be no more than 500 words. |
| Criterion 5: Quality & Vial | oility |
| Support quality and viability of ar | tistic and cultural activity. |
| Please identify which of the following examples of quality and viability will be addressed by your activity: * | □ Experience/calibre of the applicant organisation/individual in the relevant field □ Skills, expertise/calibre of the key personnel including participating artists □ Benefits to project participants □ Benefits to audiences, the arts and cultural sector and the Australian community □ Need for funding support |
| | Make sure to upload your Curriculum Vitae (CV) or organisational document in the Support Material section of this form, ensuring it details your experience/calibre in the field/s relevant to this project. |
| | Make sure to upload a brief bio or Curriculum Vitae (CV) for key artists, personnel or other collaborators in the Support Material section of this form. |

| How will your activity achieve the Quality & Viability outcome/s | |
|--|-------------|
| identified above? * | Word count: |

Must be no more than 500 words.

All applications will be assessed on the quality and viability of the Project Plan and Budget.

Budget

* indicates a required field

Regional Arts Fund Grant Amount Requested

| Total Amount Requested | \$ | | |
|------------------------|--------------------------|--|--|
| | Must be a dollar amount. | | |

Cash Income

In the table below, please enter any income that you have received, or plan to receive from the project, **including this grant.**

Do not include in-kind support, this will be captured in another section.

Types of cash income could include:

- Other grant funding including, Australia Council funding, state or territory funding, or local government funding
- Revenue generated from the project (ticket sales, sales of artwork, services offered, etc)
- Funds that you, your organisation, or other people/organisations have contributed to your project.
- Sponsorships and fundraising

For each amount listed, state whether the funding is confirmed or not confirmed. For example, if you have already received funding for the project, this would be listed as **confirmed**. If you have not yet received funding but expect to receive funding (for example tickets sales from an event, or sales of work), list this as unconfirmed funding.

| Income Source Category | Income Source Description | Income Amount | Confirmation |
|---|------------------------------|--------------------------|--------------|
| | | Must be a dollar amount. | |
| RAF Project Grant (this grant) Other grant funding Revenue generated from the project Own contribution Fundraising and sponsorships | | \$ | |

| Other | | |
|-------|----|--|
| | \$ | |
| | \$ | |

Cash Expenditure

In the table below, please detail how you plan to spend the funds listed above in the Cash Income table. Include all of your activity costs, including any that may be paid for using other funds. Make sure to identify whether costs will be paid for using this grant or another income source.

List each item, activity or service that has a cost. This could include:

- Venue fees
- Transport/travel fees
- Artist & arts workers fees
- Arts resources & materials

In the \$ column, list the total dollar amount for each expenditure item.

| Expenditure Category | Expenditure Item Description | Expenditure AmountThis grant or other source |
|-------------------------|---------------------------------|--|
| | | Must be a dollar amount. |
| | | \$ |
| | | \$ |
| | | \$ |

Cash Totals

The Total Cash Income Amount and Total Cash Expenditure Amount will be calculated from the information you have provided in the budget tables above.

The Cash Balance is calculated as the Estimated Total Cash Income Total amount **minus** the Total Cash Expenditure Amount.

The total amount listed in the Cash Income Budget table **must** equal the amount listed in the Cash Expenditure table.

| Total Cash Income | \$ This number/amount is c Grant Amount Requested | |
|---|--|--|
| Of the total Cash Income calculated above, how much is the applicant personally contributing? | \$ Must be a dollar amount. Enter 0 if none. This data | a is used for reporting purposes only. |
| Total Cash Expenditure | \$ This number/amount is c Total Cash Expenditure | alculated. |

Cash Balance - must equal '0' *

\$
This number/amount is calculated.
Total Cash Income - Total Cash Expenditure

In-Kind Support

In-kind support includes the donation of goods or services that you may receive towards your project. These are contributions that would usually cost money if they weren't being donated.

In-kind support may include:

- Venue or work space provided free of charge
- Donated materials
- Time and expertise
- Free marketing or advertising

To strengthen your application, it is recommended that you provide evidence of in-kind support in your support material, in the form of letters of support.

If you have questions about in-kind support please contact the Regional Program Administrator in your state or territory.

| Item | Source | Value |
|-------------------------|--------------------------|---------------------------------|
| What is being provided? | Where is it coming from? | If you had to pay for this, how |
| | | much would it cost? |
| | | \$ |
| | | \$ |

Total in-kind contributions to your project

| Total In-Kind Support | \$ | |
|---|---|---------------------------------------|
| | This number/amount is o | alculated. |
| Of the total in-kind support calculated above, how much is the applicant personally contributing? * | \$ Must be a dollar amount Enter 0 if none. This data | a is used for reporting purposes only |

Total Project Cost & Leveraged Income

Leveraged Income is the amount of money you have sourced that does not include your own contribution. It includes the value of the in-kind contributions.

| Total Project Cost * | \$ This number/amount is calculated. Total Cash Income + Total In-Kind Support |
|------------------------------|--|
| Estimated Leveraged Income * | \$ This number/amount is calculated. Must be zero or more. |

| Notes about your budget | | |
|---|--|--------------|
| How did you calculate the rates of pay for personnel? * | | |
| personner | If there are no personnel being paid, please explai | n why. |
| Is there any other information you would like to provide about your budget that might | | |
| help explain it to the assessors? | | |
| Please upload any | Attach a file: | |
| supporting quotes or evidence of budget costs | | |
| Optional - if you would | Attach a file: | |
| like to provide your budget notes as a | | |
| separate document, please upload here: | | |
| | | |
| Protocols | | |
| * indicates a required field | | |
| Aboriginal and Torres Stra | ait Islander People and Cultural Mate | erials |
| Does your project involve Aboriginal and/ or Torres Strait Islander people or cultural content? * | O Yes O No Please answer yes if any project staff, artists, or paraboriginal or Torres Strait Islander, or any content Aboriginal or Torres Strait Islander histories or compared to the state of the st | engages with |
| of this activity, but have selected | I Torres Strait Islander people as the primary b I 'No' for the above question. Please provide ar d select a different primary beneficiary. | |
| Please provide a brief explanation: * | | |
| | | |
| | information about how you will engage approp der people and/or cultural content. | riately with |

<u>Intellectual Property in the Arts</u> to guide you.

You may wish to review the <u>Creative Australia Protocols for using First Nations Cultural and</u>

| Examples | of | evidence | mav | include: |
|-------------|----|-----------|-----|----------|
| _/\dilipics | ٠. | CTIGCTICC | | c.aac |

- A letter of support
- A video testimonial

been undertaken.

Name

- A PDF of email exchanges shared with permission
- Meeting minutes detailing confirmation of participation

| J | 3 | | | | | |
|---|---------------------|------------------------|---------------------|--------------------------|------------------|--------|
| Explain how you will engage appropriately with Aboriginal and | | | | | | |
| Torres Strait Islande people and/or cultur content? * | | | | | | |
| Please upload evide that supports the ab explanation: * | | Attach a file: | | | | |
| Working with Chil | dren | | | | | |
| Does your project (a any stage) involve working with childre | | O Yes Children mean | ns individuals unde | O No er the ag | e of 18 years. | |
| Please list the names o this project. For each p (WWCC) and provide d | erson, ide | ntify the statu | | | | ing |
| If your application is su personnel listed below, | | | | curren | t WWCC details f | or all |
| Name | Does this have a co | • | WWCC Number | | WWCC Expiry D | ate |
| | | | Must be a number | | Must be a date. | |
| | | | | | | |
| | J. | | | | | |
| Has anyone involved your project underta training in the Natio Child Safety Principl | ken nal | ○ Yes | | ○ No | | |
| Please provide the namin the National Child Sa | | | | | | |

Evidence

If successful, at least one person involved in this project be required to undertake training in the National Child Safety Principles, **prior to the funding agreement being signed**.

The Australian Human Rights Commission has developed a suite of e-learning modules to help organisations increase their knowledge and understanding of the National Principles and identify steps they need to take as they work towards implementing <u>National Principles</u> for Child Safe Organisations.

There are 11 e-learning modules. They include an introductory module which gives an overview of the development and content of the National Principles, and separate modules on each of the ten National Principles. **Each module will take participants around 20 minutes.**

The modules are intended to help people working or volunteering in all organisations that engage with children and young people – including organisations of various sizes, across Australia, in all sectors. They provide introductory content as well as links to more detailed resources and practical tools.

These modules are free, and we recommend that you begin completing them now to allow for a quick turnaround should your application be successful.

☐ Lunderstand that I will be required to provide evidence

Access the E-Learning Modules: https://childsafe.humanrights.gov.au/learning-hub/e-learning-modules

Please confirm: *

| | of completed training in the Principles, prior to funding be ☐ I understand that I will be | eing awarded. e required to provide evidence dren Checks for all personnel |
|---|--|--|
| Please provide the name of the person who will undertake NSCP training: * | | |
| Vulnerable Persons | | |
| Vulnerable Person means an indi to take care of themselves, or is for any reason, including age, ph influence, or past or existing use | unable to protect themselves ysical or mental illness, traum | against harm or exploitation as or disability, pregnancy, the |
| Does your project (at any stage) involve working with Vulnerable Persons? * | ○ Yes | ○ No |
| | | |

If successful, you will be required to provide a Category 37 Australian Federal Police (AFP) check for each person that will be working with vulnerable people. The AFP checks must be no more than 12 months old.

You can apply for an AFP check online or by mail: https://www.afp.gov.au/what-we-do/national-police-checks

These checks must be received before the project can commence.

The cost of the AFP checks can be covered by this grant, please make sure to include it in your budget.

Please list the names of all personnel who will be working with vulnerable persons at any time during this project:

| Name | |
|-----------------------------------|--|
| | |
| Please confirm: * | ☐ I understand that I will be required to provide AFP checks for each person listed above, prior to funding being awarded. |
| Support Material | |
| * indicates a required field | |
| Individual Applicant CV | |
| Please upload a copy of the appli | cants Curriculum Vitae (CV). |
| CV upload (max. 2 pages) * | Attach a file: A maximum of 1 file may be attached. |

Organisation Strategic Plan or CV

Please provide a condensed version of the organisation's strategic plan, or similar document, outlining the experience/calibre of the organisation in the field/s relevant to this application.

Alternatively you may provide the CV of the project lead within the organisation.

| Document upload (max. | Attach a file: | | |
|-----------------------|--------------------------------------|--|--|
| 10 pages): * | | | |
| | A maximum of 1 file may be attached. | | |

Support Material

Please upload your support material as a combined PDF of no more than 15 pages.

Submitting support material will be of benefit to your application. The assessors will review this support material to help them gain a better sense of your project.

Examples of support material include:

- Artistic support material: Image, text, video or audio examples of the applicant's artistic or cultural work.
- Artist or participant information: Brief bios or CV's for key artists, personnel or collaborators.
- **Letters of support:** Official letters from organisations or individuals expressing their financial or in-kind support for the activity, or explaining how the activity will benefit the applicant, artists, arts professionals, participants, or the broader community.
- Letters of invitation/acceptance: Official acceptance or invitation letters or emails to the applicant from an organisation or individual running an educational program, conference, residency or similar.

| Please identify which types of support material you have included: * | □ Artistic support material (images or text) □ Artistic support material (video or audio) □ Artist/participant information □ Letters of support □ Letter of invitation/acceptance □ Other: |
|---|---|
| Upload your support | Attach a file: |
| material as a combined PDF (max 15 pages) * | A maximum of 1 file may be attached. |

Please provide direct links to video or audio support material.

A maximum of three (3) direct links of audio or video (no greater than three minutes in length) can be uploaded.

| Description of Link | Website |
|---------------------|----------------|
| | Must be a URL. |
| | |

Privacy Statement and Declaration

* indicates a required field

Privacy Statement

The information requested in this application form is to be used for the purposes of determining whether or not an individual or organisation is eligible for funding. **Regional Arts Australia and its network of Regional Program Administrators** also uses the information supplied to distribute mail of interest, such as: newsletters, events, and funding opportunities. Applicants that do not wish to be on this mailing list should notify their **Regional Program Administrator** in their state or territory.

Regional Arts Australia values your privacy. For details on how we collect, store and use information, you may review our Privacy Policy here.

The Australian Government stipulates that application details and applicant contact information may be provided to the Australian Government (including the Minister and the Department), Members of Parliament, Regional Arts Australia, and other Regional

Program Administrators (in your state or territory). This will include the applicant's name and location, funded project description, funded amount, state/territory, location, and electorate. This information may be published online and used for promotion and reporting purposes. **Regional Arts Australia** may also use this information to conduct research so that we may better understand community needs and can improve service delivery.

*
□ I agree to the above

Declaration

I certify that:

- 1.I have read the Regional Arts Fund guidelines for the program that I am applying to.
- 2.All details supplied in this application and in any attached documents are true and correct to the best of my knowledge.
- 3.I understand the application will not be accepted if it is submitted late or subject to outstanding acquittals.
- 4.That the application has been submitted with the full knowledge and agreement of my organisation/group board.
- 5.I agree that I will contact the Regional Program Administrator in my State or Territory immediately if any information provided in this application changes or is incorrect.
- 6.I understand that all assessment decisions are final.

| Name of person ma First Name | king declaration * Last Name | |
|---------------------------------|---------------------------------|--|
| | | |
| Date of declaration * | | |
| Must be a date. | | |

Before you submit

Once you click **"Submit"** you will not be able to re-open your application form. We advise saving your application form and using the "**Download PDF**" button on the Review and Submit page to preview your application to make sure everything is correct and that you are happy with the content you are about to submit. Once you are ready, hit "Submit".

Thank you for applying to the Regional Arts Fund.