

Regional Arts Fund Project Grant Application

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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

You should review the [Regional Arts Fund Guidelines](#) before beginning this form.

We recommend that you contact your Regional Program Administrator (RPA) to discuss your application. A list of RPA's is available on the Regional Arts Australia [website](#).

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? *

Contact Details

Please provide the contact details for the primary applicant. This should be the person or organisation listed on the ABN you provide.

If you are submitting an application on behalf of an organisation, please provide the organisation name and contact details below. You will be asked to provide a contact person within the organisation later in the form.

Applicant Name *

- ☐ Individual ☐ Organisation
Organisation Name

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First Name	Last Name

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Applicant Primary Website

Must be a URL.

Organisation Primary Contact

Organisation Contact *

First Name	Last Name

Organisation Contact Position *

Organisation Contact Primary Phone Number *

Must be an Australian phone number.

Organisation Contact Primary Email *

Must be an email address.

Accessibility

We aim to make this grant:

- quick to apply for
- easy to understand
- accessible to first-time applicants

You can ask for support with your application. If you would like help completing the form, contact the Regional Program Administrator in your State or Territory.

If you would like to submit in an alternative format such as large print, audio or video, please indicate below.

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Please note that requests for alternative format submissions must be received at least five business days before the closing date of the round.

Would you like to submit this application in an alternative format? *

- ☐ Yes
- ☐ No

When you submit this form, a request for an alternative format submission will be sent to the Regional Program Administrator.

If you have not received a response within 2 business days, please contact your Regional Program Administrator directly.

Find the [contact details for your Regional Program Administrator](#).

Eligibility

* indicates a required field

Activity Dates

This round is for projects starting on or after 1 January 2027. The maximum grant period for Project Grants is two years.

Start Date *

Must be no earlier than 1/01/2027.

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 2026, it is not eligible to be funded in this round. *

- ☐ I understand

Regional Arts Fund Eligibility

What type of applicant are you? *

- ☐ Individual

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- ☐ Individual under 18
- ☐ Incorporated Association
- ☐ Unincorporated Group (requires auspice)
- ☐ Local Government
- ☐ Company Limited by Guarantee
- ☐ School (MM 7 locations only)
- ☐ Other

Do you have an ABN that is registered to your name and location? *

- ☐ Yes
- ☐ No

Have you 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
- ☐ No

ACT RAF Eligibility

To be eligible for RAF, ACT applicants must meet the eligibility criteria outlined in the RAF Guidelines and currently receive ACT Arts Organisation Investment funding. Activities occurring in metropolitan locations within the ACT are eligible for RAF, however priority will be given to activities focusing on arts and cultural initiatives benefiting communities in the Molonglo, Weston Creek, Woden, and Gungahlin regions, as these areas do not have dedicated arts facilities.

Applications that include partnerships with communities, groups, and artists from culturally and linguistically diverse backgrounds, diverse gender identities, Aboriginal and Torres Strait Islander communities or those living with disability, are strongly encouraged.

Are you currently receiving ACT Arts Organisation Investment funding? *

- ☐ Yes
- ☐ No

Unincorporated Groups

You will need your application to be auspiced by an organisation that meets the following criteria:

- an Australian incorporated organisation or local government organisation
- if required by the Australian Tax Office, be registered for the purposes of GST
- not have any outstanding reports, acquittals or serious breaches relating to any Australian Government funding or funding from a state or territory Regional Program Administrator. A serious breach is one that has resulted in, or warrants, the termination of a grant agreement.

All activities undertaken must have the support and approval of the auspice body.

You and your auspice body should be aware that the auspice body will need to enter into a legally binding grant agreement with the Regional Program Administrator. The auspice

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body will be responsible for meeting the obligations set out in the agreement as well as managing, reporting on and acquitting the funding.

You will be required to enter the details of your auspicing organisation in the Applicant Details section of this form.

Do you have an auspice organisation that meets the eligibility criteria? *

- ☐ Yes
- ☐ No

Individuals Under 18

You will need your application to be auspiced by an individual who is over 18 and has an active ABN.

The individual auspicing your application should be aware that they will need to enter into a legally binding grant agreement with the Regional Program Administrator.

The individual auspicing your application will be responsible for meeting the obligations set out in the agreement as well as managing, reporting on and acquitting the funding.

You will be required to enter the details of the individual auspicing your application in the Applicant Details section of this form.

Do you have an individual with an ABN who can auspice your application? *

- ☐ Yes
- ☐ No

Ineligible

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

Your answers to the eligibility questions above indicate that you are not eligible to apply for the Regional Arts Fund. *

- ☐ I understand

Applicant Details

* indicates a required field

Applicant Location

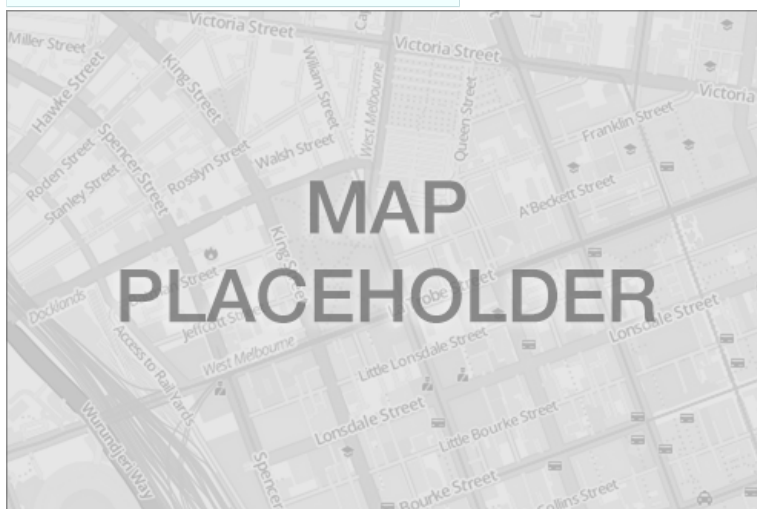
Please enter the street address of your primary location. This should match the address registered on your ABN. If your address doesn't appear in the search bar, you can move the pin on the map or enter the coordinates of your location.

Applicant Primary Address *

Address

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

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 ABN 'Main business location' above match your primary address provided? *

- ☐ Yes
☐ No

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Please contact the Australian Business Register to update your details here: <https://www.abr.business.gov.au/Help/UpdateABNDetails>

Regional Arts Funding can only be paid to applicants whose physical address matches their ABN 'main business location'.

You can submit this form and then proceed with updating your 'main business location'. We will still process your application.

Auspice Information (Individuals under 18)

Your answers to the eligibility questions indicate that your application must be auspiced by an individual over 18 with an active ABN.

For more information about applications from auspice bodies, please see clause 7.1 in the Regional Arts Fund Guidelines [here](#).

Auspice Contact Name *

First Name

Last Name

Auspice Contact Primary Email *

Must be an email address.

Auspice Contact Primary Phone Number *

Must be an Australian phone number.

Auspice 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.

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Auspice Contact Primary Address *

Address

Auspice Contact Postal Address *

Address

Auspice Information (Unincorporated Groups)

Your answers to the eligibility questions indicate that your application must be auspiced by an organisation that meets the eligibility criteria.

For more information about applications from auspice bodies, please see clause 7.1 in the Regional Arts Fund Guidelines [here](#).

Auspice Organisation Name *

Organisation Name

Auspice Organisation Primary Email *

Must be an email address.

Auspice Organisation Primary Phone Number *

Must be an Australian phone number.

Auspice Organisation 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	

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Main Business Location

Must be an ABN.

Auspice Organisation Primary Address *

Address

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

Auspice Organisation Postal Address *

Address

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

Auspice Organisation Primary Website

Must be a URL.

Project Details

* indicates a required field

Project Summary

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.

Project title *

If your application is successful, this will be published publicly.

Project summary *

Word count:

Must be no more than 150 words.

If your application is successful, this summary will be published publicly.

What level of funding are you applying for? *

- ☐ Projects \$0 to \$10,000
- ☐ Projects \$10,000 - \$30,000

Project type *

- ☐ Arts project

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- ☐ Professional development for artists and arts workers
- ☐ Community capacity building project

What is the main artform of your project? *

- | | |
|--|-----------------------------------|
| ☐ Circus | ☐ Film |
| ☐ Community Arts | ☐ Literature |
| ☐ Crafts | ☐ Music |
| ☐ Cross artform | ☐ Puppetry |
| ☐ Cultural Heritage | ☐ Theatre |
| ☐ Dance/Physical Theatre | ☐ Visual arts |
| ☐ Digital Arts | |

if more than one main artform please select 'cross artform'

Project Details

The questions below help us to understand how your project aligns with the Regional Arts Fund objectives.

What are you doing, and why is it important? *

Word count:

Must be no more than 500 words.

Who will benefit and what difference will it make? (Impact & Reach) *

Word count:

Must be no more than 300 words.

How will you deliver the project, and why are you capable? (Quality & Viability) *

Word count:

Must be no more than 300 words.

How will the project develop partnerships and collaboration? (Support & Partnerships) *

Word count:

Must be no more than 200 words.

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Project Plan

Activity	Start Date	End Date
	Must be a date.	Must be a date.

Project Location

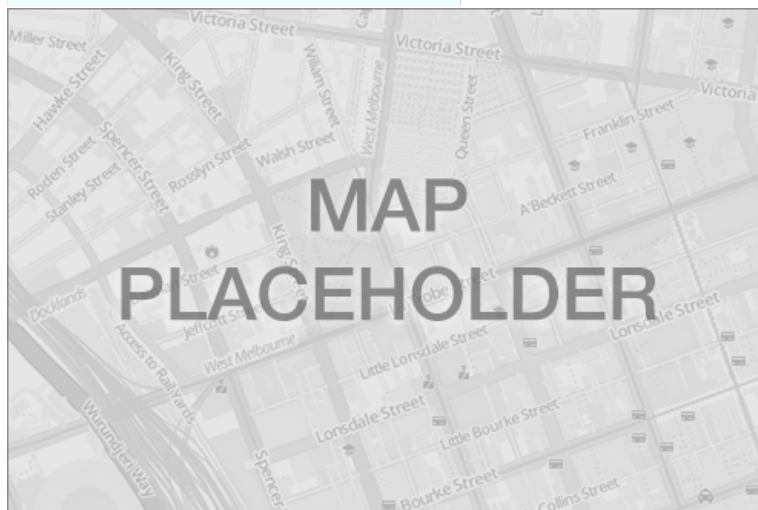
Please list the main project location, plus any other locations where your project will take place (if applicable).

If your project location does not have a street address, you can double click on the map to select the location.

Visit www.health.gov.au/resources/apps-and-tools/health-workforce-locator to find the MM Category of the Project Location.

What is the street address of the main project location? *

Address



What is the MM Category of the main project location? *

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

- ☐ Yes
☐ No

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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.	

Budget

* indicates a required field

Income

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

Do not include this grant request, this will be automatically calculated below.

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

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 Category	Income Description	Budgeted Income	Status
			☐ Confirmed ☐ Unconfirmed
			☐ Confirmed ☐ Unconfirmed
			☐ Confirmed ☐ Unconfirmed
		Must be a dollar amount.	

Expenditure

In the table below, please detail all of your activity costs. For each expenditure item, tell us whether you plan to pay for this item using this grant or another source.

Category	Description	Budgeted Expenditure	Source
		Must be a dollar amount.	

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			☐ This grant ☐ Other source
			☐ This grant ☐ Other source
			☐ This grant ☐ Other source

Regional Arts Fund Grant Request

Your grant request will be automatically calculated as the amount remaining from your budgeted expenses minus your budgeted income.

Budgeted Income

\$

Budgeted Expenditure

\$

Total Grant Amount Requested *

\$

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

In-Kind Contributions

In-kind contributions are 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.

Will your project involve any in-kind contributions? *

- ☐ Yes
☐ No

Source	Description	Value
		If you had to pay for this, how much would it cost? Must be a dollar amount.

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Total in-kind contributions

\$

Budget Notes

How did you calculate the rates of pay for personnel? *

If there are no personnel being paid, please explain 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 supporting quotes or evidence of budget costs:

Attach a file:

If you would like to provide your budget notes as a separate document, please upload here:

Attach a file:

People

* indicates a required field

Project Personnel & Partners

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

- ☐ Yes
☐ No

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

Personnel and partner types may include:

- Participating Artists/Performers
- Collaborators

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- 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 Type	Relationship Type	Status	Evidence of confirmed status

Employment

Will your project employ people? *

- ☐ Yes
☐ No

Please provide employment statistics for your activity, making sure to **include yourself** if relevant.

When selecting the employment status, please note:

- A short-term employee includes those whose employment includes entitlements.
- An independent contractor includes owners and managers of incorporated and unincorporated businesses, including sole-traders.

Please list **paid employees only**.

Job Title/Role	Employment status	Number of employees

Total number employment opportunities:

This number/amount is calculated.

Audience

Will your project have an audience? *

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☐ Yes

☐ No

Estimated live audience: *

Must be a number.

Estimated digital audience: *

Must be a number.

How did you calculate these numbers? *

Tell us about who your audience is: *

Word count:

Must be between 50 and 150 words.

Participants

Will your project have participants? *

☐ Yes

☐ No

Estimated live participants: *

Must be a number.

Estimated digital participants: *

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 is the primary beneficiary of your project? *

- ☐ Aboriginal/Torres Strait Islander people
- ☐ Artists and arts workers
- ☐ Children (0-14 years)
- ☐ General community
- ☐ Older people
- ☐ People from culturally and linguistically diverse backgrounds
- ☐ People with a disability
- ☐ Youth (12-25 years)

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.

When working with communities or groups that are not your own, it's helpful to show assessors that the primary beneficiary community or group wants this project to happen. In order to increase the competitiveness of your application, tell us about any consultation you have done with the primary beneficiary and include any letters of support in your support material.

Relationship to primary beneficiary: *

Protocols

* indicates a required field

Aboriginal and Torres Strait Islander People and Cultural Materials

Does your project involve Aboriginal and/or Torres Strait Islander people or cultural content? *

- ☐ Yes
- ☐ No

Please answer yes if any project staff, artists, or participants are Aboriginal or Torres Strait Islander, or any content engages with Aboriginal or Torres Strait Islander histories or communities.

You have selected Aboriginal and Torres Strait Islander people as the primary beneficiaries of this activity, but have selected 'No' for the above question. Please provide an explanation, or return to the 'People' page and select a different primary beneficiary.

Please provide a brief explanation: *

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Applicants funded under the Regional Arts Fund who are working with Indigenous Australian artists, need to comply with [Creative Australia Protocols for using First Nations Cultural and Intellectual Property in the Arts](#).

You may upload evidence to demonstrate how you will comply with the Protocols. Examples of evidence may include:

- A letter of support
- A video testimonial
- A PDF of email exchanges shared with permission
- Meeting minutes detailing confirmation of participation

Please confirm: *

☐ I have read and will comply with Creative Australia's Protocols for using First Nations Cultural and Intellectual Property in the Arts.

Explain how you will comply with the Protocols for using First Nations Cultural and Intellectual Property in the Arts: *

Upload any evidence that supports the above explanation: *

Attach a file:

Working with Children

Does your project (at any stage) involve working with children? *

- ☐ Yes
☐ No

Children means individuals under the age of 18 years.

Please list the names of all personnel who will be working with children at any time during this project. For each person, identify the status of their Working With Children Check (WWCC) and provide details if relevant.

If your application is successful, you will be required to provide current WWCC details for all personnel listed below, prior to the project commencing.

Name	Does this person have a current WWCC?	WWCC Number	WWCC Expiry Date
		Must be a number.	Must be a date.

Has anyone involved in your project undertaken training in the National Child Safety Principles? *

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- ☐ Yes
☐ No

Please provide the name of the person involved in your project who has undertaken training in the National Child Safety Principles. Please also upload evidence that the training has been undertaken.

Name	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 [National Principles 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.

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

Please confirm: *

- ☐ I understand that I will be required to provide evidence of completed training in the National Child Safety Principles, prior to funding being awarded.
- ☐ I understand that I will be required to provide evidence of current Working With Children Checks for all personnel listed above, prior to funding being awarded.

Please provide the name of the person who will undertake NSCP training: *

Vulnerable Persons

Vulnerable Person means an individual aged 18 years and above who is or may be unable to take care of themselves, or is unable to protect themselves against harm or exploitation for any reason, including age, physical or mental illness, trauma or disability, pregnancy, the influence, or past or existing use, of alcohol, drugs or substances or any other reason.

Does your project (at any stage) involve working with Vulnerable Persons? *

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- ☐ 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 applicants 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. 10 pages): *

Attach a file:

--

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A maximum of 1 file may be attached.

Support Material

Please upload your support material as a combined PDF of no more than 10 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 material as a combined PDF (max 10 pages) *

Attach a file:

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.

Data Collection

* indicates a required field

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The following questions help us to identify who is accessing our programs, and what kind of individuals/communities are receiving funding. Your answer will not affect the assessment of your application, but will help us with advocacy and to shape future programs.

Applicant Demographics

Do you identify with any of the following groups? *

- ☐ Aboriginal or Torres Strait Islander
- ☐ Culturally and Linguistically Diverse
- ☐ A person with disability
- ☐ LGBTQIA
- ☐ Youth (25 years and under)
- ☐ None of the above
- ☐ Would rather not say
- ☐ Other:

Organisation Data

Is your organisation an Indigenous or Non-Indigenous organisation? *

- ☐ Indigenous
- ☐ Non-Indigenous

Indigenous organisation: Any organisation where 50 per cent or more of its Board Directors are Aboriginal or Torres Strait Islander people.

What size is your organisation? *

- ☐ Micro (annual turnover under \$100,000)
- ☐ Small (annual turnover \$100,000 - \$349,999)
- ☐ Medium (annual turnover \$350,000 - \$2,999,999)
- ☐ Large (annual turnover \$3,000,000 and above)

Regional Arts Fund History

What is your history with the Regional Arts Fund? *

- ☐ I have been successful with a RAF grant
- ☐ I have applied, but never been successful
- ☐ I have never applied

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**

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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, funded project description, funded amount, state/territory, town, and federal 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

Conflicts of Interest

To make sure that your application is assessed fairly, we need to know if any conflicts of interest might arise for you and/or any of your personnel.

Do you or any of your personnel have a professional, commercial or personal relationship with any staff employed by the Regional Program Administrator, Regional Arts Australia, or the Office for the Arts? *

- ☐ Yes
- ☐ No

Please provide the name of the person, their role, and a brief description of your connection. *

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 making declaration *

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First Name	Last Name

Date of declaration *

Must be a date.