#### Regional Arts Fund Project Grant Application

#### \* indicates a required field

#### Regional Arts Fund Project Grants

Preparing to write your application

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.

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? \* Have you discussed your application with the Regional Program Administrator in your State or Territory? \* Which staff member did you discuss your application with? \*

#### **Contact Details**

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

• •	<ul><li>Individual</li><li>Organisation Name</li></ul>	<ul><li>○ Organisation</li></ul>

	First Name	Last Name		
Applicant Primary Phone Number *	Must be an Australian pho	ana numbar		
	Must be all Australian pri	one number.		
Applicant Primary Email *	Must be an email address	ò.		
Applicant Primary Website	Must be a URL.			
Onne disable a Brisse as Com				
Organisation Primary Con	tact			
Organisation Contact *	First Name	Last Name		
Organisation Contact Position *				
Organisation Contact				
Primary Phone Number *	Must be an Australian pho	Must be an Australian phone number.		
Organisation Contact				
Primary Email *	Must be an email address	ò.		
Eligibility				
* indicates a required field				
Activity Dates				
This round is for projects starting Grants is two years.	after 1 July 2025. The r	naximum grant peri		
Start Date *				
	Must be a date.	107.12025		
	Must be no earlier than 1	/0//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 July 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 instructions.

What is the MM classification of your primary address? *		
What type of applicant are you? *		
Do you have an ABN that is registered to your name and location? *	○ Yes	O 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

#### **Unincorporated Groups**

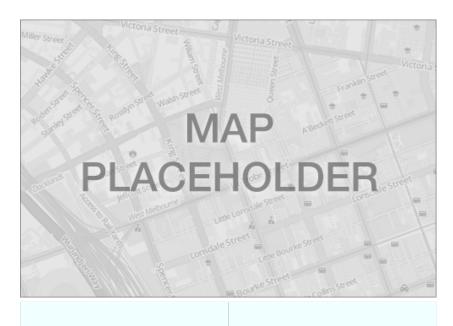
You will need your application to be auspiced by an organisation that meets the following criteria:

- 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 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



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 ABN 'Main business location' above match your primary address provided? *	○ Yes	○ No	
Please contact the Australian Bu www.abr.business.gov.au/Help/L		te your details here: <a href="https://">https://</a>	
Regional Arts Funding can only be ABN 'main business location'.	pe paid to applicants wh	nose physical address matches their	
You can submit this form and the will still process your application		ng your 'main business location'. We	
Auspice Information (Indi	ividuals under 18)		
Your answers to the eligibility quant an individual over 18 with an act		our application must be auspiced by	
For more information about appl Regional Arts Fund Guidelines he		odies, please see clause 7.1 in the	
Auspice Contact Name *	First Name	Last Name	
Auspice Contact Primary Email *	Must be an email addres	ss.	
Auspice Contact Primary Phone Number *	Must be an Australian pl	none number.	
Auspice ABN *			
	•	be used to look up the following kup above to check that you have ectly.	
	Information from the Au	ıstralian Business Register	
	ABN		
	Entity name		
	ABN status		
	Entity type		
	Goods & Services Tax (	GST)	
	DGR Endorsed		
	ATO Charity Type	More information	
	ACNC Registration		

Tax Concessions

	Must be an ABN.	
Auspice Contact Primary Address *	Address	
Auspice Contact Postal Address *	Address	
Auspice Information (Unin	corporated Groups)	
Your answers to the eligibility que an organisation that meets the el	estions indicate that your applicati igibility criteria.	on must be auspiced by
For more information about applic Regional Arts Fund Guidelines he	cations from auspice bodies, pleas <u>re</u> .	se see clause 7.1 in the
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 information. Click Lookup above t entered the ABN correctly.	
	Information from the Australian Busi	ness 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

	Main business location	
	Must be an ABN.	
Auspice Organisation Primary 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.	
Applicant Demographics		
individuals/communities are rece	o identify who is accessing our programs, and what kind of iving funding. Your answer will not affect the assessment of with advocacy and to shape future programs.	
Does the applicant identify as any of the following? *	<ul> <li>□ Aboriginal or Torres Strait Islander</li> <li>□ Culturally and Linguistically Diverse</li> <li>□ A person with disability</li> <li>□ LGBTQIA</li> <li>□ Youth (25 years and under)</li> <li>□ Would rather not say</li> <li>□ None of the above</li> <li>□ Other:</li> </ul>	
Indigenous Organisations		
An Indigenous organisation has a control.	at least 50% Indigenous ownership or 50% Indigenous	
Is the organisation an Indiger  ○ Yes	nous organisation? *  O No	
Regional Arts Fund Histor	ту	
What is your history with the Regional Arts Fund? *	<ul> <li>I have been successful with a RAF grant</li> <li>I have applied, but never been successful</li> <li>I have never applied</li> </ul>	

#### **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 level of funding are you applying for? *	<ul><li>Projects \$0 to \$7,500</li><li>Projects \$7,500 - \$30,000</li></ul>
Project type *	<ul> <li>Arts project</li> <li>Professional development for artists and arts workers</li> <li>Community capacity building project</li> </ul>
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 is the main artform of your project? *	if more than one main artform please select 'cross artform'
Describe your project in detail, outlining what you plan to do, how you plan to do it and what you want to achieve. *	
you mane to demove	Word count: Must be no more than 500 words.
Duningt Diam	

#### Project Plan

Activity	Outcome/s	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).

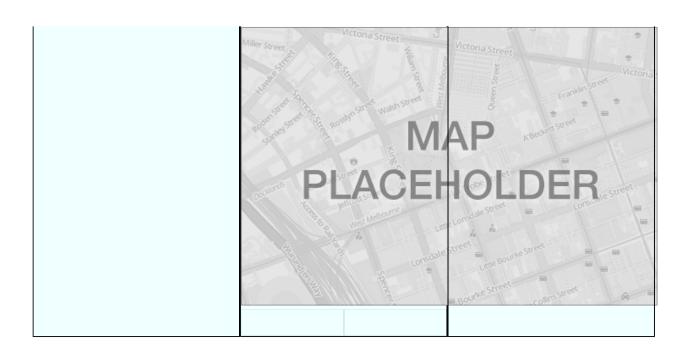
If your project location does not have a street address, you can double click on the map to select the location.

Visit <a href="https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator">www.health.gov.au/resources/apps-and-tools/health-workforce-locator</a> to find the MM Category of the Project Location.

What is the street address of the main project location? *	0 3	Victoria Street  Victoria  Prankin Street  Victoria  Prankin Street  Victoria  Prankin Street  Victoria  Prankin Street  Victoria  Victoria  Victoria  Prankin Street  Victoria  Victoria
What is the MM Category of the main project location? *		
Does your project have workshops or presentation outcomes in another location? *	○ Yes	○ No

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

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



#### People

\* indicates a required field

Project Personnel & Partners

Will there be any other people or organisations involved in this project? \*  $\bigcirc$  Yes  $\bigcirc$  No

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 Type	Relationship Type	Status	Evidence of confirmed status
Employment				
Will your project ○ Yes	employ people	e? *		
Please provide em relevant.	ployment statist	ics for your activity,	making sure	to <b>include yourself</b> if
When selecting th	e employment st	atus, please note:		
<ul> <li>An independe</li> </ul>	ent contractor inc	es those whose emp ludes owners and m luding sole-traders.	-	
Please list <b>paid e</b> r	mployees only.			
Job Title/Role	Em	ployment status	Numb	er of employees
Total number employment opportunities: Audience	T	his number/amount is	calculated.	
Will your project ○ Yes	t have an audie	ence? * ○ No		
Estimated audie numbers - LIVE *	k	flust be a number.		
Estimated audie numbers - DIGIT	AL *	Must be a number.		
How did you cald these numbers?				
Tell us about wh	o your			

	Word count: Must be between 50 and 150 words.
Participants	
Will your project have particip  ○ Yes	pants? *  O No
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? *	<ul> <li>Yes - the Applicant or Project Lead(s) identifies with the primary beneficiary listed above.</li> <li>No - the Applicant or Project Lead(s) do not identify with the primary beneficiary listed above.</li> </ul>
assessors that the primary benef order to increase the competitive	or groups that are not your own, it's helpful to show iciary community or group wants this project to happen. In eness of your application, tell us about any consultation you ficiary and include any letters of support in your 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? *
The same year delivery delivered and impact editionic, a racinamed above.
Word count:
Must be no more than 500 words.
Criterion 2: Support and Partnerships
antenon 21 support and randisinps
Daviden partnerships and networks which leverage financial and/or in kind support for
Develop partnerships and networks which leverage financial and/or in—kind support for
regional arts projects and encourage ongoing collaboration.
Diago identify which of the following evenues of support and neglecting will
Please identify which of the following examples of support and partnerships will
be addressed by your activity: *
Community support and engagement
☐ Financial and project partners
Level of co-contribution (cash and/or in-kind)
□ Development of networks, collaborations and partnerships

No written response is required for **Community Support and Engagement**.

To demonstrate this criterion, 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.

No written response is required for **Financial and Project Partners**.

To demonstrate this criterion, list your financial and project partners in the **People** section of this form.

No written response is required for **Level of Co-Contribution (cash or in-kind)**.

To demonstrate this criterion, 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
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

<ul> <li>□ Profile raising of regional artists or arts workers</li> <li>□ Opportunity for an artist to access an exceptional or rare opportunity</li> <li>□ Skills development</li> </ul>		
You have selected Employment Workers.	nt Opportunities for Regional Artists or Arts	
To support this response, make s be created by your project in the	ure you have listed all employment opportunities that will <b>People</b> section of this form.	
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? *  How will your activity achieve	Must be a number.  e the Opportunity outcome/s identified above? *	
Word count:		
Must be no more than 500 words.		
Criterion 5: Quality & Viab	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		

You have selected  ${\bf Experience/Calibre}$  of the Applicant Organisation/Individual in the Relevant Field.

To support this response, 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.

#### You have selected **Skills, Expertise/Calibre of the Key Personnel Including Participating Artists**.

To support this response, 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 outcom *	e/s identified above?
Word count: Must be no more than 500 words.	
All applications will be assessed on the quality and viability and Budget.	of the Project Plan

#### Budget

\* indicates a required field

#### Regional Arts Fund Grant Amount Requested

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

Total Amount Requested	\$
*	

#### 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

Total Cash Income	\$	
	This number/amount is calculated.	
Of the total cash	\$	
income, how much are you/your organisation personally contributing? *	Must be a dollar amount. Enter 0 if none.	
Total Cash Expenditure	\$	
	This number/amount is calculated.	
Cash Balance *	\$	
	This number/amount is calculated.	

#### In-Kind Contributions

the Cash Expenditure table.

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.

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

Will your project involve any	in-kind contributions? *
○ Yes	○ No

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 Support	
	\$
	This number/amount is calculated

Of the total in-kind

**Protocols** 

\* indicates a required field

support, how much are you/your organisation personally contributing?	Must be a dollar amount. Enter 0 if none.
Total Project Cost & Lev	eraged Income
Leveraged Income is the amou contribution. It includes the val	nt of money you have sourced that does not include your own ue of the in-kind contributions.
Total Project Cost *	\$ This number/amount is calculated.
Estimated Leveraged Income *	\$ This number/amount is calculated. Must be zero or more.
Budget Notes	
How did you calculate the real of there are no personnel being pain	ates of pay for personnel? *
	ion you would like to provide about your budget that
Please upload any supporting Attach a file:	ng quotes or evidence of budget costs:
If you would like to provide upload here: Attach a file:	your budget notes as a separate document, please

Aboriginal and Torres Strait Islander People and Cultural Materials

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 participants are Aboriginal or Torres Strait Islander, or any content engages with Aboriginal or Torres Strait Islander histories or communities.
of this activity, but have selected	d Torres Strait Islander people as the primary beneficiaries d 'No' for the above question. Please provide an explanation, d select a different primary beneficiary.
Please provide a brief explanation: *	
artists, need to comply with <u>Creatintellectual Property in the Arts</u> .	·
Please confirm: *	<ul> <li>I have read and will comply with Creative Australia's Protocols for using First Nations Cultural and Intellectual Property in the Arts.</li> </ul>
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? *	O Yes O 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 belov	v, prior to the project co	ommencing.	
Name	Does this person have a current WWCC?	WWCC Number	WWCC Expiry Date
		Must be a number.	Must be a date.
	aken onal oles? *		o has undertaken training
Name		Evidence	
the National Child Saf	ety Principles, <b>prior to</b>	the funding agreer	ed to undertake training in ment being signed.  f e-learning modules to
help organisations inc	rease their knowledge y need to take as they	and understanding of	the National Principles enting National Principles
	ng modules. They included	_	dule which gives an

on each of the ten National Principles. Each module will take participants around 20

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/elearning-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.

		e required to provide evidence dren Checks for all personnel being awarded.
Please provide the name of the person who will undertake NSCP training: *		
Vulnerable Persons		
Vulnerable Person means an indicto take care of themselves, or is a for any reason, including age, phy influence, or past or existing use,	unable to protect themselves ysical or mental illness, traum	against harm or exploitation a or disability, pregnancy, the
Does your project (at any stage) involve working with Vulnerable Persons? *	○ Yes	○ No
If successful, you will be required check for each person that will be no more than 12 months old.		
You can apply for an AFP check o national-police-checks	nline or by mail: <u>https://www.</u>	afp.gov.au/what-we-do/
These checks must be received b	efore the project can comme	nce.
The cost of the AFP checks can be your budget.	e covered by this grant, pleas	e make sure to include it in
Please list the names of all persons at any time during the		ng with vulnerable
Name		
Please confirm: *	☐ I understand that I will be checks for each person listed awarded.	e required to provide AFP d above, prior to funding being
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:
pages, ·	A maximum of 1 file may be attached.
	•
Organisation Strategic Pla	an or CV
	ion of the organisation's strategic plan, or similar ice/calibre of the organisation in the field/s relevant to this
Alternatively you may provide the	e CV of the project lead within the organisation.
Document upload (max.	A maximum of 1 file may be attached.  Ort material as a combined PDF of no more than 10 pages.  rial will be of benefit to your application. The assessors will review the period of the period include:  naterial: Image, text, video or audio examples of the applicant's
10 pages): *	
	A maximum of 1 file may be attached.
Support Material	
Please upload your support mate	rial as a combined PDF of no more than 10 pages.
Examples of support material inc	lude:
<ul> <li>artistic or cultural work.</li> <li>Artist or participant infor collaborators.</li> <li>Letters of support: Official financial or in-kind support fo applicant, artists, arts profess</li> <li>Letters of invitation/acce</li> </ul>	mation: Brief bios or CV's for key artists, personnel or I letters from organisations or individuals expressing their or the activity, or explaining how the activity will benefit the sionals, participants, or the broader community. ptance: Official acceptance or invitation letters or emails inisation or individual running an educational program,
Please identify which types of support material you have included: *	<ul> <li>□ Artistic support material (images or text)</li> <li>□ Artistic support material (video or audio)</li> <li>□ Artist/participant information</li> <li>□ Letters of support</li> <li>□ Letter of invitation/acceptance</li> <li>□ Other:</li> </ul>
Upload your support	Attach a file:
material as a combined PDF (max 10 pages) *	
,	A maximum of 1 file may be attached.

Please provide direct links to video or audio support material.

#### Project Grant Application 2025-03

Form Preview

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 <u>here.</u>

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

#### 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 \*

First Name Last Name

Date of declarat	ion *		
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.