

Quick Response Application Form 2024

Form Preview

Regional Arts Fund Quick Response Grant Application

* indicates a required field

Regional Arts Fund Quick Response Grants

Regional Arts Fund Quick Response Grants - up to \$3,000 for Individuals, \$5,000 for Organisations

The Quick Response Grant is provided through the Australian Government's Regional Arts Fund, devolved through Regional Arts Australia and administered in each state by Regional Program Administrators a list of which can be found [here](#)

Quick Response Grants are intended to assist regional artists, arts workers, arts organisations and communities to take up professional and skills development opportunities or respond to small project opportunities that arise at short notice.

Activity applied for must commence within 2-12 weeks of the closing date of the round in which the application is submitted.

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 [Regional Arts Fund Grants Guidelines](#), and the [Regional Arts Fund Eligibility Notes](#) 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 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 [Australian Business Register](#)

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/Territory? *

- ☐ Yes
- ☐ No

Quick Response Application Form 2024

Form Preview

What is the name of the staff member you discussed your application with? *

Eligibility

* indicates a required field

Applicant Eligibility

Have you received a Quick Response Grant in this financial year? *

☐ Yes

☐ No

Ineligible Application

As you have already received a Quick Response Grant in this financial year, you are not eligible to apply in this round.

Do you have any outstanding reports, acquittals or serious breaches relating to any Australian Government funding or funding from a state or territory Regional Program Administrator? *

☐ Yes

☐ No

Ineligible Application

You are not eligible to apply in this round as you have outstanding reports, acquittals or serious breaches relating to any Australian Government funding, or funding from a state or territory Regional Program Administrator.

Please complete any relevant acquittals or reports before continuing.

Location Eligibility

Organisations or individuals based in metropolitan locations are not eligible to apply for the Regional Arts Fund.

Metropolitan organisations or individuals can partner with a regional organisation/ community to deliver a project. In these circumstances, the regional organisation/ community should submit the application.

Please enter your primary address below to determine your eligibility for this funding.

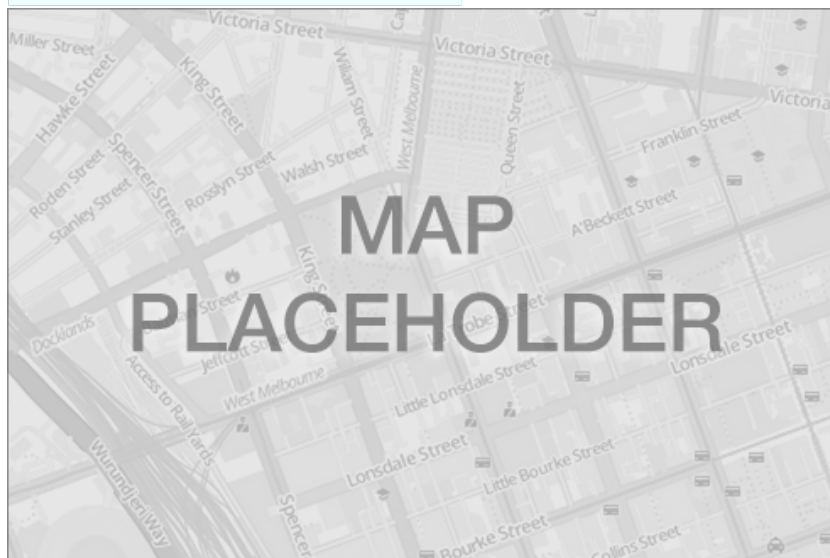
Quick Response Application Form 2024

Form Preview

Your primary address must be a physical address, not a PO Box or postal address. If you have an ABN, it should match the postcode listed on your ABN record.

Applicant Primary Address *

Address



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

Applicant MM Location

To determine eligible locations the program uses the Modified Monash Model.

To check if the applicant is based in an eligible location, visit www.health.gov.au/resources/apps-and-tools/health-workforce-locator and follow the directions below:

- Enter your **Primary Address** into the 'Address' box at the left-hand side of the page
- Tick the box beside 'Modified Monash Model', selecting the most recent year
- Press 'Search location'
- All locations with Codes from MM 2 to MM 7 are eligible under the Regional Arts Fund.
- Schools are only eligible if they are located in very remote areas (MM7).

What is the MM classification of the primary address listed above? *

Ineligible Location

Quick Response Application Form 2024

Form Preview

Your answer to the Applicant MM Location question indicates that your activity may not be eligible for this funding round.

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](#).

Applicant Type

To be eligible you must:

- be an individual or Australian incorporated organisation or local government organisation
- have an active Australian Business Number (ABN) that is registered to your name and location

Unincorporated groups are eligible for funding if auspiced by an organisation that meets the above criteria.

Schools are only eligible to apply if they are located in a very remote area (MM 7) as defined using the Modified Monash Model available at www.health.gov.au/health-workforce/health-workforce-classifications/modified-monash-model.

If you are uncertain whether your organisation or project is eligible please contact the Regional Program Administrator prior to submitting your application.

What type of Applicant are you? *

If your applicant type is not listed, or you are unsure which one to choose, please contact the Regional Program Administrator in your State or Territory. For more information about eligible applicant types, see section 4.2 of the guidelines.

Ineligible Applicant Type

Schools are only eligible to apply if they are located in a very remote area (MM 7) as defined using the Modified Monash Model available at www.health.gov.au/health-workforce/health-workforce-classifications/modified-monash-model.

Please contact the Regional Program Administrator in your State or Territory to discuss your eligibility.

Auspice Required

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

Quick Response Application Form 2024

Form Preview

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.

Individual ABN

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

☐ Yes

☐ No

Individual Age

Are you under 18 years of age? *

☐ Yes

☐ No

Ineligible Applicant Type

Individual applicants must have an active ABN to be eligible for the Regional Arts Fund.

Your ABN must be registered to your name and primary address.

You can apply for an ABN, or update your address through the [Australian Business Register](#).

Auspice Required

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.

ABN Details

Quick Response Application Form 2024

Form Preview

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 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.

Activity Timing

When will this activity commence? *

☐ Within 2 - 6 weeks of the closing date of this grant round

☐ Within 6 - 12 weeks of the closing date of this grant round

☐ Later than 12 weeks from the closing date of this grant round - ineligible

Activities with a critical start date within 2 - 6 weeks from the closing closing date of this grant round will be prioritised.

Quick Response Application Form 2024

Form Preview

Your application may be more competitive if you apply in a later grant round. 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](#).

Activity Eligibility

Does your activity meet any of the following eligibility criteria? *

- ☐ This activity has arisen at short notice
- ☐ This activity has an immediate need, and is unable to be planned for
- ☐ None of the above

Briefly describe how your activity meets the eligibility criteria selected above: *

Must be no more than 100 words.
Under clause 5.1 of the Guidelines: The program supports immediate need that arises where activity is unable to be planned for or supported in other funding rounds, for example taking up professional development, skills development or small project opportunities at short notice.

Ineligible Activity

The answers to the eligibility questions above indicate that your activity is not eligible for this round of Quick Response Grants.

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](#).

Applicant Details

* indicates a required field

Applicant Name

Please enter the contact details for the primary contact person for this application. All correspondence regarding the application will be sent to this person.

Applicant *

☐ Individual ☐ Organisation
Organisation Name

First Name

Last Name

Quick Response Application Form 2024

Form Preview

Applicant Contact Details

Organisation Contact *

First Name

Last Name

Organisation Contact Position *

Applicant Postal Address *

Address

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.

Auspice Information (Individual)

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.

Quick Response Application Form 2024

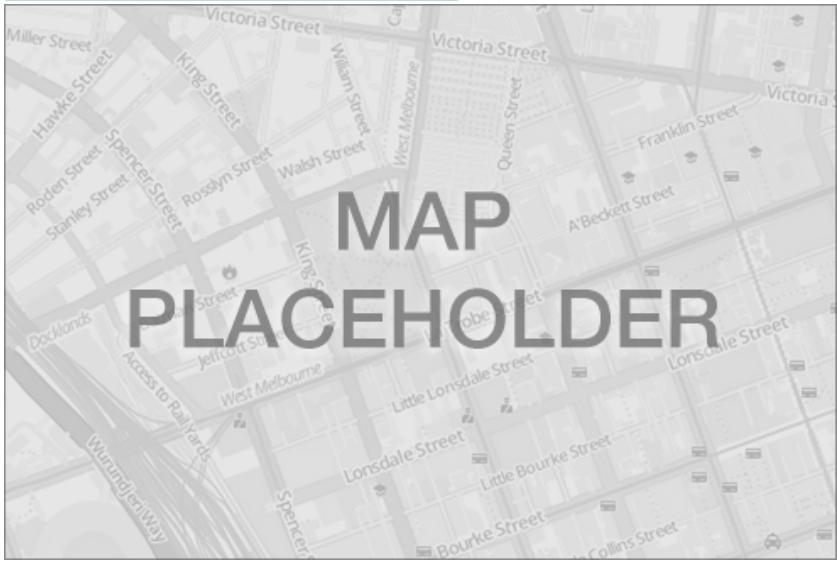
Form Preview

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.

**Auspice Contact Primary
Address ***

Address



--	--

**Auspice Contact Postal
Address ***

Address

Auspice Information (Organisation)

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

Quick Response Application Form 2024

Form Preview

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	
Main business location	

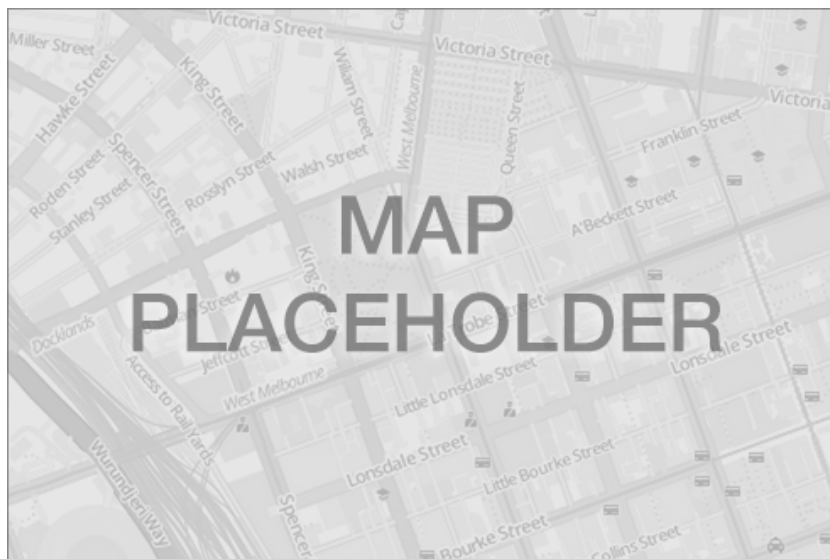
Must be an ABN.

Auspice Organisation Primary Address *

Address

Quick Response Application Form 2024

Form Preview



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 identification

**Does the applicant
identify as any of the
following? ***

- | | | |
|--|--|--|
| <input type="checkbox"/> Aboriginal
or Torres Strait
Islander | <input type="checkbox"/> LGBTQIA | <input type="checkbox"/> None of the
above |
| <input type="checkbox"/> Culturally and
Linguistically
Diverse | <input type="checkbox"/> Youth (25 years
and under) | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> A person with
disability | <input type="checkbox"/> Would rather
not say | |

Indigenous or Non-Indigenous Organisations

**Is the organisation
an 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.

Quick Response Application Form 2024

Form Preview

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

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 the 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 Fund

This is an optional question

Activity Details

* indicates a required field

Activity Details

Please note, **the Activity Title and Activity Description entered below must be suitable for publication**. These details will be used to promote your project, if successful. We recommend that the Activity Description is written in the third person and does not contain dots points or lists.

Activity type *

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

Quick Response Application Form 2024

Form Preview

Activity title *

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

Activity description *

Word count:

Must be no more than 250 words.

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

**What is the main
artform of your activity?

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

Activity Dates

Start Date *

Must be a date.

Must be within 2-12 weeks of the closing date of the round in which this application is submitted

End Date *

Must be a date.

Must be within 12 months from the project start date

Activity 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.

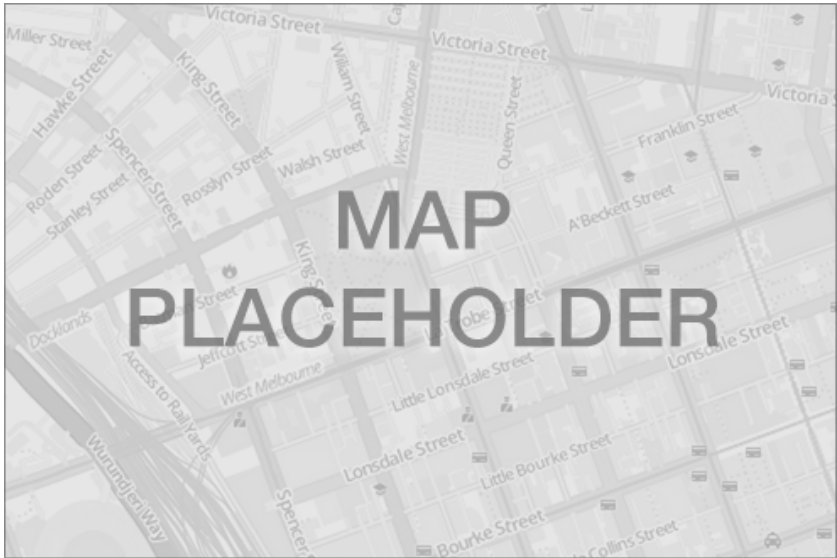
Visit www.health.gov.au/resources/apps-and-tools/health-workforce-locator to find the MM Category of the Project Location.

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

Address

Quick Response Application Form 2024

Form Preview




What is the MM code of the project location? *

Does your project have outcomes in any other locations? *

☐ Yes

☐ No

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

People

* indicates a required field

Project Personnel & Partners

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

☐ Yes

☐ No

*

Participants and Partners

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.

Individual or Organisation Name	Participant/ Partner Type	Relationship Type	Status	Evidence of confirmed status

Employment

Will your activity 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:

Quick Response Application Form 2024

Form Preview

- 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.

Job Title/Role	Employment status	Number of employees

Total employment opportunities: *

This number/amount is calculated.

Audience

Will your activity have an audience? *

☐ Yes

☐ No

Estimated audience numbers - LIVE *

Must be a number.

Estimated audience numbers - DIGITAL *

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 activity have participants? *

☐ Yes

☐ No

Estimated participant numbers - LIVE *

Must be a number.

Estimated participant numbers - DIGITAL *

Must be a number.

How did you calculate these numbers? *

Quick Response Application Form 2024

Form Preview

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.

Please describe your relationship with the primary beneficiary group. Provide details of any consultation that has helped to shape this project, or support for the project from the beneficiary group. Make sure that 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 assess 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.
- Dot point responses are sufficient.
- 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 250 words for each response. 50-100 will be sufficient.

Criterion 1: Impact

Quick Response Application Form 2024

Form Preview

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? *

Must be no more than 250 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 the most relevant example/s that 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

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.

Briefly describe how your activity will develop networks, collaborations and partnerships: *

Word count:

Must be between 50 and 150 words.

Criterion 3: Reach

Develop audiences and broaden community engagement with the arts.

Quick Response Application Form 2024

Form Preview

Please identify the most relevant example/s that 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? *

Must be no more than 250 words.

Criterion 4: Opportunity

Increase employment and professional development opportunities for, and raise the profile of, regional and remote artists.

Please identify the most relevant example/s that 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 employment opportunities that will be created by your activity in the **People** section of this form.

How many regional artists or arts workers will have their profile raised through this activity? *

Must be a number.

How many regional artists or arts workers will develop new or existing skills through this project? *

Must be a number.

Quick Response Application Form 2024

Form Preview

How will your activity achieve the Opportunity outcome/s identified above? *

Must be no more than 250 words.

Criterion 5: Quality & Viability

Support quality and viability of artistic and cultural activity.

Please identify the most relevant example/s that 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? *

Must be no more than 250 words.

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

Budget

** indicates a required field*

Regional Arts Fund Grant Amount Requested

Total Amount Requested *

\$

Must be a dollar amount.

Up to \$3,000 for individuals and up to \$5,000 for organisations.

Cash Income

Quick Response Application Form 2024

Form Preview

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 Quick Response 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	Budgeted grant contribution	This grant or other source
		Must be a dollar amount.	
		\$	
		\$	

Quick Response Application Form 2024

Form Preview

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 calculated.
Grant Amount Requested + Other Cash Income

Of the total Cash Income above, how much is the applicant personally contributing? *

\$

Must be a dollar amount.
Enter 0 if none. This data is used for reporting purposes only.

Total Cash Expenditure

\$

This number/amount is calculated.
Total Cash Expenditure

Cash Balance - your budget 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 - what is being provided?	Source - where is it coming from?	Value of contribution
		Must be a dollar amount
		\$
		\$
		\$

Quick Response Application Form 2024

Form Preview

Total in-kind contributions to your project

Total In-Kind Support

\$

This number/amount is calculated.

Of the total in-kind support, how much is the applicant personally contributing?

\$

Must be a dollar amount and at least 0.

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.

This data is used for reporting purposes only.

Notes about your budget

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 quotes or documents in support of your budget calculations:

Attach a file:

Protocols

* indicates a required field

Aboriginal and Torres Strait Islander People and Cultural Materials

Quick Response Application Form 2024

Form Preview

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: *

Please provide some supporting information about how you will engage appropriately with Aboriginal and Torres Strait Islander people and/or cultural content.

You may wish to review the [Australia Council for the Arts Protocols for using First Nations Cultural and Intellectual Property in the Arts](#) to guide you.

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

How will you engage appropriately with Aboriginal and Torres Strait Islander people and/or cultural content? *

Please upload 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 activity commencing.

Quick Response Application Form 2024

Form Preview

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? *

☐ 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.

Quick Response Application Form 2024

Form Preview

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? *

☐ 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.

AFP checks cost \$47 per person. This cost 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:

Quick Response Application Form 2024

Form Preview

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:

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:

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.

Quick Response Application Form 2024

Form Preview

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 understand and agree that: *

- ☐ My name and primary address may be provided to Members of Parliament.

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 my Regional Program Administrator 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 declaration *

Must be a date.

Quick Response Application Form 2024

Form Preview

Feedback

This is the end of the application form.

We would value any feedback you may have regarding our online grants application process. This information will not in any way be used to assess your application.

How was the application process? What worked? How can we improve?

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.