Regional Arts Fund Quick Response Grant Application

* indicates a required field

Preparing to write your application

For the best chance at success, we strongly encourage you to read the program guidelines and contact the Regional Program Administrator in your State or Territory to discuss your application. They are here to help, and can help you to understand how your project fits within the guidelines of the fund.

Applicants with accessibility requirements may contact the Regional Program Administrator in their State or Territory, or Regional Arts Australia, to discuss alternative application processes or support.

Download the Regional Arts Fund Program Guidelines.

Find the contact details for your Regional Program Administrator.

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
What is the name of the staff member you discussed 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.

Applicant Name *	○ IndividualOrganisation Name	○ Organisation	
	First Name	Last Name	
Applicant Primary Email *	Must be an email addre	200	

Applicant Primary Phone Number *			
Number	Must be an Australian pho	one number.	
Organisation Primary Cor	ntact		
Please provide the details for the	main contact person fo	r this application.	
Organisation Contact *	First Name	Last Name	
Organisation Contact Position *			
Organisation Contact Primary Email *	Must be an email address	S.	
Organisation Contact Primary Phone Number *	Must be an Australian pho	one number.	
Eligibility			
* indicates a required field			
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 th	ese <u>instructions</u> .	
What is the MM classification of your primary address? *			
What type of applicant are you? *			
Do you have an active ABN that is registered to your name and location?	○ Yes	○ No	
Do you have any outstanding acquittals for the Regional	○ Yes	○ No	

Arts Fund, or other	
Government grants?	*

Applicants 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 wi	th an ABN who can auspice	your application? *
○ 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.

Do you have an au ○ Yes	spice organisation that meets the eligibility criteria? \star
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. \star

I understand

Quick Response Grant Eligibility

Quick Response Grants will fund professional development opportunities for artists and arts workers or small activity opportunities. The program supports immediate need that arises where the activity is unable to be planned for or supported in other funding rounds, for example taking up professional development, skills development or small activity opportunities at short notice.

Have you received a Quick Response Grant in this financial year? *	○ Yes	○ No
Will your activity start within 2-12 weeks from the closing date of this round? *		○ No te within 2 - 6 weeks from the will be prioritised. If your activity y be more competitive in the next
Does this activity have an immediate need for funding? *	O Yes For example, it has arisen at sh other available streams of fund	O No ort notice and there have been noting that you could apply for.
Tell us why you have an imm	ediate need for funding: *	
Must be no more than 100 words. Under clause 5.1 of the Guidelines: I is unable to be planned for or support development, skills development or	ted in other funding rounds, for	example taking up professional
Please upload any evidence t Attach a file:	hat supports the above:	
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 a Quick Response Grant. *

I understand

Applicant Details

* indicates a required field

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.

Primary Address *	Address
	Victoria Street 5
	Street Victoria Street
	Here C. State Victoria
	Outer Street 18 1 Booshy Street Watch Street 1 By
	Stand Street Life Rose MAP A Becket Street
	PLACEHOLDER
	Little Lonsdan
	Lousdale Street = Inthe Bourke Street
	Rounte Street
Applicant Postal Address	Address
*	
Applicant ABN	
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	<u>More information</u>
	ACNC Registration	
	Tax Concessions	
	Main business locati	on
	Must be an ABN.	
Does the 'Main business location' listed above match the postcode in your primary address provided? *	○ Yes	○ No
Please contact the Australian Buwww.abr.business.gov.au/Help/		odate your details here: https://
Regional Arts Funding can only ABN 'main business location'.	be paid to applicants	whose physical address matches their
You can submit this form and the will still process your application		ating your 'main business location'. We
Auspice Information (Ind	ividuals under 1	8)
Your answers to the eligibility q an individual over 18 with an ac		t your application must be auspiced by
For more information about applications from auspice bodies, please see clause 7.1 in the Regional Arts Fund Guidelines $\underline{\text{here}}$.		
Auspice Contact Name *	First Name	Last Name
Auspice Contact Primary Email *	Must be an email add	dress.
Auspice Contact Primary Phone Number *	Must be an Australia	n phone number.

entered the ABN correctly.

ABN

Entity name

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

Information from the Australian Business Register

Auspice ABN *

	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	
Addiess		
Avenies Control Boots	A dalue on	
Auspice Contact Postal Address *	Address	
Ausnica Information (Unio	corporated Organizations	
Auspice Information (Unin	corporated Organisations,	1
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 re.	se see clause 7.1 in the
Auspice Organisation Organisation Name		
Name *	organisación Name	
Auspice Organisation		
Primary Email *	Must be an email address.	
Auspice Organisation Primary Phone Number *		
Filliary Filone Number	Must be an Australian phone number	
Auspice Organisation		
ABN *	The ADNI servided will be seed to	la ale con Ale a fallacción a
	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	
	Must be an ABN.	
Auspice Organisation Primary Address *	Address	
Auspice Organisation Postal Address *	Address	
Auspice Organisation Primary Website	Must be a URL.	
Applicant Demographics		
The following question helps 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 to shape future programs.		
Do you identify as any of the following? *	 □ Aboriginal or Torres Strait Isla □ Culturally and Linguistically D □ A person with disability □ LGBTQIA □ Youth (25 years and under) □ Would rather not say □ None of the above □ Other: 	
Indigenous Organisations		
An Indigenous organisation has at least 50% Indigenous ownership or 50% Indigenous control.		
Is the organisation an Indigenous organisation? * ○ Yes ○ No		

Regional Arts Fund History		
What is your history with the Regional Arts Fund? *	 I have received RAF grants I have applied before, but never received a RAF grant I have never applied 	
Grant Activity		
* indicates a required field		
Proposal		
	the title and summary provided below will be used to ease write your summary in the third person (i.e. don't use points or lists.	
Activity type *	 Arts project Professional development for artists and arts workers Community capacity building project 	
Activity title *	If your application is successful, this will be published publicly.	
Activity summary *		
	Word count: Must be no more than 50 words. If your application is successful, this will be published publicly.	
What do you want to do? How will you do it? *		
	Word count: Must be no more than 300 words.	
Activity Details		
Start Date *	Must be a date. Must be within 2-12 weeks of the closing date of the round in	
•	Must be no more than 300 words. Must be a date.	

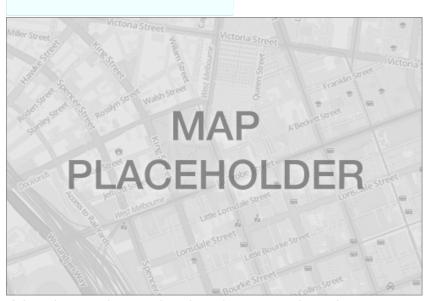
Must be within 12 months from the project start date

Must be a date.

End Date *

Where will your activity take place? *

Address



If there is more than one location, please enter the main location.

What is the main artform of your activity?

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

People

How many people will be employed by this activity? *

How many people will receive professional development opportunities through this activity? *

Who is the primary beneficiary of this activity? *

Is this activity being led by the primary beneficiary listed above?

Must be a number. Paid opportunities only. Enter 0 if none.

Must be a number. Enter 0 if none.

- O Yes the Applicant or Project Lead(s) identifies with the primary beneficiary listed above.
- O No the Applicant or Project Lead(s) do not identify with the primary beneficiary listed above.

Tell us about your relationship to the primary beneficiary: *

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.

Support Material		
Please upload your support mate are providing video or audio, ple	erial as a combined PDF of no more than 10 pages. If you asse provide a direct link.	
Support material helps assessors material include:	s to gain a better sense of your project. Examples of support	
 artistic or cultural work. Artist or participant inforced collaborators. Letters of support: Official financial or in-kind support for applicant, artists, arts profession. Letters of invitation/acced 	I: Image, text, video or audio examples of the applicant's rmation: Brief bios or CV's for key artists, personnel or al letters from organisations or individuals expressing their or the activity, or explaining how the activity will benefit the ssionals, participants, or the broader community. Eptance: Official acceptance or invitation letters or emails anisation or individual running an educational program, nilar.	
Please note, do not upload supporting material for your budget here - you will be asked to provide this in the budget section.		
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: 	
Applicant Primary Website	Must be a URL.	
Support Material Upload		
Upload your support materia Attach a file:	l as a combined PDF (max. 10 pages) *	
A maximum of 1 file may be attached	ed.	
Video or Audio Support M	laterial	

Please provide direct links to your 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.

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 250 words for each response. 50-100 will be sufficient.

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)
At least 1 choice must be selected.
Briefly describe how your activity will address Impact: *
Word count:
Word count:
Must be no more than 250 words.

Support & 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 At least 1 choice must be selected.
Dair Good a saile a leason a stirite cuill a deluca a Compant C. Danto analism a
Briefly describe how your activity will address Support & Partnerships: *
Word count:
Must be no more than 250 words.
Reach
Develop audiences and broaden community engagement with the arts.
Develop dadiences and product community engagement mar are arest
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
At least 1 choice must be selected.
Briefly describe how your activity will address Reach: *
Word count:
Must be no more than 250 words.
Opportunity
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 At least 1 choice must be selected.

Briefly describe how your act	ivity will address Opportunity: *
Word count: Must be no more than 250 words.	
Quality & Viability	
Support quality and viability of a	rtistic and cultural activity.
Please identify the most releast relea	vant example/s that will be addressed by your
☐ Experience/calibre of the app	olicant organisation/individual in the relevant field e key personnel including participating artists ts
☐ Benefits to audiences, the ard ☐ Need for funding support At least 1 choice must be selected.	ts and cultural sector and the Australian community
Briefly describe how your act	ivity will address Quality & Viability: *
Word count: Must be no more than 250 words.	
Budget	
* indicates a required field	
Grant Expenditure	
	ing you are requesting from the Regional Arts Fund ng available is \$3,000 for individuals, or \$5,000 for um amount.
Total Funding Requested *	\$
	Must be a dollar amount.
How will you spend the funding r paid for with this grant.	requested above? Please list the expenses below that will be

Must be a dollar amount.

Description

Expenditure Category

Total Funds Request	ed:					
		This number/	amount is ca	lculated.		
Total Grant Expendit	ture:					
		This number/	amount is ca	lculated.		
Balance: *						
		This number/ Must equal 0.		lculated.		
Other Funds						
Funding from other sou	ırces might	include:				
 Other grants 						
Cash contributions		•				
Funds generated bCash contributions		. •		ations rosor	VOC	
• Cash Contributions	s iroiii youi	OWII Saviily:	s or organis	ations reser	ves	
Will your project inv	olve fundi	ng from ot		es? *		
○ Yes			○ No			
Please list any other fu			to the deliv	ery of your	project. Yo	u can add
more rows to the table	as required	1.				
Income Category	Income So	ource	Income A		Status	
	Where are the coming from		How much i provided?	s being		
	coming from		provided:			
Tell us how you plan to required.	spend the	funds listed	above. You	can add mo	ore rows to	the table as
required.						
Expenditure Categor		oenditure			diture Am	
	Wha	at will you sp	end the	Must be	a dollar am	ount.
Total Other Income:						
		This number/	amount is ca	lculated.		
Of the total other income, how much a	re					
you contributing from	m [[]	Must be a do Enter 0 if nor				
your own funds? *	I	rurei o il liol	ic.			

Total Other Expendi	ture:			
		This number/amount is calculated.		
Balance: *				
Dalance.		This group has great and a collection of		
		This number/amount is calculated. Must equal 0.		
In-Kind Support				
		tion of goods or services that you r ons that would usually cost money		
In-kind support may in	clude:			
 Venue or work sp. Donated materials Time and expertise Free marketing or 	e	·		
Will your project inv ○ Yes	olve any i	n-kind support? * O No		
Item	Source	Value	Supporti (optional	ng Material I)
		coming from? If you had to pay for this	(optiona s, e.g. letters	of
			(optiona s, e.g. letters	of
What is being provided?	Where is it	coming from? If you had to pay for this	(optiona s, e.g. letters	of
	Where is it	coming from? If you had to pay for this how much would it cost	(optiona s, e.g. letters	of
What is being provided?	Where is it	coming from? If you had to pay for this	(optiona s, e.g. letters	of
What is being provided? Total In-Kind Support Of the total in-kind support, how much are you personally	Where is it	coming from? If you had to pay for this how much would it cost. This number/amount is calculated. Must be a dollar amount.	(optiona s, e.g. letters	of
What is being provided? Total In-Kind Support Of the total in-kind support, how much	Where is it	coming from? If you had to pay for this how much would it cost. This number/amount is calculated.	(optiona s, e.g. letters	of
What is being provided? Total In-Kind Support Of the total in-kind support, how much are you personally	Where is it	coming from? If you had to pay for this how much would it cost. This number/amount is calculated. Must be a dollar amount.	(optiona s, e.g. letters	of
What is being provided? Total In-Kind Support Of the total in-kind support, how much are you personally contributing? *	Where is it	coming from? If you had to pay for this how much would it cost. This number/amount is calculated. Must be a dollar amount.	(optiona s, e.g. letters	of
What is being provided? Total In-Kind Support Of the total in-kind support, how much are you personally contributing? * Total Project Cost Total Funding	Where is it	This number/amount is calculated. Must be a dollar amount. Enter 0 if none.	(optiona s, e.g. letters	of

	This number/amount is calculated.		
Total Project Cost: *	\$		
	This number/amount is calculated.		
Budget Supporting Mater	al		
Please upload any quotes, evider	nce of costs, confirmation of in-kind support.		
Budget Supporting Material:	Attach a file:		
Budget Notes			
How have you calculated any wages or artist fees? *			
Are there any notes you would like to provide to help to contextualise			
your budget?			
Protocols			
* indicates a required field			
Aboriginal and Torres Stra	ait 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.			
	Torres Strait Islander people as the primary beneficiaries 'No' for the above question. Please provide an explanation, eficiary.		
Please provide a brief explan	ation: *		

Applicants funded under the Regional Arts Fund who are working with Indigenous Australian artists, need to comply with <u>Creative Australia Protocols for using First Nations Cultural and Intellectual Property in the Arts.</u>

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

WWCC?

• Meeting minutes detailing confirmation of participation

Please confirm: *			or using First N	omply with Creat ations Cultural a	
Explain how you will comply with the Protocols for using I Nations Cultural and Intellectual Property the Arts: *	First 1				
the Arts: *					
Upload any evidence		Attach a file	e:		
that supports the all explanation: *	oove				
Working with Chil	dren				
Does your project (a any stage) involve working with childre		O Yes Children mea	ans individuals ι	○ No Inder the age of 18	3 years.
Please list the names of this project. For each p (WWCC) and provide d	person, iden	tify the sta			
If your application is supersonnel listed below	•			ride current WW	CC details for all
Name	Does this	-	WWCC Num	ber WWC	C Expiry Date

Has anyone involved in your project undertaken training in the National Child Safety Principles? * \bigcirc Yes \bigcirc No

Must be a number.

Must be a date.

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
	involved in this project be required to undertake training in es, prior to the funding agreement being signed.
help organisations increase their	mmission has developed a suite of e-learning modules to knowledge and understanding of the National Principles ake as they work towards implementing National Principles
overview of the development and	They include an introductory module which gives an content of the National Principles, and separate modules iples. Each module will take participants around 20
engage with children and young	people working or volunteering in all organisations that people – including organisations of various sizes, across vide introductory content as well as links to more detailed
	we recommend that you begin completing them now nd should your application be successful.
Access the E-Learning Modules: <u>h</u> <u>learning-modules</u>	https://childsafe.humanrights.gov.au/learning-hub/e-
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	
to take care of themselves, or is	vidual aged 18 years and above who is or may be unable unable to protect themselves against harm or exploitation ysical or mental illness, trauma or disability, pregnancy, the

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○ No

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

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.

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, town, state/territory, 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

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