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 <u>Regional Arts Fund Grants Guidelines</u>, and the <u>Regional Arts Fund Eligibility Notes</u> as they contain valuable information on what kind of applicant type, project, or expenses are eligible for funding, and the criteria for assessing the grant.

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

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

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

Have you read through the Regional Arts Fund Guidelines? *	0	Yes No
Have you discussed your application with the Regional Program Administrator in your State/Territory? *	0	Yes No

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 Q eligible to apply in this round.	uick Response Grant in this f	inancial year, you are not
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 the serious breaches relating to any Aterritory Regional Program Administration Please complete any relevant accomplete any relevant accomplete.	Australian Government fundir iistrator.	ng, or funding from a state or
Location Eligibility		

Location Engionity

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.

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 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

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

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 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 fo	or 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

Individual ABN

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

Applicant ABN *		
	The ABN provided will be use information. Click Lookup ab 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 Bus www.abr.business.gov.au/Help/Up		r details here: https://
Regional Arts Funding can only be ABN 'main business location'.	e paid to applicants whose ph	ysical address matches their
You can submit this form and the will still process your application.	n proceed with updating your	'main business location'. We

Activity Timing

When will this activity commence? *

- $\bigcirc\,\,$ Within 2 6 weeks of the closing date of this grant round
- $\bigcirc\,\,$ Within 6 12 weeks of the closing date of this grant round
- O 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.

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? *		risen at short notice n immediate need, and	is unable to
Briefly describe how your activity meets			
the eligibility criteria selected above: *	immediate need that ari planned for or supported	Guidelines: The program s ses where activity is unab I in other funding rounds, evelopment, skills develor	le to be for example
Ineligible Activity			
The answers to the eligibility que this round of Quick Response Gra		hat your activity is not	eligible for
Please contact the Regional Arts discuss your eligibility. A list of th found <u>here</u> .			
Applicant Details			
* indicates a required field			
Applicant Name			
		act details for the prima ition. All correspondenc sent to this person.	
Applicant *	○ IndividualOrganisation Name	○ Organisation	
	First Name	Last Name	

Applicant Contact Details

Organisation Contact *	First Name	Last Name
Organisation Contact Position *		
Applicant Postal Address *	Address	
Applicant Primary Phone Number *		
Applicant Primary Email *	Must be an Australian pho	
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 <u>here</u>.

Auspice Contact Name *	First Name	Last Name	
Auspice Contact Primary Email *	Must be an email address	5.	
Auspice Contact Primary Phone Number *	Must be an Australian ph	one 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.

ABN

Entity name

Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type ACNC Registration Tax Concessions Main business location Must be an ABN.	More information
DGR Endorsed ATO Charity Type ACNC Registration Tax Concessions Main business location	More information
ATO Charity Type ACNC Registration Tax Concessions Main business location	More information
ACNC Registration Tax Concessions Main business location	More information
Tax Concessions Main business location	
Main business location	
Must be an ABN.	
Address	
Rother Breef Hill By Rossyll Street Watch Street	AP Needert Street
PLACE	HOLDER STREET
Long d	Die Street Street Street
Address	

Information from the Australian Business Register

Auspice Information (Organisation)

Auspice Contact Postal

Address *

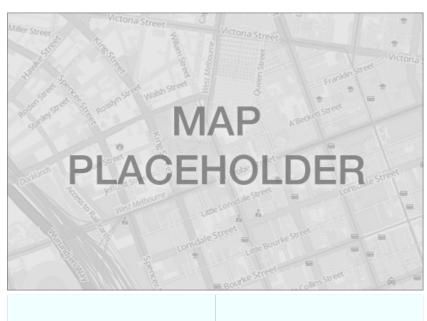
Auspice Contact Primary

Address *

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

For more information about applications from auspice bodies, please see clause 7.1 in the Regional Arts Fund Guidelines $\underline{\text{here}}$.

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 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	



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

	Country are required	l.	
Auspice Organisation Postal Address *	Address		
	Address Line 1, Subu Country are required		nce, Postcode, and
Auspice Organisation Primary Website	Must be a URL.		
Applicant identification			
Does the applicant identify as any of the following? *	☐ Aboriginal or Torres Strait Islander	□ LGBTQIA	□ None of the above
,	☐ Culturally and Linguistically Diverse	☐ Youth (25 year and under)	rs □ Other:
	☐ A person with disability	☐ Would rather not say	
Indigenous or Non-Indigenous Organisations			
Is the organisation an Indigenous organisation? *	○ Yes ○ No		

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:

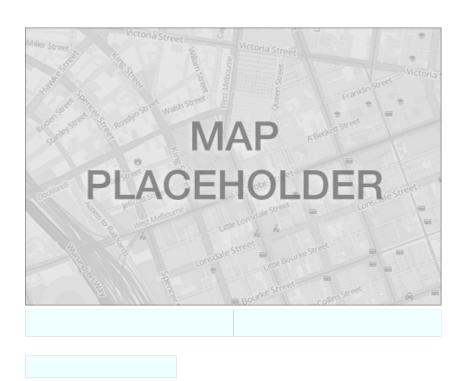
- Tier 1a a Community-controlled* organisation where the above thresholds are mandated by its governing rules or legislation;
- Tier 1b not a Community-controlled* organisation but meets the above 51% Indigenous ownership and 51% Indigenous control thresholds.

Tier 2 - Another organisation, w control	ith at least 50% Indigenous ownership or 50% Indigenous
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	he Regional Arts Fund
What is your history with the Regional Arts Fund? *	
Please use this space to provide any further information regarding the applicant's history with the Regional Arts 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

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 and between 13/12/2024 and 22/2/2025.
	(ie. within 2-12 weeks of the closing date of the round in which this application is submitted.)
	this application is submitted.)
End Date *	
	Must be a date. Must be within 12 months from the project start date
	Must be within 12 months from the project start date
Activity Location	
Please list the main project location place (if applicable).	on, plus any other locations where your project will take
If your project location does r the map to select the location	not have a street address, you can double click on n.
Visit www.health.gov.au/resource Category of the Project Location.	s/apps-and-tools/health-workforce-locator to find the MM
What is the street	Address

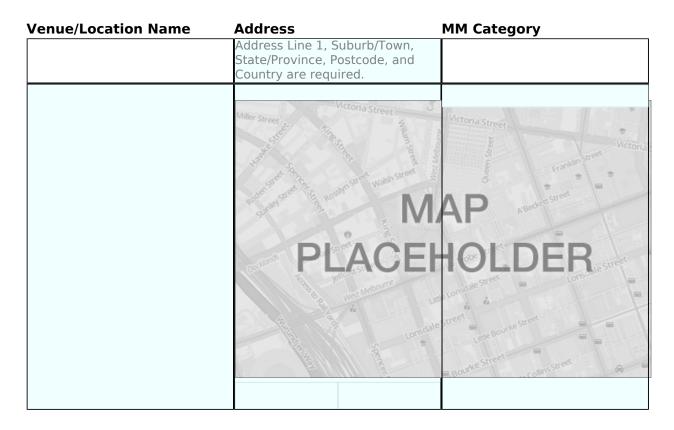
address of the main project location? *



What is the MM code of the project location? *

Does your project have outcomes in any other locations? *

\bigcirc	Yes	○ No
\cup	163	O NO



People
* indicates a required field
Project Personnel & Partners
Will there be any other O Yes O No No Involved in this project?
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

Individual or Participant/ Relationship Status Evidence of Confirmed Status

Name Status

Employment

Will your activity employ ○ Yes people? * ○ No

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

When selecting the employment status, please note:

shared with the explicit permission of all parties.

- 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 ca	lculated.
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 1	L50 words.
Participants		
Will your activity have participants? *	YesNo	
Estimated participant numbers - LIVE *	Must be a number.	
Estimated participant numbers - DIGITAL *	Must be a number.	
How did you calculate these numbers? *		

Tell us about who the participants are: *	
	rd count: t be between 50 and 150 words.
Beneficiaries	
Who are the primary beneficiaries of your project? *	
led by the primary the beneficiary listed above?	Yes - the Applicant or Project Lead(s) identifies with primary beneficiary listed above. No - the Applicant or Project Lead(s) do not identify the primary beneficiary listed above.
any consultation that has helped to sl	the primary beneficiary group. Provide details of nape this project, or support for the project from the ur support material contains evidence of this support.
Relationship to primary beneficiary: *	

Regional Arts Fund Assessment Criteria

* indicates a required field

Response to the Assessment Criteria

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

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

Tips:

- Concise, clear and direct responses are easier to asses than long wordy responses.
- You are not expected to respond to every example choose only the relevant ones. This may only be one for each criterion. You will have a higher chance of success if you only respond to relevant examples.
- 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

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 F	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.

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	Trade se no more than 250 Nords.	
Increase employment and profes of, regional and remote artists.	sional development opportunities for, and raise the profile	
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.	

How will your activity achieve the Opportunity outcome/s identified above? *	Must be no more than 250 words.	
Criterion 5: Quality & Via	bility	
Support quality and viability of a	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		

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.	
		\$	
		\$	

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 Must be a dollar amount. applicant personally Enter 0 if none. This data is used for reporting purposes only. contributing? * **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 Value of contribution from?	
	Must be a dollar amount	
	\$	
	\$	
	\$	

Total in-kind contributions to your project

* indicates a required field

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 & Leve	raged 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	Attach a file:	
calculations:		
Protocols		

Aboriginal and Torres Strait Islander People and Cultural Materials

Yes

Does your project

involve Aboriginal and/ or Torres Strait Islander people or cultural content? *	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	Torres Strait Islander people as the primary beneficiaries 'No' for the above question. Please provide an explanation, I select a different primary beneficiary.
Please provide a brief explanation: *	
	nformation about how you will engage appropriately with der people and/or cultural content.
You may wish to review the <u>Austr</u> <u>Cultural and Intellectual Property</u>	in the Arts to guide you.
Examples of evidence may includ	e:
A letter of supportA video testimonialA PDF of email exchanges shMeeting minutes detailing co	·
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? *	O Yes O No Children means individuals under the age of 18 years.

 \bigcirc No

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. **Please note:** WWCC checks

are not transferable between states, so evidence of Tasmanian WWVP registration will be required.

Name	Does this person have a current WWCC?	WWCC Number	WWCC Expiry Date
		Must be a number.	Must be a date.
Has anyone involved your project underta training in the Natio Child Safety Principl	aken onal	0	No
Please provide the nar in the National Child Sa been undertaken.			o has undertaken training that the training has
Name		Evidence	
the National Child Safe The Australian Human help organisations incr	ety Principles, prior to Rights Commission ha rease their knowledge v need to take as they	the funding agreer as developed a suite of and understanding of	ed to undertake training in ment being signed. f e-learning modules to the National Principles enting National Principles
	pment and content of	the National Principle	dule which gives an s, and separate modules rticipants around 20
engage with children a	and young people – inc s. They provide introdu	cluding organisations of	in all organisations that of various sizes, across as links to more detailed
These modules are to allow for a quick			n completing them now successful.
Access the E-Learning learning-modules	Modules: https://childs	safe.humanrights.gov.	au/learning-hub/e-
Please confirm: *	of complet	rstand that I will be rec red training in the Nati prior to funding being	

		e required to provide evidence dren Checks for all personnel g being awarded.
Please provide the name of the person who will undertake NSCP training: *		
Vulnerable Persons		
Vulnerable Person means an individual to take care of themselves, or is usefor any reason, including age, physinfluence, or past or existing use,	unable to protect themselves ysical or mental illness, traum	against harm or exploitation na 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.
AFP checks cost \$47 per person. include it in your budget.	This cost can be covered by t	his grant, please make sure to
Please list the names of all pe persons at any time during th		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:
Organisation Strategic Pla	an or CV
	ion of the organisation's strategic plan, or similar ce/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.	Attach a file:
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.
	oe of benefit to your application. The assessors will review n gain a better sense of your project.
Examples of support material incl	lude:
 artistic or cultural work. Artist or participant information collaborators. Letters of support: Official financial or in-kind support for applicant, artists, arts profess. Letters of invitation/acception. 	Image, text, video or audio examples of the applicant's mation: Brief bios or CV's for key artists, personnel or 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 nisation or individual running an educational program, illar.
Please identify which types of support material you have included: *	 □ Artistic support material (images or text) □ Artistic support material (video, audio or weblinks) □ Artist/participant information □ Letters of support □ Letter of invitation/acceptance □ Other:
Upload your support	Attach a file:
material as a combined PDF (max. 10 pages)	

Please provide direct links to video or audio support material.

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

Description of Link	Website
	Must be a URL.

Privacy Statement and Declaration

* indicates a required field

Privacy Statement

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

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

The Australian Government stipulates that application details and applicant contact information may be provided to the Australian Government (including the Minister and the Department), Members of Parliament, Regional Arts Australia, and other Regional Program Administrators (in your state or territory). This will include the applicant's name and location, funded project description, funded amount, state/territory, location, and electorate. This information may be published online and used for promotion and reporting purposes. **Regional Arts Australia** may also use this information to conduct research so that we may better understand community needs and can improve service delivery.

I understand and agree that: *

O 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.	
Must be a date.	

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.