Form Preview

#### **New Application**

\* indicates a required field

Program		
This field is read only.		

If you do contact us throughout the application process, please quote the application number below:

<b>Application Number</b>	
This field is read only	

#### Please confirm if this application is a draft or final submission \*

treated as complete and no changes will be made after submission

O Draft submission
O Final submission
For draft submissions you will be contacted by the grants officer once you have submitted your application. You will be able to make changes prior to your final submission. Final submissions will be

### Professional / Emerging Professional Artists Eligibility

\* indicates a required field

This checklist has been developed to ensure that the status of each artist applicant as 'preemerging', 'emerging professional' or 'professional' is clearly identified.

- Pre-emerging arists are at an early stage of their career and must provide a supporting letter of reference from an appropriate artist or mentor
- Emerging and professional artists must meet at least three criteria, which includes experience such as arts qualifications, professional recognition, exhibition of works, membership of professional associations, strong cultural knkowledge and artist commissions.

**Note:** Please mark the checkbox for Professional Artist/ Emerging Professional to preview the complete list of criteria.

Your responses to the questions below determine your status as an artist in regard to the RADF Program.

#### I define myself as: \*

- A pre-emerging artist
- An emerging professional or a professional artist

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Upload your letter of support here: *  Attach a file:  Pre-emerging artists must supply a letter of reference from an appropriate artist or mentor to support their application.  If you do not fit the criteria as a pre-emerging artist or a professional artist or an emerging professional, you are welcome to contact the RADF liaison officer to discuss alternative funding sources to support your arts activity/project, instead of filling in this form.  Email - radf@cairns.qld.gov.au  Professional Artist / Emerging Professional  You need to tick any three or more of the artistic merits below to qualify as an artist with a professional or emerging professional status.  If you cannot select a minimum of three of the artistic merits, you do not meet the eligibility requirements as a professional artist or emerging professional who can be funded by the RADF program.  Please tick the artistic merits that apply to you *  I have a professional arts and/ or cultural qualification  I have an Australian Business Number (ABN)  I have devoted significant time to arts practice  I have been recognised as a professional by peers  I have held public exhibitions or given public performances (not as part of a competition)  I have won important national and/ or international prizes or awards  I have held public discussions and/ or had articles written about my work  I have been commissioned or employed on the basis of art skills and/ or earning income from sales of art work  I have been commissioned or employed on the basis of art skills and/ or earning income from sales of art work  I am an artist whose artistic or cultural knowledge has been recognised as professional by peers or the cultural community  I am an artist whose artistic or cultural knowledge has developed through oral traditions  I am a member of a professional association (or associations) as a professional artist At least 3 choices must be selected.	I consider myself a pre-emerging artist because *
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What professional/ industry associations are you a member of?	<ul> <li>□ I have a professional arts and/ or cultural qualification</li> <li>□ I have an Australian Business Number (ABN)</li> <li>□ I have devoted significant time to arts practice</li> <li>□ I have been recognised as a professional by peers</li> <li>□ I have held public exhibitions or given public performances (not as part of a competition)</li> <li>□ I have work held in public collections</li> <li>□ I have won important national and/ or international prizes or awards</li> <li>□ I have held public discussions and/ or had articles written about my work</li> <li>□ I have been commissioned or employed on the basis of art skills and/ or earning income from sales of art work</li> <li>□ I am an artist whose artistic or cultural knowledge has been recognised as professional by peers or the cultural community</li> <li>□ I am an artist whose artistic or cultural knowledge has developed through oral traditions</li> <li>□ I am a member of a professional association (or associations) as a professional artist</li> </ul>
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If you do not fit the criteria as a pre-emerging artist or a professional artist or an emerging professional, you are welcome to contact the RADF liaison officer to discuss alternative funding sources to support your arts activity/project, instead of filling in this form.

Email - radf@cairns.qld.gov.au

Will you be engaging any arts or cultural workers using funding from your grant?  ○ Yes  ○ No
Contact Details
* indicates a required field
Applicants Details
Applicants Name *  O Individual Organisation Organisation Name
Title First Name Last Name
Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.
Applicants Primary Address Address
Applicant Postal Address Address
Applicant Primary Phone Number *
Must be an Australian phone number.
Applicant Email Address *
Must be an email address.
Applicant Website
Must be a URL.
Primary Contact Details
Primary Contact Name * Title First Name Last Name

This is the person we will correspond with about this	grant.
Primary Contact Position *	
Primary Contact Phone Number *	
Must be an Australian phone number.	
Primary Contact Email *	
Must be an areal address	
Must be an email address.	
Are you an Australian citizen or permaner	nt resident? *
	O No
Do you identify as belonging to any of the Aboriginal peoples  Torres Strait Islander peoples  Australian South Sea Islander people  People from a culturally and linguistically dia Born overseas  Person living with a disability  Caring for a person with a disibility  People with lived experience of mental heat LGBTIQ+  Men  Women  Non-binary  A gender not listed here  Career stage - emerging  Career stage - established  People who experience disadvantage  Other:	iverse background
This information is not used to assess your application used to review the annual program and provide info	
Preferred Gender pronoun *	
What age group are you in? *  ○ 0 - 11 years  ○ 12 - 25 years  ○ 26 - 54 years  ○ 55+	

Do you or your organisation have an ABN? \*

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O Yes

### **Organisation Details**

\* indicates a required field

Applicant ABN *		
	sed to look up the following informatio	n. Click Lookup above to
check that you have entere	•	
Information from the Australia	n 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		

O No

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from <a href="mailto:the-ATO website">the ATO website</a>

Please upload completed Statement of Supplier Form: * Attach a file:
Max 25mb per file uploaded
Incorporated Status
Is your organisation incorporated? *  O Yes  O No
Incorporated Details
What is your incorporation number? *

Incorporated Association or Australian Company Number
Please attach evidence of your organisation's not-for-profit status * Attach a file:
GST Registration
Are you or your organisation registered for GST? *
O Yes  Note: even if the organisation is not registered for GST, it will still have to pay GST on any expenses that are incurred whilst delivering the activity or event as per federal legislation, see:
https://www.ato.gov.au/Business/GST/
Auspice Information
* indicates a required field
Is your organisation auspiced by another organisation for the purpose of this grant? *  O Yes  O No  Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.
Auspice Organisation Details
Auspice Organisation Name * Organisation Name
Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.
Auspice Primary Address Address
Auspice Postal Address Address

**Auspice Primary Phone Number \*** 

Must be a	n Australian phone i	aumhar		
Must be a	n Australian phone i	iumber.		
Auspice	Email Address *	•		
Must be a	n email address.			
Auspice	Website			
Must be a	URL.			
<b>Primary</b> Title	Contact Person First Name	at Auspice Orga Last Name	nisation *	
Augnigo	Drimary Contac	t Phone Number	*	
Auspice	Primary Contac	t Phone Number	•	
Must be a	n Australian phone i	number.		
Auspice	Primary Contac	t Email Adress *		
Must be a	n email address.			
	ir eman adaress.			
	ment is valid an		organisation confirm	ing that the auspice
			d signed by an authorised tion, signature and date.	l person (e.g., Manager,
Does the	e auspice organ	isation have an <i>l</i>	ABN? *  O No	
Auspice	ABN *			
		sed to look up the ed the ABN correct	following information. ly.	Click Lookup above to
Information	on from the Australi	an Business Register		
ABN				
Entity nai	me			
ABN statu				
Entity typ				
Goods &	Services Tax (GST)			

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DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN.		
Statement by a Supplier F	n does not have an ABN, please submit a completed ATO orm with your application, otherwise 48.5% of any approved the form from the ATO website.	
Please upload complete Attach a file:	ed Statement of Supplier Form: *	
Max 25mb per file uploaded		
Your Activity		
* indicates a required field		
Title of proposal *		
Provide a name for your proje	ect/program/initiative. Your title should be short but descriptive	
Location of proposed a	ctivity - List if Multiple *	
тосинон от реорозии		
Be as specific as possible i.e	Machans Beach, Cairns CBD.	
Vanue of proposed acti	vity (if applicable)	
Venue of proposed acti	vity (ii applicable)	
i.e Tanks Arts Centre		
	nt: applications must be submitted at least three weeks ( activity start date. Applicants will be notified of funding has been processed.	
Start date *	End date *	
Applications must be submitt weeks (15 business days) pri date.		

Please provide a short summary of your project/program description. \*

Mus Pro	ord count: st be no more than 50 words. vide a brief description of the proposed project/program and its intended outcomes. Please note t this description will be used in public media releases if successful. This form will not allow you to beyond the 50 word limit
000000	nat is the predominant artform of this application? (Please choose only one) * Visual arts, craft and design Theatre Dance Writing Community arts and cultural development Museums/ collections/ heritage Film/ multimedia Music
	Cultural tourism
Tel	Il us about you and your arts practice: *
Mus	ord count: st be no more than 500 words. s form will not allow you to go beyond the 500 word limit.
Ple	ease describe your activity and what you plan to do with the funds *
Mus	ord count: st be no more than 500 words. s form will not allow you to go beyond the 500 word limit.

Please describe how the funds benefit you as an artist and how it will develop your career $\mbox{\scriptsize *}$
Word count: Must be no more than 500 words. This form will not allow you to go beyond the 500 word limit.
Project Outcome
<ul> <li>Which outcome applies to your project</li> <li>Professional / career development activities</li> <li>Public projects and activities</li> </ul>
DEFINITION
<b>Public projects and activities:</b> this outcome report is for those undertaking activities that have or will lead to a public outcome e.g new work, exhibitions, events, engagement projects, creative developments, performances, place making projects publications and public workshops.
<b>Professional / Career development activities:</b> this outcome report is for those undertaking professional / career development activities e.g attendance at conferences and training workshops to develop your own skills, knowledge or career.
What process will you undertake to capture feedback on your project *
Word count:  Must be no more than 500 words.  Please note that it is compulsory for ALL projects that are requesting RADF funds for activities that have or will lead to a public outcome, to capture audience/participant/partner feedback from your project. e.g, exhibitions, events, engagement projects, creative developments, performances, place making projects, publications and public workshops. Survey resources are available on Council's RADF webpage. This form will not allow you to go beyond the 500 word limit.
Does your project align with any of the Cairns Regional Council Arts and Cultural priorities?  ☐ Infrastructure, resources, and skills that support and stimulate the cultural and creative
life of our community.  Culture, heritage and place are valued, shared, celebrated and promoted.  A robust, cultural economy fuelled by an international reputation as a tropical, cultural and creative hub.
Indicate which (if any) of the state priorities are being addressed through RADF
funded activity *  ☐ Elevate First Nations arts ☐ Activate Queensland's local places and global digital spaces ☐ Drive social change across the state ☐ Strengthen Queensland communities

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<ul> <li>□ Share our stories and celebrate our storytellers</li> <li>□ Not applicable</li> <li>Tick all that apply</li> </ul>			
Please copy links he	re to relevant previo	ous work (if applicable	e)
Financial Inform	ation		
* indicates a required f	field		
Previous Funding	History		
Have you received a  O Yes	previous RADF or Ca	airns Regional Counci No	il grant?
Previous Funding	details		
Grant Type	Project name / Activity	Amount received	Year recieved
		\$	
		\$	
		\$	
	<u> </u>	Must be a dollar amount.	Must be a number.
Council Funding Information			
Flame.Arts Access – Leg Up Grants offer amounts of up to \$1,000 for Young People (up to the age of 25) and Aboriginal and Torres Strait Islander People and up to \$1,500 for people with disability to develop projects of an arts and cultural nature within our region, or further afield (or for individuals or organisations developing projects that specifically target/benefit one or more of the above groups).			
Total Amount Reque	ested *		
\$ What is the total financial support you are requesting in this application?			
Budget			

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns,

*Examples* of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.

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*Examples* of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding?	Income Amount Notes (\$)	
Total amount requested	RADF Cairns Regional Council Grant Organisation Funding Other Grants Project Income Fundraising In-Kind Support Other	Confirmed Unconfirmed Not Applicable	\$	
			\$	
			\$	
			\$	
			Must be a dollar amount.	

### Expenditure

Place each expenditure item on a new line. Services, Promotion & Marketing, Administration etc.

<b>Expenditure Description</b>	Expenditure Amount	RADF allocation to expense item
	\$	\$
	\$	\$
	\$	\$
	\$	\$
		Must be a whole dollar amount (no cents).

### **Budget Totals**

Total Income Amount	Total Expenditure Amount	Income minus Expenditure	RADF Allocation Total
\$	\$		\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is	This number/amount is calculated.

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### **Supporting Materials**

\* indicates a required field

Please attach a copy of your CV * Attach a file:
Maximum of one A4 page
Please attach examples of previous work *
Attach a file:
Examples of previous works must demonstrate the quality of the event, artwork, cultural workers o artists involved in the project. Provide links to large files, video or imagery.
Letters of support * Attach a file:
Include two letters of support from individuals or organisations expressing their financial or inkind support for the project, or explaining how the project will benefit the applicant, artists, arts professionals, participants, or the broader community.
Written quotes for all budget items as applicable *

#### Attach a nie.

Attach a file:

Please combine all quotes into a single document.

#### Terms and Conditions

\* indicates a required field

### Information Privacy and Right to Information Statement

The information you provide in your grant application will be used by Cairns Regional Council to process and assess your application and, if successful, to process, pay and administer your grant.

Cairns Regional Council may contact other funding agencies to verify grants requested from other funding agencies in support of your project.

If your application is successful, the Council may disclose the following information to Arts Queensland:

• The information you provide in your grants application

•

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The amount of funding you receive

The information you provide in your outcome report and text and images relating to your funded activity

The information may be used by the Council or Arts Queensland for reporting purposes, training, systems testing and process improvement.

The information may be anonymised and used for statistical purposes.

The information may be used by the Council or Arts Queensland for the promotion of RADF or the promotion of funding outcomes for arts and cultural development in Queensland.

For this purpose, the information and your contact details may be provided to Queensland Government Members of Parliament, the media and other agencies who may contact you directly.

The Council and Arts Queensland may also publish the information in their Annual Reports or on their websites.

The Council and Arts Queensland treat all personal information in accordance with the Information Privacy Act 2009. The provisions of the Right to Information Act 2009 apply to documents in the possession of the Council or Arts Queensland.

You are not eligible for this Cairns Regional Council Grant

For further information on eligibility please contact the grant officer at grants@cairns.qld.gov.au

or visit Cairns regional Councils website RADF Guidelines for more information.

#### **Final Submission Certification**

\* indicates a required field

Certification

By submitting this application I/we, as the applicant, authorise Cairns Regional Council to undertake any necessary due diligence and hereby certify that

all details provided in this application are true and correct and understand the Council's policy on confidentiality, commercial in-confidence and privacy statement.

- I certify that I am authorised by the organisation to prepare and submit this application.
- I have read the guidelines relating to the grant and certify that to the best of my knowledge the information provided in this is correct.
- I have disclosed full and accurate information of income and expenditure for the project proposed.
- I agree to provide Council with any additional information required to assess this application.
- I agree to comply with all requirements of the grant funding stream and will return any unspent grant monies.
- I will acknowledge the support of Council in all relevant promotional and printed material.
- I confirm that the appropriate level of Public Liability Insurance will be arranged for the project described in this application.

Name of authorised person *	Title	First Name	Last Name	
Position *	Position he	eld in applicant orga	nisation (e.g. CEO, T	reasurer)
Contact Email *	Must be ar	n email address.		

Cairns Regional Council is collecting your personal information for the purpose of processing your grant application. The collection of this information is authorised under the Local Government Act 2009. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to by law. Your personal information will be handled in accordance with the Information Privacy Act 2009. Cairns Regional Council and its offices are subject to the Queensland Right to Information Act 2009.

#### **Draft Submission**

You are about to submit your draft submission.

You will be contacted within 7 business days by the RADF Liason officer regarding your application.

They will discuss your draft submission and recommend any changes if needed.

You will be sent a link to reopen your draft submission and make the necessary changes to submit your Final submission.

If you have further queries and would like to speak to a RADF liason officer prior to submission please contact us at

email: radf@cairns.qld.gov.au or by phone on 4032 6603

If you have made a mistake and would like this to be a Final Submission, you must go back to the first page and click on Final submission.

Go to next page to submit draft