

RADF Flame Arts Application Form

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:

Application Number

This field is read only.

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

☐ Draft submission

☐ 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 treated as complete and no changes will be made after submission

Professional / Emerging Professional Artists Eligibility

* indicates a required field

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

- Pre-emerging artists 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 knowledge 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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I consider myself a pre-emerging artist because... *

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 work held in public collections
- ☐ 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 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.

What professional/ industry associations are you a member of?

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.

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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 *

☐ 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

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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 email address.

Are you an Australian citizen or permanent resident? *

☐ Yes ☐ No

Do you identify as belonging to any of the groups below? *

- ☐ Aboriginal peoples
- ☐ Torres Strait Islander peoples
- ☐ Australian South Sea Islander people
- ☐ People from a culturally and linguistically diverse background
- ☐ Born overseas
- ☐ Person living with a disability
- ☐ Caring for a person with a disability
- ☐ People with lived experience of mental health issues
- ☐ LGBTIQ+
- ☐ Men
- ☐ Women
- ☐ Non-binary
- ☐ A gender not listed here
- ☐ Career stage - emerging
- ☐ Career stage - established
- ☐ People who experience disadvantage
- ☐ Other:

This information is not used to assess your application. Information provided will be aggregated and used to review the annual program and provide information to Arts Queensland.

Preferred Gender pronoun *

What age group are you in? *

- ☐ 0 - 11 years
- ☐ 12 - 25 years
- ☐ 26 - 54 years
- ☐ 55+

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Organisation Details

* indicates a required field

Do you or your organisation have an ABN? *

☐ Yes ☐ No

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	

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 [the ATO website](#)

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

Incorporated Status

Is your organisation incorporated? *

☐ Yes
☐ No

Incorporated Details

What is your incorporation number? *

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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? *

☐ Yes ☐ No

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? *

☐ Yes ☐ 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 *

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Must be an Australian phone number.

Auspice Email Address *

Must be an email address.

Auspice Website

Must be a URL.

Primary Contact Person at Auspice Organisation *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Auspice Primary Contact Phone Number *

Must be an Australian phone number.

Auspice Primary Contact Email Address *

Must be an email address.

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The letter must be on the organisations letter head signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an ABN? *

☐ Yes ☐ No

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.

Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type
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.

As the auspice organisation does 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 [the ATO website](#).

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

Your Activity

* indicates a required field

Title of proposal *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Location of proposed activity - List if Multiple *

Be as specific as possible i.e Machans Beach, Cairns CBD.

Venue of proposed activity (if applicable)

i.e Tanks Arts Centre

This is an out-of-round grant: applications must be submitted at least three weeks (15 business days) prior to the activity start date. Applicants will be notified of funding decisions as soon as the submission has been processed.

Start date *

Applications must be submitted at least three weeks (15 business days) prior to the activity start date.

End date *

End date is required

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

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Word count:

Must be no more than 50 words.

Provide a brief description of the proposed project/program and its intended outcomes. Please note that this description will be used in public media releases if successful. This form will not allow you to go beyond the 50 word limit

What 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

Select the types of activities participated in as part of the funded activity *

- ☐ Community consultation, arts research
- ☐ Creative development of new work
- ☐ Cultural tourism
- ☐ Events and festivals
- ☐ Exhibitions and collections
- ☐ Heritage protection/ promotion
- ☐ Performances
- ☐ Place making
- ☐ Professional career development activity
- ☐ Publications
- ☐ Workshops
- ☐ Other:

Tell us about you and your arts practice: *

Word count:

Must be no more than 500 words.

This form will not allow you to go beyond the 500 word limit.

Please describe your activity and what you plan to do with the funds *

Word count:

Must be no more than 500 words.

This form will not allow you to go beyond the 500 word limit.

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Please describe how the funds benefit you as an artist and how it will develop your career *

Word count:

Must be no more than 500 words.

This form will not allow you to go beyond the 500 word limit.

Project Outcome

Which outcome applies to your project

- ☐ Professional / career development activities
- ☐ Public projects and activities

DEFINITION

Public projects and activities: 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.

Professional / Career development activities: 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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☐ Share our stories and celebrate our storytellers

☐ Not applicable

Tick all that apply

Please copy links here to relevant previous work (if applicable)

Financial Information

* indicates a required field

Previous Funding History

Have you received a previous RADF or Cairns Regional Council grant?

☐ Yes

☐ No

Previous Funding details

Grant Type	Project name / Activity	Amount received	Year recieved
		\$	
		\$	
		\$	
		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 Requested *

\$

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.

Expenditure Description	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 calculated.	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 or 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 in-kind 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 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.

I confirm that the applicant... *

- ☐ has read and I/my organisation will abide by the Cairns Regional Council Regional Arts Development Fund Guidelines
 - ☐ The statements in this application are true and correct to the best of my knowledge, information and belief and the supporting material is my own work or the work of the artists named in this application
 - ☐ have read and understood the Information Privacy and Right to Information Statement and agree to the use and disclosure of information as outlined in the Statement.
- Click [here](#) to access the Cairns Regional Council Regional Arts Development Guidelines

I confirm these statements above are true and correct *

- ☐ Yes ☐ No

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

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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 held in applicant organisation (e.g. CEO, Treasurer)

Contact Email *

Must be an 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.

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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