RADF Individual Professional Development Application form

NI and	Λ	-1:	L:
New	App	JIICa	ition

* indicates a required field

Program		
This field is read only.		
If you do contact us throughout the applicati	on process places and	to the application
number below:	on process, please quo	te the application
Application Number		
This field is read only.		
		
Please confirm if this application is a dr O Draft submission	Tart or final submission () Final submission	on *
For draft submissions you will be contacted by the	•	nave submitted vour
application. You will be able to make changes price		
treated as complete and no changes will be made	e after submission	

Professional / Emerging Professional Artists Eligibility

* indicates a required field

First of all, let's check your eligibility to apply for this grant.

This checklist has been developed to ensure that the status of artists as 'professional' and 'emerging professional' is clearly identified.

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

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 or emerging artist who can be funded by the RADF program.

Ple	ease 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

by peers or the cultural community ☐ I am an artist whose artistic or cultural known.	n the basis of art skills and/ or earning income owledge has been recognised as professional owledge has developed through oral traditions on (or associations) as a professional artist
Will you be engaging any arts or cultural Yes	workers using funding from your grant? ○ 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 documentation such as that with the ABR, ACNC or	
Applicants Primary Address Address	
Applicant Postal Address Address	
Applicant Primary Phone Number *	
Must be an Australian plane number	
Must be an Australian phone number.	
Applicant Email Address *	
Must be an email address.	

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 O - 11 years D 12 - 25 years D 26 - 54 years D 55+	? *		
Organisation Details			
* indicates a required field			
Do you or your organisatio ○ Yes		*) No	
Applicant ABN *			
The ABN provided will be used check that you have entered t			Click Lookup above to
Information from the Australian I	Business Register		
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)			
DGR Endorsed			
ATO Charity Type	More information	<u>on</u>	
ACNC Registration			
Tax Concessions			
Main business location			
As you do not have an ABN, p with your application, otherwise the form from the ATO website.	se 48.5% of any a		
Please upload completed S Attach a file:	Statement of Sup	oplier Form: *	
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? * ○ 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? * 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 Address	Postal Address			
Address				
Auspice	Primary Phone	Number *		
Must be a	n Australian phone	number		
	•			
Auspice	Email Address	k .		
Must be a	n email address.			
Auspice	Website			
Must be a	URL.			
Primary	Contact Person	at Auspice Orga	nisation *	
Title	First Name	Last Name		
Auspice	Primary Contac	t Phone Number	*	
	,			
Must be a	n Australian phone	number.		
Auspice	Primary Contac	t Email Adress *		
Must be a	n email address.			
			organisation confirm	ing that the auspice
Attach a	ment is valid an file:	a current. *		
			d signed by an authorised ition, signature and date.	l person (e.g., Manager,
Door the		iantian bawa an	ADAI2 *	
Yes	e auspice organ	isation have an <i>i</i>	O No	
Auspice	ABN *			
		ised to look up the ed the ABN correct	following information. ly.	Click Lookup above to
Information	on from the Australi	an Business Registe	r	

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.		J
Statement by a Supplier Form wi may be withheld. Download the to Please upload completed Sta Attach a file: Max 25mb per file uploaded	form from the ATO website.	% of any approved grant
may be withheld. Download the selection of the selection	form from the ATO website.	% of any approved grant
Please upload completed Sta Attach a file: Max 25mb per file uploaded	form from the ATO website.	% of any approved grant
Please upload completed Sta Attach a file: Max 25mb per file uploaded Your Activity	form from the ATO website.	% of any approved grant
Please upload completed Sta Attach a file: Max 25mb per file uploaded Your Activity * indicates a required field	form from the ATO website.	% of any approved grant
may be withheld. Download the top Please upload completed State Attach a file: Max 25mb per file uploaded Your Activity * indicates a required field Title of proposal *	form from the ATO website.	
may be withheld. Download the top Please upload completed State Attach a file: Max 25mb per file uploaded Your Activity * indicates a required field Title of proposal *	form from the ATO website. Interest of Supplier Form: * Gram/initiative. Your title should be sho	

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 * End date *

Venue of proposed activity (if applicable)

i.e Tanks Arts Centre

prid app	plications can be made up to eight weeks or to the activity start date, however compl plications must be received at least 15 busi ys prior to the activity start date.	lete	End date is required		
Ple	ease provide a short summary of y	our p	oroject/program des	scription. *	
Mu Pro tha	ord count: ust be no more than 50 words. byide a brief description of the proposed pro at this description will be used in public med beyond the 50 word limit				
000000	Dance Writing Community arts and cultural develope Museums/ collections/ heritage Film/ multimedia		application? (Please	e choose on	ly one) *
	elect the types of activities particip Community consultation, arts researc Creative development of new work Cultural tourism Events and festivals Exhibitions and collections Heritage protection/ promotion Performances Place making Professional career development active Publications Workshops Other:	:h	in as part of the fu	inded activi	ty *
	ell us about you and your arts pract	tice: [;]	*		
	ord count: est 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.
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 Outcomes
 Which outcomes 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.

$\hfill \square$ A robust, cultural economy fuelled by an international reputation as a tropical, cultural and creative hub.				
funded activity * ☐ Elevate First Nation ☐ Activate Queenslan ☐ Drive social change ☐ Strengthen Queens ☐ Share our stories an ☐ Not applicable Tick all that apply	ns arts ond's local places and global e across the state cland communities ond celebrate our storyt			
* indicates a required f Previous Funding Have you received a Yes	<mark>ield</mark> History	airns Regional Counci No	l grant?	
Previous Funding				
Grant Type	Project name / Activity	Amount received	Year recieved	
		\$		
		\$		
		\$	Mush had a survey land	
Council Funding II Grants will be capped a international travel. Total Amount Reque	at \$1000 for activities v	Must be a dollar amount. within Queensland and \$		
\$	J104			
Must be a whole dollar an What is the total financial		ing in this application?		

RADF Individual Professional Development Application form

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'.

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.			

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.
Letter 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

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
- 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 <u>RADF Guidelines</u> for more information.

RADF Individual Professional Development Application form

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, I	reacurer)
Contact Email *		n email address.	misation (e.g. CLO, 1	reasurer)

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