

# Arts and Cultural Assistance (C/I) 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

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 Arts & Cultural Assistance Grant 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 Arts & Cultural Assistance Grant 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

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- ☐ 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.

**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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

<input type="text"/>
<input type="text"/>

**Applicant Postal Address**

Address

<input type="text"/>
<input type="text"/>

**Applicant Primary Phone Number \***

Must be an Australian phone number.

**Applicant Email Address \***

Must be an email address.

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### 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 email address.

### Committee/ Board Member Details

#### Please list all names and their positions \*

#### 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:

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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+

## 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	<a href="#">More information</a>
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:

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## Form Preview

Max 25mb per file uploaded

### Incorporated Status

**Is your organisation incorporated? \***

- ☐ Yes  
☐ 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:

**Please attach a copy of the minutes from your organisation's Annual General Meeting (AGM)**

Attach a file:

For Community Organisations Only

### 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 \***

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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 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

            

**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.

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**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)

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/ event/ activity. 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.

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### Venue of proposed activity (if applicable)

i.e Tanks Arts Centre

### Have you discussed all venue hire requirements with the venue ? \*

☐ Yes

☐ No

Start date \*

End date \*

Applications must be submitted at least six weeks prior to the activity start date. End date is required

### Are there any Council permits/ fees applicable to this event? (e.g. park hire, food permits, temporary entertainment permit)

☐ Yes

☐ No

### Please describe which Council permits/ fees are applicable.

### Tell us about yourself/ your organisation, 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.

### Describe your project in detail, outlining what you plan to do, how you plan to do it and what you want to achieve \*

Must be no more than 500 words.

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

### Who will you work with to achieve this, and how will the project impact those involved? \*

Word count:

Must be no more than 250 words.

This form will not allow you to go beyond the 250 word limit.



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**Explain how your project supports and encourages local community participation and delivers social benefits to the local community \***

Word count:

Must be no more than 250 words.

This form will not allow you to go beyond the 250 word limit.

## 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

**What is the total cost of your project? \***

Must be a dollar amount.

**Total amount requested for hiring of Council venues and resources (excl GST) \***

Must be a whole dollar amount (no cents) and between 1000 and 30000.

What is the total financial support you are requesting in this application?

**Please attach quotations for your In-Kind request. \***

Attach a file:

**Is your event ticketed? \***

☐ Yes

☐ No

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**What are the estimated ticket sales? \***

Must be a dollar amount.

**If you are profiting from ticket sales, please detail what the profits will be used for. \***

### 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'.*

*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
Grant Funding	RADF Cairns Regional Council Grant Organisation Funding Other Grants Project Income Ticket Sales Fundraising In-Kind Support Other	Confirmed Unconfirmed Not Applicable	\$	
			\$	
			\$	
			\$	
			Must be a dollar amount.	

### Expenditure

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

Expenditure Description	Expenditure Amount	Council allocation to in-kind expense item
Venue Hire	\$	\$
	\$	\$
	\$	\$
	\$	\$
		Must be a whole dollar amount (no cents).

### Budget Totals

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

### Supporting Materials

\* indicates a required field

**Please attach a copy of your Organisations / Applicant CV \***

Attach a file:

Maximum of one A4 page

**Please attach evidence of previous work \***

Attach a file:

### 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.**

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- 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 grants 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.

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

***email: [grants@cairns.qld.gov.au](mailto:grants@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**