

RADF City of the Arts Hero Project Grant Application

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 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.

Please tick the artistic merits that apply to you *

- I have a professional arts and/ or cultural qualification
- 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

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- 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.

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.

Applicant Website

Must be a URL.

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Primary Contact Details

Primary Contact Name *

Title First Name Last Name

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

Statistical Information

Do you or your group / organisation identify as belonging to any of the groups? *

- Aboriginal peoples
- Torres Strait Islander peoples
- Australian South Sea Islander people
- People from a culturally or linguistically diverse background
- Born overseas
- Person living with a disability
- Carer for a person living 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:

If you are an individual applicant, do you personally identify as belonging to any of the groups above?
If you are a group/organisational applicant, does your group/organisation primarily exist for any of the groups above? (Tick only those that apply)

Preferred gender pronoun *

What age group are you in?

- 0 - 11 years

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- 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	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

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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? *

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

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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

Project Details

* indicates a required field

Proposed title of project *

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

Location of proposed project - List if multiple *

Specific area in the region i.e Machans Beach, Cairns CBD etc

Venue of proposed project (if applicable)

i.e Tanks Arts Centre

Total cost of the project? *

Must be a dollar amount.

Start date *

Must be as per grant round start date

End date *

Must be within 12 months of the start date

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Short description of the project *

Word count:

Must be no more than 70 words.

Provide a brief description of the proposed project and its intended outcomes. Please note that this description will be used in public media releases if successful.

Expected Participants and Audience

Number of volunteers who will be involved *

Must be a number.
This includes artists, professionals, community members, elders etc who will be donating their time

Number of participants expected *

Must be a number.
This includes people who are actively engaged in the arts activities - e.g. workshop participants

Total audience numbers expected *

Must be a number.
Audience members have a passive engagement e.g. people attending an exhibition, performance, event. (Please note that this does NOT include viewers on television, Youtube, Facebook or radio audiences.)

Is your project aimed at a specific community or group as participants or audience members? (e.g. Specific age, cultural, gender or disability group) *

Yes

No

Which specific groups does your project target directly? You may choose more than one. *

- Aboriginal/ Torres Strait Islander peoples
- Australian South Sea Islander people
- From a culturally and linguistically diverse background
- People who experience disadvantage
- People with lived experience of mental health issues
- People with disability
- 0-11 years
- 12-25 years
- 26-54 years
- 55+
- LGBTIQ+
- Women
- Men
- Career stage - emerging
- Career stage - established
- No - not applicable
- Other:

How will you engage your audience? *

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Word count:

Must be no more than 150 words.

Consider and explain whether there will be protocols that need to be addressed etc.

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 project *

- 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:

Objectives

* indicates a required field

When answering the questions in this section, you will need to refer to the Assessment Criteria in the [Cairns Regional Council RADF Guidelines](#)

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

Word count:

Must be no more than 700 words.

Why do you want to achieve this through your project? *

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Word count:
Must be no more than 250 words.

Please describe and detail your previous creative initiatives

Year	Project
Must be a number.	

Please provide details on the previous funding (\$10,000 and above) you received for a project from other funding bodies. i.e., Arts Queensland, Flying Arts Alliance

Year	Organisation	Grant name	Amount
			\$
			\$
			\$
Must be a number.			Must be a dollar amount.

Impact

* indicates a required field

Who will you work with to achieve your objectives, and how will the project impact those involved? For example, you, the community, and artists/cultural workers. *

Word count:
Must be no more than 250 words.

Describe how your project will nurture cross sector and cross artform collaboration *

Word count:
Must be no more than 225 words.
Refer to assessment criteria.

Describe your approach to access and inclusion participation *

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Word count:
 Must be no more than 225 words.
 Refer to assessment criteria.

Describe how your project will build and promote Cairns reputation as a vibrant and creative city of the arts. *

Word count:
 Must be no more than 225 words.
 Refer to assessment criteria.

Project Plan

* indicates a required field

The project plan should be as comprehensive as possible and in line with the size and nature of your project.

These activities may be implemented concurrently. Activities may include meetings, booking venue, rehearsals, marketing strategy, open exhibition etc.

Please note:

- a lack of detail provided may affect the success of your application.
- the start date for your project must not be earlier than 10 July 2024
- please list in order of commencement

Your final activity **MUST** be delivery of the RADF Outcome report, which must be received no later than eight weeks after the project finish date.

Stage of project	Activities	Expected start date	Expected completion date
e.g. Stage 1: Planning	What activities make up this stage, e.g. rehearsals, script completed, posters printed, artists contracted?	When will this stage of the project start? Must be a date.	When will this stage of the project be completed? Must be a date.

What process will you undertake to capture feedback on your project? *

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Word count:

Must be no more than 225 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, placemaking projects, publications, and public workshops.

Survey resources are available on [RADF Major Round - Cairns Regional Council](#)

What steps have you taken to address the issues of workplace health and safety, public liability insurance, copyright and relevant licenses *

Must be no more than 900 characters.

Applicants who plan to deliver a project in a place where the public attend or that is accessible to the public, must provide evidence of public liability insurance for a minimum of five million dollars for any one occurrence for duration of the project.

Indicate which (if any) of the state priorities are being addressed through RADF funded project *

- Elevate First Nations arts
- Activate Queensland's local places and global digital spaces
- Drive social change across the state
- Strengthen Queensland communities
- Share our stories and celebrate our storytellers
- Not applicable

Tick all that apply

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.

You can find more information about the Arts and Cultural priorities in the [Cairns Regional Council Strategy for Culture and the Arts 2022](#) You might also want to refer to the [RADF Guidelines](#).

Partnerships, collaborators and contractors

* indicates a required field

Partnership contributions to project A partner is an individual or business or organisation who provides assistance or in-kind services (in all shapes and forms) that enables the successful delivery of a project. If your RADF project will engage local partners, please list all of them here.

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Name of partner	Sector (e.g. arts, business)	Type of partnership	Partnership value (whole \$)
			\$
			Must be a dollar amount.

Technical and non-arts contractors to be involved in project Where you are outsourcing works to an external party (non-arts based) such as a consultant/contractor, indicate who you intend to engage and what their tasks will be. e.g. Website Designer, Theatre Technician, Picture Framers, Printing Services, Book Editor etc.

Name	Tasks to be performed	Role or position in the project	\$ value of contract
			\$
			Must be a dollar amount.

Artists and arts workers to be engaged in the RADF grant You must demonstrate that award rates or industry recommended rates of pay will be made to arts and cultural workers involved in the project.

If you are paying only a portion of the recommended rates of pay because the professionals involved in the project are contributing their time as an in-kind contribution, please list the total rate of pay in the table below and then note any in-kind contribution on the income section of the budget.

Each artist who will be paid through your grant must also:

- Confirm their availability and payment agreement in writing

Artist/Org. name	Role in project	Pay rate	Total fee (whole \$)	Total RADF funded amount
			\$	\$
		e.g \$ per hour or \$ per week	Must be a dollar amount.	Must be a dollar amount.

Total salaries fees and allowances

\$

This number/amount is calculated.
Calculated total fees from all above artists.

Total RADF amount to be paid to artists and arts workers *

\$

This number/amount is calculated.
Please add all figures in the column: Amount to be funded by RADF.

Artists written confirmations *

Attach a file:

Please upload written confirmation from the artist, confirming their availability and payment agreement.

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

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Project Budget

* indicates a required field

Previous Funding History

Have you or your group / organisation previously received a RADF grant or Cairns Regional Council grant? *

Yes No

Has the grant been successfully acquitted? *

Yes No

Previous funding details

Grant Type	Project name / Activity	Amount received	Year received
		\$	
		\$	
		\$	
		Must be a dollar amount.	Must be a whole number (no decimal place).

Council Funding Information

Total amount requested *

\$

Must be a whole dollar amount (no cents) and no more than 25000.

What is the total financial support you are requesting in this application? Maximum \$25000

Other Grant Support

Will you also be applying for in-kind assistance through a Cairns Regional Council Arts and Cultural Assistance Grant? *

Yes No

In-Kind Support

Assistance sought through grant	Total cost of item
	\$
	\$
	Must be a dollar amount.

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Total In-Kind support estimated value

\$

This number/amount is calculated.

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

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
	RADF Funding Cairns Regional Council Grant Organisation Funding Other Grants Earned 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.

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Expenditure Description	Expenditure Type	Expenditure Amount	RADF allocation to expense item	Notes
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
			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.

RADF does not support 100% of the total cost of any project.

Applicants are required to make a significant contribution, which may be in-kind.

RADF is not intended to be used as the main income source for any professional artist or arts worker.

As a guide only, projects requiring more than 60% of the total project's expenses from RADF will not be as competitive.

Quotes

Please upload any supporting quotes or evidence of budget costs

Attach a file:

Optional - if you would like to provide your budget notes in a separate document.

Please upload here

Attach a file:

Supporting Documentation

* indicates a required field

Please upload Organisation / Applicant CV's *

Attach a file:

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Each CV must be one A4 page maximum.

Evidence 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, with relevance to the project being applied for. Provide links to large files, video or imagery. Assessors will view a maximum of 10 minutes of video or audio material, up to 5 images and up to 3 web pages or pages of written material. If your material exceeds these limits, please refer the panel to specific sections that conform to these limits.

and / or

Website

Must be a URL.

and / or

Link/s

Letters of support *

Attach a file:

Include three official letters of support from organisations or individuals 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.

Evidence of protocols followed

Attach a file:

If you are working with or for specific community groups, you must obtain support and confirmation of involvement from the relevant communities and organisations, e.g. Aboriginal people; Torres Strait Islander people; people from culturally and linguistically diverse backgrounds; people with disability; children or young people.

Additional supporting material

Attach a file:

A maximum of 3 files may be attached.
i.e, script, venue hire agreements, confirmation from venues etc

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If you would like to address the panel directly, by telling them about yourself and/or your project, we welcome you to do this here.

Please record a short video (up to 3 minutes) , upload the video to an online platform of your choice (e.g. Youtube or Vimeo) and submit the video link here.

This is optional.

Submit an introduction video link

Attach a file:

and / or

Website

Must be a URL.

and / or

Link:

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 project

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.

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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 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.**

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

Contact email *

Must be an email address.

Position *

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

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 Liaison 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

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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