

**Regional Arts Development Fund**

**APPLICATION FORM – QUICK RESPONSE**

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| * *Information for Applicants* is available at [www.rockhamptonregion.qld.gov.au](http://www.rockhamptonregion.qld.gov.au)**.** Please read and check the criteria for Quick Response, before completing this application form.
* Keep a copy of your application to help prepare the Outcome Report if you have been successful.
* Email radf@rrc.qld.gov.au for assistance
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| **1. APPLICANT – Individual or Contact person if for group or organisation** |
| Group/Organisation Name:Individual or contact person title: [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Other (please specify) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given names: Family name: Do you have Australian citizenship or permanent residency status? Yes [ ]  No [ ]  |
| Street address: |  |
| Suburb/town: |  | Postcode:  |
| Postal address: |  | Suburb/town:  | Postcode:  |
| Telephone: | Work: (07 )  | Home: (07)  | Fax: (07)  |
| Mobile: |  | Email:  |

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| **1.1 Australian Business Number (ABN) Details** |
| Will you be responsible for the financial management of the grant if this application is successful? | [ ]  Yes – Details will be requested if you are successful |
| [ ]  No – An auspicing body will be administering any grant that I receive on my behalf. Complete page 5 *Auspiced Application* |

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| **2. PROJECT INFORMATION**In a separate document no more than5 pages provide the following |
| * Project title, description of your activity, why it should be supported and the results you expect
* Support from mentioned organisations and artists
* Quotes to support the budget

**Start Date: End Date: Outcome Report Due:** |
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| **3. ESSENTIAL SUPPORT MATERIAL** |
| * Support material supplied electronically must be in one document only
* Keep support materials to a maximum of 5 pages
* Do not staple any part of your hard copy submission
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|  [ ] Your resume or CV (no longer than one A4 page) |
| [ ] completed *Eligibility Checklist for Professional and Emerging Artists* (attached) |
| [ ] Written information about the activity, quotes for travel and accommodation |

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| **4. BUDGET — Income and Expenses** |
| **Please round all amounts to whole dollars only** |
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| Assistance is available for up to 65% of the total costs to a maximum of $1000 Please complete this budget to account for all costs of your activity. Enter all other grants for which you have applied and mark an asterisk against those grants which have already been approved.The amounts requested in the third column (RADF) show how much RADF funding you are seeking for each expenditure item.**Note**: If you are GST registered (see 1.7) Council will pay the grant plus GST. If you are registered for GST, your expenditure and income should be exclusive of GST. If you are not registered for GST, your expenditure should include the GST to be paid. |

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| **EXPENDITURE** | **TOTAL COST**of each expenditure item. | **RADF** | **INCOME**Income includes in-kind contributions and the total RADF grant you are seeking | **TOTAL** of each income item |
| Activity costs (eg conference or workshop fees) |  |  | Applicant contribution |  |
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| Travel costs to and from the activity |  |  | Other grant income |  |
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| Accommodation cost |  |  | Other contributions or in-kind support |  |
|  |  |  |  |  |
| Other costs  |  |  |  |  |
|  |  | n/a  |  |  |
|  |  | n/a  |  |  |
|  |  | n/a  |  |  |
| RADF GRANT (total from column 3) |  |  | RADF GRANT (total from column 3) |  |
| TOTAL EXPENDITURE |  |  | TOTAL INCOME |  |
| Your budget must be balanced (ie the totals for Expenditure and Income must be equal.) |
| **5. STATISTICAL INFORMATION** |
| **Do you predominantly identify with any of the community groups below?**  This information is for statistical use only. It will not affect the assessment of your application.Please help us to improve our services by filling out the questionnaire below. |
| [ ]  Aboriginal people | [ ]  Older people (over 55 years of age) |
| [ ]  Torres Strait Islanders | [ ]  People with a disability |
| [ ]  Australian South Sea Islanders | [ ]  Women |
| [ ]  Children and young people (30 years and under) | [ ]  People from culturally and linguistically diverse backgrounds CALD) |

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| **6. CERTIFICATION** |

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| **I, the undersigned, certify that:** |
|  | I have read and will abide by the *RADF Guidelines Information for Applicants.* |
|  | 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. |
|  | I have read and understood the Information Privacy and Right to Information Statement below and agree to the use and disclosure of information as outlined in the Statement.Information Privacy and Right to InformationThe information you provide in your grant application will be used by Rockhampton Regional Council (the Council) to process and assess your application and, if successful, to process, pay and administer your grant. The 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 grant 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. |
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| **Signature:** If you are under 18 your legal guardian must also sign this application |  | **Date:** / / |
| **Name in full:**  |  |

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**Eligibility Checklist: Professional / Emerging Professional Artists**

**A separate Eligibility Checklist must be completed by each artist who will be paid salaries, fees or allowances from the RADF grant. Please make copies of this Checklist as required.**

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.

In this case please contact your local RADF Liaison Officer to discuss alternative funding sources to support your arts activity/project.

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| Artist, or Artsworker NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **Please tick the following artistic merits that apply to you**

[ ]  I have professional arts and/or cultural qualifications

[ ]  I have an Australian Business Number (ABN) \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

 [ ]  I have devoted significant time to arts practice.

[ ]  I have been recognised as a professional artist by peers.

[ ]  I have held public exhibitions or given public performances (not as part of a competition).

[ ]  I have work in public collections.

[ ]  I have won important national and/or international prizes or awards.

[ ]  I have held public discussions and/or have 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 a member of a professional association (or associations) as a professional artist.

 Name/s of association/s:

[ ]  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.

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| **Auspiced Application:** Only complete this section if you are nominating an accountable organisation or individual to administer the grant on your behalf who will also be responsible for submitting a financial report at the end of the activity. |
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| **Please note:** All individuals who do not have an ABN, must nominate an individual with an ABN or incorporated organisation to take financial responsibility for any grant that may be offered. |
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| Who is your auspicing arrangement with? | [ ]  an incorporated organisation  | [ ]  an individual with an ABN |
| Name of auspicing organisation or individual:  |       |
| Contactpersonfor auspicing organisation: |        |
| Position of contact person (if applicable): |       |
|  |
| ABN of auspicing agent |  |
|   |   |  |   |   |   |  |   |   |   |  |   |   |   |  |
| Are you registered for GST | Yes [ ]  No [ ]  |
| Postal address of auspicing organisation or individual: |       |
| Suburb/Town: |       | State: |       | Postcode: |      |
| Telephone:  | Work: (   )       | Home: | (   )       | Fax: | (   )       |
| Mobile: |       | Email: |       |

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| **Certification by Auspicing Organisation/Individual** |
| **Please note:** Both the applicant and the auspicing organisation/individual are considered responsible for ensuring the acquittal of grants and both could be deemed ineligible to place further applications to Arts Queensland and Council until all grants have been satisfactorily acquitted.  |
| **I/my organisation agree/s to administer the grant that may be offered to the applicant on their behalf and that the information stated in this page is true and correct.** |
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| Signature: |  | **Date:**   /   /     day month year |
| Name of Auspice Body: |       |
| Contact person’s name in full: |       |
| Position in group or organisation: (if applicable) |       |