### Applicant and Eligibility

\* indicates a required field

**Government Area \*** 

Before you start this application it is important that you read the <u>RADF Guidelines</u> and the <u>Sunshine Coast Creative Arts Plan 2023-2038</u>. We also recommend reading the <u>Additional Information and Frequently Asked Questions</u>.

Applicants are advised to consult with the relevant Sunshine Coast Council representatives, including a Creative Program Officer, before submission.

For further assistance including help completing the application form, technical assistance or to speak with a First Nations Officer please contact artsfunding@sunshinecoast.qld.gov.au.

If you have a have a technical problem eg logging in or submitting an application contact council's Creative Arts Team on (07) 5420 8008.

council's Creative Arts Team on	(07) 5420 8008.
Have you discussed your apprepresentative? *  O Yes O No	plication with a Sunshine Coast Council
If yes, who have you spoken	with?
Applicant Name	
Are you applying as an organisation/group or an individual? *	<ul> <li>Organisation/Group/Collective - please enter this name in the box below</li> <li>Individual - please enter this name in the box below</li> </ul>
Applicant Name *	
	EITHER Organisation/Group/Colletive Name OR Individual Name. Please ensure this name is the same as the name on your ABN Lookup below
Individual Applicants	
Are you an Australian citizenship or permanent resident? *	<ul> <li>Yes</li> <li>No (you are not eligible)</li> <li>If you do not have Australian citizenship or Permanent Residency status, you cannot apply.</li> </ul>
Are you a resident of the Sunshine Coast Local	<ul><li>Yes I am</li><li>No I am not</li></ul>

If you are not a resident of the Sunshine Coast what is your connection to the region?	If you are a r	If you are a resident, please leave this blank			
Are you under 18 years of age?	<ul><li>No</li><li>Yes</li><li>If yes, please</li></ul>	e provide parent/guardian (	details below		
Parent/guardian name (if required)	Title  Required for	First Name applicants under the age	Last Name		
Location					
* indicates a required field					
2. Location of Activity					
(If your project is being held in	more than one	e location, please list the	e main location)		
What is the SUBURB where your What is this project or activity will take place?	suburb's postcode?	What is the STREET address (number and name of street) where your project or activity wil take place?	Name of venue (if relevant)		
Must be no more than 3 characte	no more than 4 rs.				
words.  If more than one suburb, please just name the main suburb  You ca postcoo	n find des <u>here</u> .				
In which Sunshine Coast Co	uncil local go	overnment division wi	ll your project take		
□ Div. 2	□ Div. 5 □ Div. 6 □ Div. 7	□ Div. □ Div. □ Acro Coast F	10 oss the whole Sunshine		
□ Div. 4	□ Div. 8		side the Sunshine Coast		
Not sure who your local council Commission of Queensland web	osite (go to we	bpage and type in your			
FYI, below is a list of the curren			acton OAMDiv. 7. Cz		
Div. 1 - Cr Jenny BroderickDiv 3 Ted HungerfordDiv. 9 - Cr Maria		suiv. 5 - Cr Winston Joh	nston Uamdiv. / - Cr		
Div. 2 - Cr Terry LandsbergDiv. BunnagDiv. 10 - Cr David Law	4 - Cr Joe Nato	oliDiv. 6 - Cr Christian D	icksonDiv. 8 - Cr Taylor		

## **ACTIVITY DESCRIPTION**

\* indicates a required field

Please select your artform from t	he list below	
Artform *	<ul> <li>Cultural Development,</li> <li>Artists working with</li> <li>communities</li> <li>Dance</li> <li>Heritage</li> <li>Interdisciplinary</li> <li>Music</li> <li>Theatre/Performance Art</li> <li>Visual Arts</li> </ul>	<ul> <li>Literature/Writing</li> <li>Screen</li> <li>Craft</li> <li>Design, including architecture, fashion</li> <li>Digital Arts</li> <li>Other:</li> </ul>
Activity Title *		
	Must be no more than 10 words	
Brief Activity Description *	up to FO words	
	up to 50 words	
Full Activity Description *		
	Word count: In fuller detail, describe your act WHY are you doing it, WHERE ar and HOW are you going to do it. a musician? Provide background what does your music stand for,	re you doing it, WHO is involved, 200 - 300 words. Applying as I details of the group/individual,
How does your activity align with the values of the Sunshine Coast Council's Arts Plan? Select up to 3 *	innovate  ☐ Authentic - We keep it reand ensure it is relevant and ☐ Inclusive - We welcome, it perspectives and experience	realistic respect, and celebrate diverse s out people, planet, place and namic partnerships and
How does your activity align with the goals of the Sunshine Coast	☐ Empower First Nations - Fand contemporary cultural exemboldened and self-determ	xpression is celebrated,

Council's Arts Plan? Select up to 3 *	genuine participation and a d and tailored experiences	d and connected arts audiences grow through iverse range of meaningful amic places and innovative d audiences to connect, outation as a creative region
Does your activity align with the focus areas of the Sunshine Coast Council's Arts Plan? Select up to 5	<ul> <li>☐ First Nations led</li> <li>☐ Sustainable business model</li> <li>☐ Cultural Olympiad</li> <li>☐ Professional development</li> <li>☐ ArtsCoast brand and audience development</li> <li>☐ Horizon Festival</li> </ul> Only select those that apply	<ul> <li>□ UNESCO initiative</li> <li>□ Build digital literacy</li> <li>□ Arts infrastructure</li> <li>□ Leadership and advocacy</li> <li>□ Programming and projects</li> <li>□ Sunshine Coast Regional Gallery</li> </ul>
	Please note, if your application asked to describe how you accome report,	thieved these values and
ACTIVITY MERIT		
and the second second		

\* indicates a required field

### **Activity Details**

How will your activity deliver on the selected values, goals and focus areas? \*

#### Word count:

Describe creative approach, practice and process, and the intended experience for artists, audience or participants. No more than 200 words.

#### Artists

Your application will benefit from examples of your previous work or the work of the artists being engaged.

Please attach a resume/CV and work examples for each artist or artsworker receiving RADF funding.

Suitable formats to upload include JPEG, MP3, MP4, MPEG Video, PDF, Word files. You can also insert weblinks to your material (weblinks won't be 'clickable' on this form, but the RADF Panel can copy and paste them into a browser to view).

Please attach consolidated ma	aterial that directly supports your application.
Resumes and/or CVs Attach a file:	
Accident a me.	
Please attach one consolidated file	
Work Examples Attach a file:	
Please attach one consolidated file	
Compiled audio/film/dance con Attach a file:	ntent (if relevant)
Please attach one file only of up to five	ve minutes of content
Weblink 1	
This could be a link to your online pre	esence eg. website, instagram
Weblink 2	
This could be a link to your online pre	esence eg. website, instagram
ACTIVITY VIABILITY	
* indicates a required field	
Activity Schedule and Tim	eline
•	activity is well planned and achievable.
PLEASE NOTE: Projects must i	/timeline you can upload it in the Support Material section. not commence until after application is submitted. your outcome report must be dated after te.
Project start date *	
	Must be a date
Project end date *	Must be a date. Your acquittal will be due 8 weeks after this date.
Attach project plan	Attach a file:

### **Key Activities Timeline**

Date	 Activity

### **Budget**

Clear and accurate budget information will allow the RADF Panel to better understand your activity.

#### You must:

- ensure you included all costs of your activity all expenses and all income: both cash and inkind, including all other grants you have applied for.
- include the amount you are seeking from RADF as income.
- demonstrate that award rates or industry recommended rates of pay will be made to
  arts and cultural workers. If you are paying only a portion of the recommended rate of
  pay because the professionals are contributing their time as an in-kind contribution,
  please list the total rate of pay in the budget and note any in-kind contribution on the
  income section of the budget.

**Sample Budget -** If you would like to see a sample budget, please click <u>here</u>.

Please complete your **full** activity budget in the tables below - *not just the grant portion*. Do not use commas, fullstops or the "\$" sign in your amounts. There is also no need to add a total - the system will do this for you - see budget totals **below** the table.

The total income (including the amount you are seeking from RADF) should equal the total expenditure - ie there is no profit for the project.

#### **GST**

### Are you/your organisation registered for GST? \*

- Yes Budget items should NOT include GST
- No Budget items should include GST

Budget - Cash (note In-Kind items do not go on this table. They go in the second table)

of income eg. council grant, other grants, own funds, ticket sales, inkind	\$ Amount of this income	Is this income secured? Y/N	Expenditure - list each item/ service you will be purchasing (seperate line for each)	\$ Cost of this item/service
RADF grant	\$			\$
	\$			\$
	\$			\$

\$ \$			\$ \$
Budget Cash Tota	als		
Total Income Amount - Cash	\$ This number/amount is calculated.	Total Expenditure Amount - Cash	\$ This number/amount is calculated.
Budget - In-Kind			
Income - list each source of income eg. council grant, other grants, own funds, ticket sales,	\$ Amount of this income	Expenditure - list each item/ service you will be purchasing (seperate line for	\$ Cost of this item/ service

each)

### **Budget In-Kind Totals**

Total Income Amount In-Kind		Total Expenditure Amount In-Kind	
Amount in King	This number/amount is calculated.	Amount in King	This number/amount is calculated.

### Total project cost \*

inkind

This should equal total expenditure amount (inkind plus cash). RADF will not fund 100% of any project

### RADF grant requested (up to \$1,500) \*

Please note: RADF funding is competitive and we may not be able to offer the full amount you are requesting. Please note category maximums - refer to RADF guidelines.

### Please list the items from your budget that you are requesting funding for.

Please word exactly as shown in budget. If it is all items, just write "All items".

### Quotes

Quotes are recommended for significant items over \$1,000 to assist the panel to assess viability.

Attach quotes Attach a file:
If there is a shortfall in funding, please advise how you will address this
Other people involved
Who else is involved? eg. mentors, facilitators *
Word count: Include names of individual organisations and how they are involved in your project (in no more than 100 words).
Attach emails or letters confirming availability of others involved  Attach a file:
Attach a nie.
Please attach one consolidated file
Cultural Protocols/Permits/Approvals
Does your project engage with First Nations people or any other cultural or specific community group eg young people, people living with a disability, LQBTQI or seniors?  O Yes (please provide evidence or explanation of how you have engaged or are a part of this community including any relevant cultural protocols)  O No (please proceed to next question)
Attach evidence of engagement with specific community group Attach a file:
Example: letters of support, letters of confirmation, project plan
ACTIVITY REACH
How will you share your learnings with the community within the Sunshine Coast Local Government Area?
Word count: Must be no more than 110 words.

### **ACTIVITY BENEFIT**

Demonstrate the impact of your activity to the applicant, the sector and the Sunshine Coast community.

Who	Who benefits from your project and how?				

### Letters of support

Letters of support are a valuable source to show that there is support for your activity. The most valuable evidence of support will come from either mentors / community members / groups who will benefit from your activity, or from your partners. If you have mentioned a partnership with anyone in your application it is recommended you demonstrate this with a letter of support.

Letters of support are NOT required from the mayor, councillors or other council programs eg. Horizon, Creative Spaces.

If your activity involves working with specific cultural groups or organisations, you must provide evidence of support.

Attach letters of support Attach a file:	
Please attach one consolidated file	

## Support Material

Please provide any other support material here

A	ttach other relevant support material	
Α	ttach a file:	

Please clearly name your files so it is evident what they are.

## **Arts Queensland Priorities**

\* indicates a required field

## Target Group

Arts Queensland and the RADF program are committed to supporting all sectors of the community. The information you provide may be used to measure whether Arts Queensland

services are accessible and equitable. Please help us to improve our services by filling out the questionnaire below.

Is your funded activity targeted at a specific group(s) in your community? *	<ul> <li>□ Aboriginal people</li> <li>□ Torres Strait Islander people</li> <li>□ Australian South Sea Islander people</li> <li>□ People from a culturally or linguistically diverse background</li> <li>□ People with a disability</li> <li>□ LGBTQIA+</li> <li>□ Older people (55 years+)</li> <li>□ Young people (12-25 years)</li> <li>□ Children (0-11 years)</li> <li>□ Women</li> <li>□ Men</li> <li>□ Career stage - emerging</li> <li>□ Career stage - established</li> <li>□ People who experience disadvantage</li> <li>□ Not applicable</li> <li>Please select 'not applicable' if your activity is open to all members of the community and is not specifically targeted to a particular group</li> </ul>

### **Participation**

Please estimate expected project participation below as closely as possible

Number of participants *	Number of partnerships
Number of people who actively	Must be a number.
participate in activities, eg atten	d
workshop	ig russam,
Number of First Nations participants	Enter 0 (zero) if none. If
	partnership developed as pa delivery of activities, note do
Must be a number	the types of sectors partner
Trade de a mamberr	with, eg arts, health, educati
Number of attendees *	business, tourism etc
	Which sectors have you partnered wit
Number of people who attend	you answered with a number above)
performance, listen to a talk, etc	eg arts, health, education, business, tourism etc
Number of attendees from the Sunshine	Number of activities/events/products
Coast LGA *	
Must be a purple or	Must be a number.
Number of attendees from the	
Sunshine Coast Local Governme	ntNumber of new works
Area, excluding those from outside the region	
	a class to make something, sing in a choir, participate in a training workshop  Number of First Nations participants  Must be a number.  Number of attendees *  Number of people who attend activities as audience members, eg see an exhibition, watch a performance, listen to a talk, etc.  Number of attendees from the Sunshine Coast LGA *  Must be a number.  Number of attendees from the Sunshine Coast Local Governme Area, excluding those from

Number of other people employed in other paid positions *	Number of volunteers *	Must be a number. Optional
Total number of people employed over the duration of the activity (on contract or permanent basis) engaged in a role other than an artistic/cultural role	Total number of people engaged as volunteers to support delivery of activity (including artists)	No. of beneficiaries (don't answer. This is calculated)  This number/amount is calculated.
\$ value of artists/cultural workers employed  \$ Must be a dollar amount. Total amount paid to artists and cultural workers over the duration of the activity  \$ value of other people employed in other paid positions  \$ Must be a dollar amount. Total amount paid to people employed over the duration of the activity (on contract or permanent basis) engaged in a role other than an artistic/cultural role		
Priorities		
<ul> <li>Elevate First Nations artist</li> </ul>	al places and global digital place the state mmunities	
What, if any, local RADF pr  Capacity building First Nations art Policy development	iority will your activity add	ress?
Activity		
What type of activity will y  ☐ Community consultation/ac ☐ Creative development of n ☐ Cultural tourism ☐ Events/festivals ☐ Exhibitions/collections ☐ Heritage protection/promo ☐ Performances ☐ Placemaking ☐ Professional career develo ☐ Publications	rts research/policy developmer ew work tion	nt

☐ Workshops (creative)

□ RADF training□ RADF promotion

Applicant Details	
* indicates a required field	
Please provide ABN, the ABN must be in business *	n the name of the applicant or their
The ABN provided will be used to look up the check that you have entered the ABN correc	e following information. Click Lookup above to
Information from the Australian Business Registe	er
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More inform	<u>nation</u>
ACNC Registration	
Tax Concessions	
Main business location	
The ABN number provided will be used to look up	your GST status
including the business ABN, GST status and	til to create an invoice for payment * to use the details provided in this application, address, to create an invoice for payment of business will not create its own invoice for this
ORGANISATION CONTACT DETAILS  Your address (not postal) *	INDIVIDUAL CONTACT DETAILS  Contact person *
Address	Title First Name Last Name
If your address doesn't appear automatically, choose "Can't find my address" and then enter	This MUST be the same person who certifies the application on the final page.  Position of contact person (if part of an organisation)
manually  Phone Number *	Contact number

Home or mobile number	Home or mobile number
Email	Contact person's email address
Must be an email address.	
Must be all ellian address.	Do you personally identify as belonging to one or more of the target groups listed? *  Aboriginal people Australian South Sea Islander people Torres Strait Islander people From a culturally or linguistically diverse background Person with a disability Older person (55 years plus) Youth (12 - 25 years) Children (0 - 11 years) LGBTIQ+ Men Women Career stage - emerging Career stage - established People who experience disadvantage Not applicable
Payment Details	
* indicates a required field	
Please indicate below details of to have your payment made if you	he Bank, Branch and Account Number into which you wish our application is successful.
Name of your bank *	
Bank BSB number *	
Name on Account *	
	This is the name in which the bank account is held. Organisations must write name of the organisation's account. For individuals, bank account must be in applicant's name.
Bank Account number *	
	A copy of your bank statement header is required for all applicants who have NOT previously received a grant payment (OR current applicants who have changed their bank details). This copy should show the Account Name, BSB and Account No.
Has your organisation previously been paid a grant by SCC into	<ul> <li>No - please attach a copy of your bank statement below</li> <li>Yes - there is no need to attach a bank statement</li> </ul>

the bank account you nominated above? *	
Attach copy of your bank statement header here (showing the details you provided above)	Attach a file:
I have attached a copy of my bank statement header *	<ul> <li>Yes - it is attached here</li> <li>I was unable to attach it, so I will email it to grants@sunshinecoast.qld.gov.au</li> <li>N/A Not required</li> </ul>

### **Privacy and Certification**

\* indicates a required field

### Privacy

Council will use any personal information provided for the purpose of processing your grant application and for remaining in contact with you. Council is authorised to collect this information in accordance with the Local Government Act 2009 and other local government Acts. Your personal information is only accessed by persons authorised to do so.

Please note the information provided on your grant application and in any related documentation/discussions may be provided to members of the assessment panel in order to assist council in processing your grant application.

If your application is successful, 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.

By submitting an application you consent to council or Arts Queensland publishing the applicant's name, project description and amount funded on our/their website. This information may also be used for promoting council's grant program.

Your personal information is dealt with in accordance with council's Privacy Policy.

I agree to the privacy	0	Yes
statement above *		

### Certification

I am authorised to complete this form and I agree that:

- the statements made in this application are true
- all necessary copyright, permits, approvals and licences will be obtained prior the beginning of the project
- the project will be covered by appropriate insurance

- all relevant health and safety standards will be met
- council does not accept any liability or responsibility for the project
- I/my organisation has met all acquittal conditions and has no debt to council, or if so I/ we have entered into scheduled payment arrangements with Council which are being met

#### If successful, I will:

- ensure that acquittal requirements are met within 8 weeks of the nominated project completion date
- ensure that funds are claimed within one month of notification, except where there is a co-funding requirement
- accept the terms of the grant in accordance with council requirements
- provide proof of successful co-funding (other grant sources) within six months of notification
- complete the project within twelve months of receiving council funding
- provide one head shot and two promo shots

I agree to the above *	○ Yes			
Authorised person's	Title	First Name	Last Name	
name *				
	For applicants under 18 years of age, this must be a parent or legal guardian			
Telephone number *				

### Additional Support - Contact Details

For further information about the RADF Program visit council's <u>RADF webpage</u>. For specific project assistance contact the Creative Development Officer by email - artsfunding@sunshinecoast.qld.gov.au. If emailing the Arts Team, please quote your application number.

For technical support (eg assistance with logging in or submitting applications) please contact council's Arts team on (07) 5420 8008.

### Submit

You are now ready to submit. Read and acknowledge message below, then click on "Next page" to review, then Submit.

☐ You will receive a confirmation email when your application has been submitted. If you do not receive this email then your application has NOT been submitted. Please ensure all questions have been answered and try again. (Check box here to acknowledge that you understand this)