

# RADF Quick Round Application Form

## Form Preview

### About the grant...

\* indicates a required field

The Regional Arts Development Fund (RADF) is delivered as a partnership between the Queensland Government through Arts Queensland and eligible local Councils across the state.

RADF promotes the role and value of arts, culture and heritage as key drivers of diverse and inclusive communities and strong regions. RADF is a flexible fund, enabling local councils to tailor RADF programs to suit the needs of their communities. RADF invests in local arts and cultural priorities, as determined by local communities across Queensland.

It is important to read the [RADF Grant Guidelines](#) carefully before commencing an application.

For a list of the supporting documents needed in this application please refer to the **applicant checklist** on page 4 of the RADF Grant Round Guidelines.

#### **I have read and understand the RADF Grant Round Guidelines \***

- ☐ Yes  
☐ No - please read the guidelines prior to starting an application

### Confirmation of Eligibility

I confirm that the applicant:

- Is a permanent resident or Australian citizen.
- Is over 18 years of age or has a legal guardian who can co-sign the application and agrees to take financial responsibility of the funding.
- Has \$20 million public liability insurance to cover the project.
- Has an ABN or can provide a written agreement from an eligible organisation to act as an auspice for the project.
- Does not have an outstanding debt with South Burnett Regional Council.
- Is based in the South Burnett or can demonstrate how the project will directly benefit arts and culture in the South Burnett area.
- Will deliver the project within the eligible timeframes.

#### **Are you eligible to apply for this grant. \***

- ☐ Yes ☐ No

No more than 1 choice may be selected.

### Grant History

#### **Have you received a previous RADF grant from South Burnett Regional Council? \***

- ☐ Yes ☐ No

No more than 1 choice may be selected.

If unsure, please contact the Community Development Officer on 4189 9100.

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### Have you acquitted this grant? \*

☐ Yes ☐ No

No more than 1 choice may be selected.

## Applicant Details

\* indicates a required field

### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [Disclaimer – South Burnett Regional Council](#)

If you need to contact us throughout the application process, please quote the application number below:

### Application Number

This field is read only.

## Applicant Details

\*

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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For organisations: please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

### Primary address

Address

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

### Postal address

Address

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

### Applicant primary phone number \*

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Must be an Australian phone number.

### Email address \*

Must be an email address.

### Website

Must be a URL.

## Best contact person for this application

### Primary contact \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will correspond with about this grant.

### Position held in organisation \*

e.g., Manager, Board Member or Fundraising Coordinator.

### Phone number \*

Must be an Australian phone number.

### Mobile Phone Number \*

Must be an Australian phone number.

### Office phone number

Must be an Australian phone number.

### Email address \*

This is the address we will use to correspond with you about this grant.

## Artists Eligibility Checklists

To be an eligible individual applicant, you must demonstrate that you are either an Emerging or Established Artist as described in the RADF Grant Round Guidelines (page 2).

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

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Your responses to the questions below determine your status as an artist regarding 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.

### What is your career stage? \*

☐ Emerging Artist

☐ Established Artist

No more than 1 choice may be selected.

### Please select the artistic merits that apply to you. \*

- ☐ I have professional arts and/or cultural qualifications.
- ☐ 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 have had articles written about my work.
- ☐ I am a member of a professional association (or associations) as a professional artist.
- ☐ 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.

At least 3 choices must be selected.

## Organisation Details

\* indicates a required field

### Does you or your organisation have an ABN? \*

☐ Yes

☐ No

You can check here: <https://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/check-a-licence-association-charity-or-register>

### 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	

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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

### If you do not have an ABN are you or 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.

## Insurance

### Will this project engage with the public? \*

☐ Yes

☐ No

No more than 1 choice may be selected.

### Upload your Public Liability Certificate of Currency here.

Attach a file:

Minimum of \$20 million required. For short term projects, a Certificate of Currency will be required prior to the commencement date.

## Auspice Information

\* indicates a required field

### Auspice Organisation Details

#### Auspice organisation name \*

Organisation Name

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Please use the organisation's 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
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<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

We may contact this person to verify that the auspice arrangement is valid and current.

### Position held in organisation \*

e.g., Manager, Board Member or Fundraising Coordinator.

### Auspice primary contact primary phone number \*

Must be an Australian phone number.

### Auspice primary contact office phone number

Must be an Australian phone number.

### Auspice Project Contact Mobile Phone Number \*

Must be an Australian phone number.

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### 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 signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

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

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\* indicates a required field

### Project Title \*

### Short project description \*

Provide a short description (100 words recommended) of your project - what are you out to do?

### Where will this project take place? \*

### Project Start Date

Start Date \*

Must be a date and between 1/11/2023 and 31/10/2024.

### Project End Date

End Date \*

Must be a date and between 1/11/2023 and 31/10/2024.

### Artform of project (select one option) \*

- |  |   |
|--|---|
| <input type="checkbox"/> Community arts & cultural development | <input type="checkbox"/> Théâtre                        |
| <input type="checkbox"/> Dance                                 | <input type="checkbox"/> Visual arts, crafts and design |
| <input type="checkbox"/> Heritage                              | <input type="checkbox"/> Writing                        |
| <input type="checkbox"/> Multi-arts                            | <input type="checkbox"/> Other: <input type="text"/>    |
| <input type="checkbox"/> Music                                 |   |

### South Burnett Regional Council Priority

#### Select the objective that project aligns with \*

- ☐ Local delivery and participation in arts      ☐ Technical and professional skills and development

The key priorities of the South Burnett Regional Council's RADF program are:

#### 1. Local delivery and participation in the Arts

- To support local creatives to deliver cultural activities within the South Burnett region.

#### 2. Technical and professional skills development

- To facilitate access to affordable development workshops and training, by subsidising the costs of bringing professional tutors to the South Burnett region to teach creative groups valuable skills; or
- Attendance by local professional and emerging artists at summer schools, workshops or conferences.

### Outline how the project will achieve the priorities selected above. \*

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Word count:  
Must be no more than 250 words.

**How will the project benefit you, the community or artists/cultural workers? \***

Word count:  
Must be no more than 250 words.

RADF funded activities must acknowledge the Queensland Government and Council in all promotional material and publications. Visit [Arts QLD website](#) for details.

**How will you acknowledge Council and Arts Queensland for the grant?**

Evidence of this acknowledgement will be required in the Grant Outcome / Acquittal Report.

**If the project is being held outside the South Burnett Regional Council area, how will the South Burnett community benefit from the project?**

Word count:  
Must be no more than 150 words.

## Emerging Artists

"Emerging Artist" refers to an artist who is at an early stage in their career. Emerging artists will have a demonstrated any recent track record of some professional work in their art form area and will have created a modest body of artistic work.

**As an Emerging Artist, what professional development or engagement with industry professionals are you undertaking as part of the project to ensure its success? \***

Emerging artists must demonstrate they are working or engaging with industry professionals (eg, mentor/professional artist) in the delivery of the project. Relevant weblinks can be included here.

**Attach the CV and letter of confirmation from your industry professional/s here \***

Attach a file:

## Project Management

\* indicates a required field

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### Project Outcomes

What are the major benefits expected from your project?

**IMPACT: How many people will attend? How many arts workers will be employed or trained? \***

**QUALITY: Does your project provide quality arts and cultural initiatives based on local priorities? \***

**REACH: Will your project target any specific groups? Does your project contribute to broader outcomes such as health & well-being, employment, social cohesion? \***

**VISABILITY: Have you considered other options for external partners to assist with funding the project? \***

**How will you capture feedback and results from the RADF funded activity/project? E.g. survey, emails, attendance? \***

This information is vital to support the RADF program and Council's annual application. It is essential to demonstrate the positive outcomes achieved for the community from the funding.

### Milestones

List each state of the project from start to finish.

Key Project Stage	Completion Date
Eg. Book Venue	

**Outline the steps you have taken to address the issues of workplace health and safety, copyright and relevant licenses \***

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### Project Budget

\* indicates a required field

All budget figures are GST exclusive

**Total Funding Requested**

\*

\$

What is the total amount of funding you are asking for (exc. GST)

**Total Project/Program Cost** \*

\$

What is the total cost of your project?

### Budget (GST exclusive)

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. All amounts should be **GST exclusive**.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income may include 'RADF grant', 'earned income/sales', 'donations'.

Examples of eligible expenses may include 'venue hire', 'presenter/artists fees', 'travel fees', 'accommodation', 'promotional costs (integral to the delivery of project)'. Items that are ineligible expenses are catering and consumables.

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). This must also equal your total project cost.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

### Project Income (GST exclusive)

List all income here. This amount must equal your expense amount. You can add more rows if required.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			Must be a dollar amount.	
			\$	
			\$	

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			\$	
			\$	

### Total Income Amount

#### Total Income Amount

\$

This number/amount is calculated.

### Project Expenditure (GST exclusive)

List all expenditure here. This amount must equal your income amount and match your total project cost. You can add more rows if required.

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	
Add more rows if needed			

### Budget Totals

This is a calculated field

#### Total Income Amount

\$

This number/amount is calculated.

#### Total Expenditure Amount

\$

This number/amount is calculated.

#### Income - Expenditure

This field must equal zero

### Please attach quotes for expenditure items over \$500.00

Attach a file:

## Essential Support Material

\* indicates a required field

Please review the Applicant Checklist section (page 4 of the RADF Grant Guidelines) to ensure you have included all required documents. Applications which fail to provide the essential support material will be deemed ineligible.

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All support material must be clearly labelled to ensure it is easy for the assessors to locate, open and read.

### Supporting Documents

Please attach the following required documentation for each artist or arts worker delivering training:

**Current CV for all arts or creative professionals involved in the project \***

Attach a file:

**Letter of confirmation of intent from artists/arts worker to deliver training. \***

Attach a file:

**Letter of confirmation from key venues, such as galleries, involved with project where relevant.**

Attach a file:

**Two (2) letters from creative professionals and collaborators, arts and cultural organisations, and /or members of your project's specific target groups that support your application. \***

Attach a file:

**Other relevant supporting documentation.**

Attach a file:

### Declaration and Feedback

\* indicates a required field

### Certification

- I certify that to the best of my knowledge the statements made within this application are true.
- I understand that if South Burnett Regional Council approves the grant, I will be required to accept the conditions of the Funding Agreement in accordance with Council audit requirements.
- I understand that if Council approves the grant, I will be bound by the contents of my application to carry out my project as I have described.
- I understand that my application will form part of my Funding Agreement with South Burnett Regional Council.

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- I agree that a project Outcome Report will be required to be submitted within six (6) weeks of the project being completed.
- I consent to the information contained within this application being disclosed to or by South Burnett Regional Council for the purpose of assessing, administering and monitoring my current and any future Council grant applications.
- I consent to South Burnett Regional Council using information contained within this application for reporting and publishing purposes.

I have read and agree to the above: \*

☐ Yes

☐ No

Name of authorised person \*

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Date \*

Must be a date

## Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

How many minutes in total did it take you to complete this application? \*

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.