

1. Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the [RADF Guidelines](#).

Incomplete applications and/or applications received after the closing date will not be considered..

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **Council's RADF Liaison Officer on 1300 790 919**.

Confirmation of Eligibility

I confirm that I/ the applicant/organisation ...

- has read and understands the program guidelines
- is able to demonstrate alignment between their project and the aims of this program
- is a professional artist, emerging professional artist, artsworker, cultural workers or project co-ordinator
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- is located in (and/or supplies services) to **Livingstone Shire**
- is able to demonstrate financial viability
- does not owe any reports or money to **Livingstone Shire Council** as a result of previous funding or grants

Please select below: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

2. Applicant Details

* indicates a required field

Privacy Notice

The information you provide in your grant application will be used by 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 by you in support of your project. By submitting this application you consent to Council publishing your name, the project name, project description and Council's funding contribution.

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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.

Applicant Summary

Are you applying as (please choose one) *

- ☐ An Individual
- ☐ A Group / Unincorporated body
- ☐ An Organisation

At least 1 choice and no more than 1 choice may be selected.

Group / Organisation Name

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant Details *

Title First Name Last Name

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Applicant Postal Address *

Address

Contact Person *

Title First Name Last Name

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

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Mobile Phone *

Must be an Australian phone number.

Contact person's email address *

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

Grant History

Have you received a RADF grant from Livingstone Shire Council before? *

☐ Yes ☐ No

If you were successful has that grant been successfully acquitted? *

☐ Yes ☐ No

Australian Business Number

Do you have an Australian Business Number (ABN)? *

- ☐ Yes - please complete
☐ No - proceed to auspicing body's details

Having an ABN is a prerequisite to apply for a RADF Grant. If you do not have one you will need to appoint an Auspice Organisation or individual who has an ABN to take responsibility for the legal and financial delivery of the project and the grant acquittal.

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.

Are you registered for GST? *

☐ Yes ☐ No

3. Auspice Details

Please Note:

All individuals who do not have an ABN, groups/collectives or unincorporated organisations must nominate an individual with an ABN or incorporated organisation to take responsibility for any grant that may be offered.

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 project.

Name of Auspicing Organisation

Organisation Name

Contact person at Auspicing Organisation

Title First Name Last Name

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

Auspice Postal Address**Contact person's mobile number****Contact person's email address****ABN of auspicing organisation**

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	

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Must be an ABN

Are you registered for GST:?

☐ Yes ☐ No

4. Project Details

* indicates a required field

RADF Category

Please choose one: *

- ☐ Individual Professional Development (Please use IPD Application)
- ☐ Skills Development Workshops
- ☐ Creative Development of New Work
- ☐ Cultural Tourism
- ☐ Exhibitions, Collections and Stories
- ☐ Regional Partnerships
- ☐ Concept Development
- ☐ Arts Events and Performance

Artform Category

What is the main artform category of your project? Please choose one. *

- | | | |
|----------------------------------|--|--------------------------------------|
| ☐ Craft | ☐ Museums/Collections | ☐ Music |
| ☐ Theatre | ☐ Design | ☐ Visual Arts |
| ☐ Dance | ☐ New Media | ☐ Writing |

Livingstone Shire RADF Priority

Which Livingstone Shire RADF Priority are you addressing? *

- ☐ Building local creative leadership
- ☐ Celebrating our local artists
- ☐ Building engagement with our local community through arts and culture

You may choose more than one.

Project Title *

Brief Project Summary *

This grant will be used towards the costs of

Word count:

Must be at least 100 words.

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

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Project Details

Your application will not be eligible if your project begins before the grant is approved.

Anticipated start date *

Anticipated end date *

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

What amount of money are you requesting in this RADF application?

*

Must be a dollar amount.

Project Rationale, Objectives and Description *

Word count:

No more than 300 words. Please use this space to outline the rationale (why this project is important/ what is the need), Objectives (what you want to achieve from your project) and Description (what you will do).

How will this project benefit you, your community or artists/cultural workers? *

Word count:

No more than 300 words. Give a brief description about the outcomes you expect from the project. How will you know they have been achieved? Examples could be: skill development, community access, media coverage for your artform, professional development, innovation, new work, quality of life for the community.

Are the activities associated with your project being held in Livingstone Shire? *

- ☐ Yes
- ☐ No - if not, how will the community living in your Local Government area benefit from the Project? If your application is successful, the RADF Assessment Panel may include conditions as part of your contract.

Please specify the location where you will be undertaking the project. *

This could be a specific town, or online. Please specify.

How will community benefit? *

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Please estimate the total number of activities involved (eg performances, workshops etc) *

Please estimate the total number of participants at event/activity. *

Show/reflect evidence of genuine community interest and local support for this project: *

Word count:
No more than 100 words.

Please indicate how you will record and document your project (eg photos, videos, newspaper clippings, advertising etc). This material may be used by Council to promote the RADF program) *

Word count:
No more than 100 words.

Please outline the steps you have taken to address the issues of workplace health and safety, public liability insurance, copyright and relevant licences. *

Word count:
No more than 100 words.

Project Management (all applicants must complete this section)

List each stage of the project from start to finish. Write a date in the column beside each stage to indicate when you expect to complete that stage of the project.

Project Stage	Expected Completion Date

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List the artists and arts workers involved

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 rate 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 (please attach an extra page if necessary)

Please remember to attach the following documents from each artist or artsworker receiving RADF funding:

- Resume or CV
- Eligibility and Participation Confirmation Forms for each Professional and Emerging Professional Artist. Click [here](#) for link.

Please upload documents here.

Attach a file:

How many people in total will be employed (paid) through the project? *

Must be a number.

How many volunteers (unpaid workers) will be involved with the project? *

Must be a number.

Name	Role or position in project	Total Fee whole \$	Amount to be funded by RADF
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		Must be a dollar amount.	Must be a dollar amount.

Please transfer the above amounts to your budget document (up to three).

Please upload letters of support:

Attach a file:

5. Financials

* indicates a required field

Amount Requested from RADF *

Total Project Cost *

What is the total budgeted cost of your project?

Application Budget

The RADF Project Budget is completed on a separate document found here: [Budget Document](#). Once you have completed the budget you upload it below. Please see [Budget Fact Sheet](#) for additional information.

- The budget must either BALANCE or show a PROFIT (never a LOSS)
- 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 Column C (RADF) show how much RADF funding you are seeking for each expenditure item.
- If you **are registered for GST** your expenditure and income should **exclude** GST
- If you **are not registered for GST** your expenditure should **include** the GST

Note:

- If you **are** registered for GST Council will pay the grant **plus GST**

Upload your Application Budget *

Attach a file:

Upload Quotes

Attach a file:

6. Statistical Information

* indicates a required field

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.

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Please indicate which activities are planned for this project. *

- ☐ Professional artist participating in professional or career development activity
- ☐ Creative development of new work
- ☐ Performances
- ☐ Exhibitions and Collections
- ☐ Skills Development Workshops
- ☐ Events and Festivals
- ☐ Place Making
- ☐ Cultural Tourism
- ☐ Arts Policy Research and development
- ☐ Conferences and training sessions delivered for artists and cultural workers
- ☐ Other:

You can choose more than one.

Do you or your group identify with any of the following groups below? *

- ☐ Women
- ☐ Men
- ☐ Emerging Artists/Cultural Workers
- ☐ Established Artists/Cultural Workers
- ☐ Aboriginal Peoples
- ☐ Torres Strait Islander Peoples
- ☐ Australian South Sea Islander Peoples
- ☐ People from Culturally and Linguistically diverse backgrounds
- ☐ Children aged 0 to 11 years
- ☐ Young People aged 12 to 25 years
- ☐ Seniors aged 55 years & over
- ☐ People with a disability
- ☐ Regional Queenslanders
- ☐ Tourists
- ☐ Other:

You can choose more than one.

Indicate project activities specifically targeted to any groups listed below *

- ☐ Women
- ☐ Men
- ☐ Emerging Artists/Cultural Workers
- ☐ Established Artists/Cultural Workers
- ☐ Aboriginal Peoples
- ☐ Torres Strait Islander Peoples
- ☐ Australian South Sea Islander Peoples
- ☐ People from culturally and linguistically diverse backgrounds
- ☐ Children aged 1 to 11 years
- ☐ Young people aged 12 to 25 years
- ☐ Seniors aged 55 years & over
- ☐ People with a disability
- ☐ Regional Queenslanders
- ☐ Tourists
- ☐ Other:

You can choose more than one.

7. Supporting Material

All Applicants

- ☐ A resume or CV, no longer than one A4 page per person, for each professional or emerging professional artist and arts worker involved in your project/activity
- ☐ An Eligibility Checklist and Participation Confirmation forms for each Professional and Emerging Professional Artists for each artist and artsworker involved in your project/activity.
- ☐ Written confirmation of the names and availability from the key artists, personnel and venue managers involved in the project, where appropriate.
- ☐ Up to three letters from professional artists and/or arts organisations in your area of practice that provide relevant comment in support of your application.

Where applicable to your project, please also provide the following essential support material

- ☐ Written letters of support and confirmation from relevant communities and organisations for projects involving Aboriginal people; Torres Strait Islanders; people from culturally and linguistically diverse backgrounds; people with a disability; children and young people. The letters are essential for applications involving these groups within the community.
- ☐ Letters of interest from; a publisher; an event organiser; a gallery; a performance venue; a music producer; or any other presenting body to support applications for funding the creation of an arts or cultural product.

Please upload any additional information required to support your application. This could also include video.

Attach a file:

8. Declaration and Feedback

* indicates a required field

Declaration

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

☐ Yes

☐ No

Name of authorised person

Title

First Name

Last Name

Date

Declaration by Auspicing Organisation / Individual

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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 application is true and correct.

I agree

☐ Yes ☐ No

Auspicing Organisation / Individual

☐ Organisation ☐ Individual

Organisation name

Contact Name

Title First Name Last Name

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Position

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 minutes

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