



Australian Government

Regional Arts Fund



REGIONAL ARTS NSW

Regional Arts Fund

Quick Response Grants 2009/2010

Application Form

Please note: prior to submitting your application, you *MUST* contact the Funding Office at Regional Arts NSW Tel 02 9270 2502 email fundingmanager@regionalartsnsw.com.au

1. APPLICANT DETAILS

Name of Applicant:

Street address:

Postal address Postcode:

Contact person for this project: Position:

Phone (BH) (AH) Fax

Email Website

Region:

Local Government Area:

State Electorate:

Federal Electorate:

LEGAL STATUS OF YOUR ORGANISATION

*Groups/Ensemble, unincorporated associations please see nominated auspicing organisation information

- Incorporated association Company limited by guarantee
- Non-profit cooperative Government body
- Other (specify)

ABN: Registered for GST Not registered for GST (please tick)

Do you have Public Liability to cover this production (please tick)? Yes No

NOMINATED AUSPICING ORGANISATION

*Groups/Ensembles and unincorporated associations **MUST** nominate a legally constituted body to administer their grant if one is offered. ABN and address details should be entered below and declaration signed on the last page of this form.

Name of Organisation

Contact person:

Postal address:

Telephone: Fax: Email:

ABN: Registered for GST Not registered for GST (please tick)

Do you have Public Liability to cover this production (please tick)? Yes No

2. Project Details

Project title

Total amount requested from RAF \$

Project Start Date Project End Date

Details of where project will take place

Please tick the **artform(s)** involved in the project.

- Visual arts
- Craft
- Photography
- Literature
- Dance
- Theatre
- Circus
- Music
- Screen arts
- New media
- Multi-arts
- Textiles
- Physical Theatre
- Community Cultural Development

Of these artform(s), what is the **main** artform?

Please tick the **sector(s) of the community** who will benefit from the outcomes of the project.

- General Community
- Artists / Artswokers
- Arts volunteers
- People with Disabilities
- Indigenous
- Culturally and linguistically diverse
- Men
- Women
- Children (0-12)
- Youth (13-27)
- Elderly

What group will be the **main** beneficiary of the project?

Number of **artists** involved: Paid artists: Unpaid artists:

Estimated number of **participants** (*those who will take an active role in the arts activity*).....

Estimated number of **attendees**: (*audience /viewers for exhibition/performance component*)

3. Project Description

a. Please provide a description of the project:

b. Please outline why this is a unique arts opportunity and why your request is urgent:

c. Please outline how this project provides professional development or arts development opportunities for you and / or the community:

d. Please identify the expected benefits and outcomes for you and / or the community:

e. Provide a summary of your previous experience and involvement in community arts and cultural projects:
(Please also enclose any relevant support material with your application.)

4. Project Budget

Project Income and Expenses

Cash Transactions ONLY. Please itemise all volunteer and in-kind contributions on the following page.

GST – Please note that the amounts used to complete the Income and Expenditure are exclusive of GST. If you are registered for GST and are a successful applicant, we will pay you the approved amount + GST.

Please contact the Funding Manager on 02 9270 2502 if you require assistance completing the budget form.

| | | | | |
|--|-----------|--|-----------|-------------------------------|
| Project Income | \$ | Project Expenditure | \$ | To be funded by QUICKS |
| Earned Income (Eg workshops fees, box office/ticket sales etc) | | Salaries, artists fees & allowances (including on costs, travel & accommodation) | | |
| | | | | |
| | | | | |
| | | | | |
| Subtotal | | Subtotal | | |
| Other Project Income | \$ | Production/program cost (Eg. materials, venue hire, equipment etc) | \$ | \$ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Subtotal | | Subtotal | | |
| Your Financial Contribution (please itemise) | \$ | Administration Costs (Eg. postage, photocopying etc) | \$ | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Subtotal | | Subtotal | | |
| Fundraising, Sponsorship, Cash Donations (please itemise) | \$ | Marketing, Promotion & Documentation (please itemise) | \$ | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Subtotal | | Subtotal | | |
| TOTAL INCOME (not including Quicks grant) | | | | |
| Quicks Grant requested | | | | |
| TOTAL INCOME | | TOTAL EXPENDITURE | | |

Note: The **TOTAL INCOME** (including Quicks grant requested) should be the same as **TOTAL EXPENDITURE**

In Kind Support

What is In Kind Support? These are non-cash items, where people volunteer their time or services to help realise your project. It is important that we value the time that volunteers donate and in-kind contributions to the project. As the In Kind support is not of a monetary value it is not treated as an Income and Expense item. We suggest that an hourly rate of \$20.00 is used for each volunteer that contributes their time.

| In Kind Support | | Amount |
|---|---|--------|
| Volunteer Contribution: | Task(s) Carried Out by Volunteer | |
| No of Volunteers _____ x Estimated hours contributed per volunteer _____ @ Rate of \$25.00 per hour | | |
| | | |
| | | |
| In Kind Goods supplied by: (eg. Local Council, Community group support and other Non Cash Donations) | Goods/Services Supplied | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total | |

Declaration

I certify that, to the best of my knowledge, all the information in this application is correct.

Individuals only:

Name:

Signature: Date:

Organisations only:

I certify that this application has been discussed and approved by the Committee of Management or equivalent body, and that I have the delegated authority to sign this application.

Name:

Title:
(General Manager, Chairperson, Executive Officer etc.)

Signature: Date:

Declaration of Nominated Auspicing Organisation (if applicable)

I/my organisation agrees to take responsibility for auspicing the grant on behalf of the applicant.

Signature:

Name in Full (please print):.....

Date:

Applications should be sent to: **The Funding Manager
Regional Arts NSW
Locked Bag 5
MILLERS POINT NSW 2000**