### RADF Community Grants Application 2024/25

### Information Privacy and Right to Information Statement

North Burnett Regional Council is collecting personal information you supply on this form in accordance with Local Government Act 2009. This personal information will be used to process applications for the Regional Arts Development Fund Program. Your personal information will be accessed by persons who have been authorised to do so and will be handled 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 North Burnett Regional Council and Arts Queensland.

If successful, information and images provided as part of this application and its subsequent Outcome Report may be used by Council and Arts Queensland for statistical reporting, the promotion of the RADF Program and promotion of funding outcomes for arts and cultural development in Queensland.

I have read and understood the Information Privacy and Right to Information Statement and agree to the use and disclosure of information as outlined in the Statement:

Yes

#### Guidelines

\* indicates a required field

#### **Guidelines**

Please refer to the RADF Program Guidelines and Council's Arts and Culture Policy prior to completing this application form. For further information or assistance with this application, please phone Council on 1300 696 272 to speak with our RADF Liaison Officer.

I have read the RADF Guidelines and Council's Arts and Culture Policy and discussed my project with the RADF Liaison Officer. \*

Yes

By clicking proceed, I confirm that I am legally authorised to make this application on behalf of the named organisation / individual for which this application is being lodged. \*

Proceed

## Eligibility

\* indicates a required field

**Initial Criteria** 

Are you applying as an Individual or an Organisation/Group? *  O Individual Organisation / Group If you are a Group, please select Organisation.
Is the individual/organisation based in the North Burnett? *  O Yes  O No
Will the project benefit the North Burnett? *  ○ Yes  ○ No
Is the application being auspiced by another organisation? *  ○ Yes  ○ No
RADF Community Grants Program
Have you received a RADF grant from NBRC before? *  ○ Yes - I have been awarded a RADF grant on a prior application  ○ No - I am new to RADF
Was your last RADF grant successfully acquitted? *  ○ Yes  ○ No
Year last RADF grant received: *
Must be no more than 4 characters.
You must acquit your previous grant before you are eligible to reapply.  If you are yet to submit your Outcome Report, please contact the RADF Liaison Officer on 1300 696 272 to request the acquittal form.
Auspicing
* indicates a required field
Auspicing Organisation Details
Auspice Organisation Name * Organisation Name

<b>Auspice Organisatio</b> Address	n Postal Address	<b>5</b> *	
Auspice Organisatio	n Email *		
Must be an email address	S.		
Auspice Organisatio	n ARN *		
Auspice Organisacio	II ADN		
The ABN provided will check that you have en		the following information. rectly.	Click Lookup above to
Information from the Aus	stralian Business Reg	gister	
ABN			
Entity name			
ABN status			
Entity type Goods & Services Tax (G	CT)		
DGR Endorsed	31)		
ATO Charity Type	More in	formation	
ACNC Registration		<u> </u>	
Tax Concessions			
Main business location			
Must be an ABN.			
Auspice Project Con	tact *		
First Name	Last Name		
Augnica Project Con	tact Phone Num	hor*	
Auspice Project Con	lact Phone Num	Jei *	
Must be an Australian ph	one number.		
Auspice Project Con	tact Email *		
Must be an email address	<b>.</b>		
Auspicing Agreen	nent		
Access Auspicing Agre	ement <u>here</u>		

Upload completed Auspicing Agreement here \*

Applicant Details  * indicates a required field  Applicant Name * O Individual Organisation Organisation Name  First Name Last Name  Applicant Postal Address * Address  Applicant Email *
* indicates a required field  Applicant Name * O Individual Organisation Organisation Name  First Name Last Name  Applicant Postal Address * Address
* indicates a required field  Applicant Name * O Individual Organisation Organisation Name  First Name Last Name  Applicant Postal Address * Address
Applicant Name * O Individual Organisation Organisation Name  First Name Last Name  Applicant Postal Address * Address
Organisation Name  First Name  Last Name  Applicant Postal Address * Address
Applicant Postal Address * Address
Address
Applicant Email *
Must be an email address.
Applicant Mobile Number *
Must be an Australian phone number.
Do you (the applicant) identify as: *  Aboriginal and Torres Strait Islander Peoples  Australian South Sea Islander People  Career Stage - Emerging  Career Stage - Established  Culturally and Linguistically Diverse  People with a Disability  People who experience disadvantage  Men  Older People (55 years or older)  Women  Youth (12-25 years of age)  Not Applicable  Prefer not to answer  This question and data is being collected for reporting purposes to Arts Queensland.
Applicant Website or Facebook Page
Must be a URL.

<b>Applicant Bank</b> Account Name	« Account *
Account Name	
BSB Number	Account Number
Must be a valid Au	stralian bank account format.
Applicant ABN	*
	ed will be used to look up the following information. Click Lookup above to 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	n
Tax Concessions	
Main business loc	ation
Must be an ABN.	
Project Conta	act Details (Organisation)
Project Contac First Name	
riist Naiile	Last Name
<b>Project Contac</b>	t Email *
Must be an email a	address.
<b>Project Contac</b>	t Mobile Number *
=	

## **Project Details**

Must be an Australian phone number.

* indicates a required field	
PURPOSE OF APPLICATION	
What type of funding are you apply  ○ Community Project  ○ Professional Development for estab	· <del>-</del>
PROJECT SUMMARY	
Project Title *	
Must be no more than 10 words.	
Short description of your project *	
Word count: Must be no more than 40 words.	
Start Date of Project *	
Must be a date and no earlier than 1/7/2024	1.
End Date of Project *	
Must be a date and no later than 3/6/2025.	
Please indicate which districts will  ☐ Biggenden ☐ Eidsvold ☐ Gayndah	benefit from this project *  ☐ Monto ☐ Mount Perry ☐ Mundubbera
RADF and STATE PRIORITIES	
<ul> <li>Which of the RADF Local Priorities</li> <li>Community Connection and Wellbei</li> <li>Increasing Community Skills and Ca</li> <li>New Art Genres for the North Burne</li> <li>Strengthening and Celebrating our I</li> </ul>	ing pacity itt
Will any State (Queensland) priorit  ☐ Elevate First Nations Art  ☐ Activate Queensland's Local Places  ☐ Drive social change across the State  ☐ Strengthen Queensland communitie  ☐ Share our stories and celebrate our  ☐ No	e es

## 2024-25 RADF Round 2 Community Grants Application Form

At least 1 choice must be selected. https://www.arts.qld.gov.au/images/documents/artsqld/creativetogether/Roadmap Final.pdf (page 7) **ARTFORM** What is the main artform category for this project? \* Community Arts and Cultural Development Dance O Film / Multimedia Literature Museum/Heritage Collections Music ○ Theatre Visual Arts, Craft and Design Writing PROJECT PROPOSAL Your application will be assessed on evidence of how well it meets the following criteria. 1. DESCRIBE YOUR PROJECT - What do you want to do? \* Word count: Must be no more than 200 words. Describe your project. 2. WHO WILL BE INVOLVED? Consider the following: • Who will be involved in delivering the project? (Name the people, community groups, artists, organisations, and partnerships involved). • Who are the intended beneficiaries (e.g. target audience) of this project and why? What are their challenges, issues, and/or priorities that you wish to address through this project? Detail who will be involved with/engaged through your project? \*

3. OUTCOMES: What are the outcomes that you are hoping this project will achieve? \*

Partnerships between sectors of the community greatly add to the positive outcomes of RADF Projects

Must be no more than 200 words.

Word count:  Must be no more than 200 words.  Why are you doing this project/activity and HOW will it impact you and/or the community?
4. WHERE and WHEN will your project take place? *
Word count: Must be no more than 50 words.
REACH and IMPACT OF PROJECT
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.
Note: the following data is collected for reporting purposes to Arts Queensland.
What type of activity will be delivered as part of your project? *  Community Consultation, arts research or policy development  Creative development of new work  Cultural Tourism  Events and Festivals  Exhibitions and Collections  Heritage Protection and Promotion  Performances  Placemaking  Professional or career development  Publications  Skills development workshops  RADF Training and Promotion (NBRC Only)
Number of Attendees anticipated *
Must be a number. Eg people who attend activities with a passive engagement eg see an exhibition, watch a performance, listen to a talk etc
Number of Participants anticipated *
Must be a number. Eg people who are actively involved eg attend a class, sing in a choir, play an instrument etc
How many people in total are likely to be employed (PAID) through this project? *
Must be a number

How many volunteers (unpaid workers) are likely to be engaged in this project? *
Must be a number.
Does your project specifically target one or more of the following groups in the community? *  Aboriginal and Torres Strait Islander Peoples  Australian South Sea Islander People  Career stage - emerging  Career stage - established  Children (0-11 years of age)  Culturally and Linguistically Diverse  LGBTIQ+  Men  Older People (55 years or older)  People with a Disability  People who experience disadvantage  Women  Youth (12 - 25 years)  Not applicable  No
If yes, how will you engage the target group(s)? *
Word count: Must be no more than 100 words.
PROJECT EVALUATION
Evaluation is important to help you know:
<ul> <li>how successful you were in achieving your intended outcomes and</li> <li>identify what you might do differently next time.</li> </ul>
Plan from the beginning how you will best capture this information. This will also assist you in completing your Outcome Report.
How will you measure the success of your project? *
Word count:  Must be no more than 100 words.  Eg feedback, interviews with project beneficiaries, attendance records, economic impact
How will you capture feedback about your project from attendees and participants?

Word count:
Must be no more than 100 words.
For example: feedback survey, emails, interviews
How will you ensure your project complies with laws, cultural protocols, copyright and workplace, health and safety? *
Word count:
Must be no more than 100 words.  Eg Blue Cards for working with children, respect First Nations protocols, WH&S considerations for
participants and attendees eg PPE if needed etc
COMMUNITY SUPPORT FOR PROJECT / PROPOSAL
In this section we are seeking evidence that demonstrates there is interest and/or need for this project to be undertaken in the community.
Door your proposal have community support? Select only the items that apply to
Does your proposal have community support? Select only the items that apply to your project: *
☐ This project has been developed in collaboration with community groups and local
organisations.  ☐ This project is responding to community feedback and/or an identified current need or
demand.
$\Box$ I have a list of people who are keen to participate in this project. (e.g. list of people who
have expressed interest or pre-booked).   Other:
Other.
You must provide evidence that you have community support for this project.
Supporting documentation may include:
Survey results
Pre-bookings
• Expressions of Interest
Statements of significance
Minutes of Meetings
<ul> <li>Evidence of community feedback and/or identified current need or demand (survey results, ABS statistics, research)</li> </ul>
Upload supporting documention *
Attach a file:
A maximum of 10 files may be attached.

#### **Letters of Support**

Applicants must provide **at least three (3) letters of support** from participating individuals, groups or organisations in the North Burnett who see the benefit of the project

for the community. These letters should also say *why* they think the project is good; and *how* they will support the delivery of the project.

Upload letters of Support * Attach a file:
A maximum of 10 files may be attached.
INSURANCE
Upload Certificate of Currency (current public liability insurance) for this project. *
Attach a file:
Not required for artists seeking funds for professional development.
COUNCIL PERMISSIONS
Will your project involve works/activities on any Council owned or controlled facilities, land or public space? *  O Yes O No If yes, please contact Council to determine venue availability and complete Facility Hire form.
Information on Council Facilities
Record the name of the Council owned facility, land or public space? *
Will your project include any modifications or installations e.g. sculptures? * ○ Yes ○ No
Council Support and Approval
Do you have the necessary approvals from Council to carry out the project? *  ○ Yes  ○ No - please contact the RADF officer to discuss
Please note: Allow at least six weeks lead time to obtain Council permissions. It is recommended that you begin this process well before a new RADF Round opens.
If yes, please attach evidence Attach a file:

**Professional Development Application** 

### Please provide the following information:

- Name of training provider
- Dates of training (must not have already occurred funding is not retrospective)
- Location of training

selected above? \*

Name of training provider *
Start date of course
Must be a date.
End date of course
Must be a date.
Location of tweining (on town)
Location of training (e.g. town)
Website of Training Provider: (please provide link)
<b>Upload brochure from Training Provider</b> Attach a file:
PROFESSIONAL DEVELOPMENT PROGRAM
Describe the Professional Development opportunity and why you wish to complete the program? *
Word count:
Must be no more than 200 words.
PROFESSIONAL DEVELOPMENT OUTCOMES
As a result of this professional development program I will: *
<ul><li>□ Develop new skills.</li><li>□ Explore new directions in my practice.</li></ul>
☐ Take my career to the next level of professionalism.
<ul><li>□ Develop new industry networks.</li><li>□ Develop new audiences or markets.</li></ul>
How will this training develop your own professional practice in the areas

Word count: Must be no more than 200 words.	
How will you share your learnings with	the community? *
, , , , , , , , , , , , , , , , , , ,	
<b>Word count:</b> Must be no more than 200 words. e.g. peer-group presentations, meetings, worksho	ops
LETTERS OF SUPPORT	
SUPPORT FOR APPLICATION	
<ul> <li>Provide at least three (3) letters of support from the region's arts and culture sector o community groups and organisations that you work with.</li> <li>Some art and culture sector examples include local art groups, other local artists, galleries, teachers, museum committees, cultural organisations.</li> </ul>	
Upload letters of support * Attach a file:	
Project Planning	
Please outline the project timeline in stages	from start to finish (e.g. source quotes, eng
suppliers etc.)	
Project milestones and key steps to successful delivery.	Date to be completed by
Note: evidence of thorough planning increases th likelihood of good project outcomes	ie
Final Task - Outcome Report Submitted (8 weeks	
after project completion)	

## Workforce

\* indicates a required field

## Fees paid to Artists, Arts Workers and Cultural Workers

Please complete the details in this section for one artist at a time. If more than one artist is being employed, click the "Add More" button below for each additional artist.

Ensure industry recommended rates of pay are used to calculate fees.

If you are paying only a portion of the recommended rate of pay because the professionals involved are contributing some of their time in-kind, list the total rate of pay in the table below and then **note the in-kind amount** in the "In-Kind Contributions" section of the budget (Page 9).

Name of Artist, Arts Worker or Cultural Worker *
Role/Position *
Is the artist an Established Professional Artist or Emerging Professional Artist *
Total Fee *  \$ Must be a whole dollar amount (no cents).
Artist CV * Attach a file:
RADF Eligibility Checklist * Attach a file:
Access <i>Eligibility Checklist</i> here
Artist Quote (Must detail GST requirements) * Attach a file:
Sum Total of Artist Fees  \$
This number/amount is calculated.

These statistics are collected for reporting purposes to Arts Queensland.

## **Project Budget**

\* indicates a required field

### Budget

- 1.Recording a clear and accurate budget will assist the RADF Assessment Panel to better understand your project.
- 2.The total income (including the amount you are seeking from RADF) should equal the total expenditure i.e there is no profit for the project

### Important information about GST

- If you are registered for GST, Council will pay the grant plus GST. Amounts in the budget below should be exclusive of GST.
- If you are not registered for GST, amounts in your budget should include GST as this is part of the cost of the project and you willbe paid this amount.

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

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

## **PROJECT EXPENSES**

### Expenditure - List all the costs associated with the project:

List each type of expenditure (include a brief explanation)	Total	RADF Amount Requested
Amend the headings below as necessary; provide quotes to support expenses	Whole Numbers only (no cents)	Whole numbers only (no cents)
Total of Artist Fees and per diem allowances (copy from page 8)	\$	\$
Production Costs	\$	\$
Equipment Hire costs	\$	\$
Administration Costs	\$	\$
Venue Hire	\$	\$
Travel and Accommodation	\$	\$
	\$	\$
	\$	\$

#### TALLY A: Expenditure Total

**Total Expenditure** 

**Total RADF funds requested** 

This number/amount is calculated.	\$ This number/amount is calculated.		
INCOME AND IN-KIND SUPPORT			
Income			
Income: How will this project be funded?			
Amend the headings below as necessary;	Whole Numbers only (no cents)		
Cash contribution by Applicant	\$		
Participant Workshop Fee	\$		
Sponsorships or Donations	\$		
Other Grants	\$		
	\$		
Income Total  \$ This number/amount is calculated.  In-kind Contributions			
For this project, will any of the following be provided in-kind? *  □ Supply volunteer labour as part of the project  □ Supply meals or catering as part of project			
<ul> <li>□ Provide administration materials such as printing, stationery or postage</li> <li>□ Supply equipment</li> </ul>	<ul><li>□ Artist time donated in-kind</li><li>□ Other:</li></ul>		
☐ Supply materials At least 1 choice must be selected. Complete the details for each box ticked in the tab	le below.		
In-kind contribution to Project			
<ul> <li>In-kind support could include the following:</li> <li>Supply volunteer Labour as part of the project</li> <li>Provide administration materials such as printing, stationary or postage</li> <li>Supply of equipment</li> </ul>			
<ul> <li>Supply materials</li> <li>Supply meals or catering as part of the project</li> <li>Artist time donated in-kind</li> </ul>			
Detail In-Kind Assistance Provided	Estimated \$ Value		
Eg Applicant allocating staff time to manage project: 2 days x 8 hours @ \$33/hour = \$528	Whole numbers only (no cents)		
Applicant	\$		
Volunteer Labour	\$		

	\$ \$		
	J		
Total Estimated Dollar Value of In-Kind  \$ This number/amount is calculated.	Contribution *		
TALLY B: INCOME TOTAL			
Total Income + In-Kind Support  \$ This number/amount is calculated.			
Financial Summary Checkpoint (C = D)			
A. Total Project Cost (Expenses) *	\$ "Total Expenses"		
B. Income (including in-kind support) *	\$ "Total Income and Inkind support"		
C. Funds remaining (A - B: Total Project Cost MINUS Income) *	\$ This number/amount is calculated. These are funds that are not covered by		
D. RADF Funds Requested *	\$ "RADF Funds requested from Expenses section"		
Budget Confirmation			
PLEASE Confirm: C = D (Funds Remainir ○ Yes ○ No - please review your figures	g = RADF Funds Requested) *		
Quotes			
Please attach all quotes and confirmation Attach a file:	ons *		
A minimum of 1 file and a maximum of 10 files m	ay be attached.		

## Professional Development Budget

\* indicates a required field

### EXPENSES - Costs involved in doing the training

Consider: tuition fees, workshop registration fees, travel costs, accommodation, meals

Expenditure	Total (incl GST)	<b>RADF Amount Requested</b>
Workshop Fees	\$	\$
Travel Costs	\$	\$
Accommodation	\$	\$
Materials	\$	\$
	\$	\$

### **INCOME - Professional Development**

Income	Amount (include GST)	
	Whole numbers only (no cents)	
Applicant contribution	\$	
Sponsorships (cash donation)	\$	
Donated in-kind (eg accommodation, travel, meals, tuition discounts)	\$	
	\$	
	\$	

## **Budget Totals**

Total Expenses - PD	Total Income Amount	Total Fees requested from RADF
\$	\$	\$
		Maximum \$1500 (see Guidelines)

#### Quotes

Please attach quotes to support any expenses involved in this training (eg Workshop Registration fees, accommodation, travel expenses, materials required etc)

*	
Attach a file:	
A minimum of 1 file and a maximum of 5 files may	be attached.

## Certification by Applicant

\* indicates a required field

### Agreement

#### By submitting this application, I confirm that:

a) The details in this application and any attachments are lawfully true and correct and the supporting material is my own work or the work of the artists named in this application.

- b) The applicant and if applicable, auspicing organisation, accept all legal and financial responsibility associated with this application and any funds granted should this application be successful.
- c) There will be appropriate and adequate insurance covering this project.
- d) I will acknowledge council's contribution to this project e.g. appropriate media coverage, banners, council logo on a website, brochures, letters or signs, and public acknowledgement at an event.

I agree to the above terms and conditions \*

O Yes