

### 2024-2025 APPLICATION FORM

- Please read the guidelines before completing this application form. Please note that the Charters Towers Regional Council has its own RADF Guidelines which are different to those of Arts Queensland. Please do not use Arts Queensland guidelines or application form.
- For any queries please contact Council's RADF Liaison Officer on phone 4761 5300 or mail@charterstowers.qld.gov.au.
- Keep a copy of your application. If your application is successful, this will assist you to prepare the Outcome Report once your activity has finished. As part of the Outcome Report, you will also be required to report outcomes from participant surveys, examples of which will be available from the RADF Liaison Officer.
- Return your completed <u>signed</u> application and support material, before 4pm on the nominated round closing date, to the Charters Towers Regional Council Office or <u>mail@charterstowers.qld.gov.au</u>.

Late, unsigned or incomplete applications will be determined as ineligible applications.

APPLICATION SUMMARY					
Project Details					
Project Name					
Brief Project Description	(< 20 words) The grant will be used to	wards the costs of			
Start Date:	End Date: Outcome R	eport Due Date:			
Total Project Value	\$				
<b>RADF Investment Requested</b>	\$				
Applicant Name					
Applicant Structure (Please select one only. Refer to guidelines for more details.)	<ul> <li>Individual applicant with an ABN</li> <li>Individual applicant without and a</li> <li>Unincorporated group (auspicing</li> <li>Incorporated group or organisati</li> </ul>	ABN (auspicing required) g required)			
Name of Auspicing					
organisation/individual (if applicable)					
APPLICANT DETAILS					
Contact Person for the Applicat	tion				
Name					
Postal Address					
Telephone Number					
Email Address					
Australian Business Number (ABN) Details of Applicant					
Will you/your organisation be responsible for the financial management of the grant if successful?					
Yes – Provide your ABN	] No – An auspicing body will be admin ny/our organisation's behalf. Complete A				
ABN					
Registered name of ABN					
Trading name (if relevant)					
GST Registered	🗌 Yes 🗌 No				
	COUNCIL USE ONLY				
Funding Year 2024-2025 Funding	Round Approved Yes No	Amount Approved \$			
RADF Chair Signature		Date / /			
Application ECM No	Council Report ECM No	Letter of Offer ECM No			



#### **APPLICANT DETAILS Continued**

### Auspiced Application

#### • 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.
- Ensure that the applicant <u>and</u> auspicing body signs the certification on the last page of this application.

Name (auspicing organisation/individual)   Contact person     ABN (auspicing organisation/individual)   Registered for GST   Yes   Postal address (auspicing organisation/individual)   Telephone   Email   Workplace health and safety, public liability insurance, copyright   Please outline the steps you have taken to address the issues of workplace health and safety, public liability insurance, copyright and relevant licences.
ABN (auspicing organisation/individual)   Registered for GST   Yes   Postal address (auspicing organisation/individual)   Telephone   Email   Workplace health and safety, public liability insurance, copyright   Please outline the steps you have taken to address the issues of workplace health and safety, public liability
organisation/individual)   Registered for GST   Yes   No   Postal address (auspicing organisation/individual) Telephone Email Workplace health and safety, public liability insurance, copyright Please outline the steps you have taken to address the issues of workplace health and safety, public liability
Postal address (auspicing organisation/individual)         Telephone         Email         Workplace health and safety, public liability insurance, copyright         Please outline the steps you have taken to address the issues of workplace health and safety, public liability
organisation/individual)         Telephone         Email         Workplace health and safety, public liability insurance, copyright         Please outline the steps you have taken to address the issues of workplace health and safety, public liability
Email         Workplace health and safety, public liability insurance, copyright         Please outline the steps you have taken to address the issues of workplace health and safety, public liability
Workplace health and safety, public liability insurance, copyright Please outline the steps you have taken to address the issues of workplace health and safety, public liability
Please outline the steps you have taken to address the issues of workplace health and safety, public liability
Copy of Public Liability Certificate of Currency attached?



## **RADF 2024-2025 APPLICATION FORM**

PROJECT DETAIL			
QUALITY OF PROJECT			
1. RADF Grant History			
Have you or your group/organisation previously applied for a RADF grant?	Yes	No 🗌	
If yes, were the anticipated outcomes achieved through this project?	Yes 🗌	No 🗌	
Will this proposed project build on previous projects?	Yes 🗌	No 🗌	
If yes, how?			
If you were successful has that grant been successfully acquitted?	Yes 🗌	No 🗌	
2. Project Description & Expected Outcomes			
Give a detailed description and expected outcomes of the project. (<500 wor	ds)		
	,		
3. Type of Activity Please tick all activity type/s met by the project. Refer to	guidelines for m	ore details.	
Creative development of new work		· · · · · · · · · · · ·	
Cultural tourism Professional dev	elopment activit	y or training	
Exhibitions & Collections			
Performances			
Please tick all artform/s included in the project (Highlight the main artform)			
	Vieual Arta Craft	P Decian	
<u>,</u>	Visual Arts, Craft	t & Design	
IMPACT OF PROJECT			
4. Local and State Priorities			
Will your project respond to any of the local and state priorities listed below?			
Yes (complete below) No (move to question 5)			
Sharing stories and celebrating our history. How will your project respond to this priority?			
Activating places and spaces. How will your project respond to this priority	y?		
Elevating First Nations arts. How will your project respond to this priority?			
Strengthening our community by creating partnerships. How will your proj	ect respond to th	nis priority?	
Drive social change across the state. How will your project respond to this	s priority?		



## **RADF 2024-2025 APPLICATION FORM**

IMPACT OF PROJECT Cont.							
5. Diversity of artists and aud	ence/partic	ipants					
Please tick the group/s this proje	=	-	rget. <mark>Queenslan</mark>	d Governi	ment target grou	ups highl	ighted.
Regional Queenslanders			Children	and You	ung people (0-		
Aboriginal or Torres Strait	<mark>Islander pe</mark>	ople*			<mark>er 55 years)</mark>		
People with a disability					er peoples		
Men Women				rom CAL	.D backgroun	ds	
* If the project is targeting Abori	ninal neonle	or Torres	Strait Islander	r neonle	the applicant r	nust dar	nonetrate
support for the project including						nust uer	Intrate
REACH OF PROJECT				protocolo			
6. Evidence of local demand							
Evidence of interest and support	provided? F	Refer to g	uidelines for mo	ore details	6	🗌 Yes	🗌 No
Number of activities involved	-		Number of antio	cipated pa	articipants		
Number of anticipated audiences	6		Postcode/s of p				
Communication, Marketing an	d Engagem	ent	•			•	
Outline the communication, marl			nt strategies for	r the proje	ect		
7. Details of artist/artsworkers							
Name of Artist	Artist's (	Origin	Role in pro	oject	Rate of pay	Total	\$ funded
Name of Artist	(Local/ Que		Kole ili pro	Ojeci	(\$ per/hr or week)	fee \$	by RADF
	Intersta				()   · · · /	iceψ	by ICADI
TOTAL (Transfer total fees to (G) in the TOTAL COSTS expenditure column in the budget)         TOTAL (Transfer total RADF amount to (G) in the RADF expenditure column in the budget)							
How many artsworkers will be er				Paid		Jnpaid	
Are the following documents atta				_		Jiipalu _	
	edule of fees		Letter of confirm			lity Chec	klist
VIABILITY OF PROJECT							
8. Details of anticipated partnerships							
List of partners			Sector		ype of		lue of
(Arts, Business,		s, Business, ducation)	Partnership		su	pport	
		-	auoutiony	(Finan	icial/In Kind)		
9. Communication, Marketing	and Engag	ement		<b></b>	1		
Outline the communication, mar			nt strategies for	r the proje	ect		
10. Anticipated method of ca	oturina feed	back (On	ly for proiects reque	stina over \$	10,000 in funding )		
(Please tick more than one if app					,		
	nterviews	U			Stakeho	older Del	orief
Evidence of feedback capture m	ethod provid	led Refer	to guidelines fo	or more d	etails	Yes	No
•					1 -		



### **RADF 2024-2025 APPLICATION FORM**

1	1. Project Management List each s	tage of the project	t from start to finish		
	oject Stage			Expected Comple	tion Date
				•	
PF	ROJECT BUDGET				
12	2. Income and Expenses				
	Please complete this budget temp		nt for <u>all c</u> osts of your proje	ect.	
	Round all amounts to nearest who				
	The amounts requested in the thir expenditure item.	d column (RA	ADF) show how much RAD	F funding you are s	eeking for each
	When you have completed your b				
	grant should be listed twice – onc				
	Note: If you are GST registered,				
	expenditure and income should l		of GST. If you are not reg	istered for GST, y	our expenditure
	should include the GST to be paid			Dudret Feet Che	
•	For further explanation relating to INCOME			TOTAL COST	
inc	INCOME ludes total RADF grant other financial and	of each	EXPENDITURE	of each expenditure	RADF
	in-kind contributions	income item		item	Components
Α	Earned Income (e.g. ticket sales)		G Salaries, Fees and Allowances		
	Contribution from Artists and				
В	Others		Project or Activity		
	(Please note this is inkind as IK or \$)		Costs		
			Promotion,		
С	Other Grant Income		Documentation and		
			Marketing		
	Sponsorship, fundraising and				
D	donations		J Administration		
	(Please note where this is inkind as IK)				
	RADF GRANT		TOTAL RADF		
Е	(Maximum 60% of F)		Component		
	· · · ·		(Amount = E)		
F	TOTAL INCOME (A+B+C+D+E=F)		TOTAL K EXPENDITURE		
	It is essential that $F = K$		(G+H+I+J=K)		



### CERTIFICATION

### 13. All Applicants

#### I, the undersigned, certify that:

- I have read and will abide by the *RADF Applicant Guidelines* together with any published revisions which are available at <u>www.charterstowers.qld.gov.au</u>.
- The statements in this application are true and correct to the best of my knowledge, information and belief and the supporting material is my own work or the work of the artists named in this application.
- I have read and understood the Information Privacy and Right to Information Statement below and agree to the use and disclosure of information as outlined in the Statement.
- If I am under the age of 18 your legal guardian must also sign this application.

#### Information Privacy and Right to Information

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 from other funding agencies in support of your project.

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.

Sianature		Date: / /			
Name in full					
Position in group (if applicable)					
Auspicing Organisation/Individu	ual Only				
ensuring the acquittal of grants a	and the auspicing organisation/individ and both could be deemed ineligible to grants have been satisfactorily acquitted	o place further applications to Arts			
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.					
Signature		Date: / /			
Name of Auspice Body:					
Contact Person Name					
Position in group (if applicable)					

The information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application/request. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Right to Information Act 2009 and Information Privacy Act 2009). This information will be stored on Council's database. The information collected will be retained as required by the Public Records Act 2002.



### ELIGIBILITY CHECKLIST FOR PROFESSIONAL AND EMERGING ARTISTS

A separate Eligibility Checklist must be completed by each artist who will be paid salaries, fees or allowances from the RADF grant. Please make copies of this Checklist as required or download a copy from the Charters Towers Regional Council Website <u>www.charterstowers.qld.gov.au</u>.

The purpose of the RADF Program is to support professional and emerging professional artists and artsworkers to practise excellent art for and with communities for mutual development.

This checklist has been developed to ensure that the status of artists as 'professional' and 'emerging professional' is clearly identified. Your responses to the questions below determine your status as an artist in regard to 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.

# Artist/Artsworker Name:

Artist/Artsworker Name:
I have an Australian Business Number (ABN)
OR I have provided a completed 'Statement by a Supplier' Form from the Australian Taxation Office
Please tick the following 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 have been employed based on art skills and/or earning income from sales of art work.
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.
☐ I am a member of a professional association (or associations) as a professional artist.
Please list:
I confirm that:
I have supplied a Resume/CV
I have supplied a Letter of Availability detailing my availability for project dates and a Schedule of Fees
The information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application/request. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Right to Information Act 2009 and Information Personal details will be retrived as required by the Duble Department of 2002.