

# RADF 2023/2024 Application Form

## Form Preview

## Welcome

\* indicates a required field

### Welcome

Welcome to Lockyer Valley Regional Council's Regional Arts Development Fund (RADF). Please be sure to read through the [RADF guidelines](#) prior to completing this application.

### Questions and Support

If you have any questions while completing your application you can contact the RADF Liaison officer by phone on 5462 0317, or via email at [galleries@lvrc.qld.gov.au](mailto:galleries@lvrc.qld.gov.au). Incomplete applications and/or applications received after the closing date, will not be considered.

## Privacy Notice

**Lockyer Valley Regional Council** pledges 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 [Lockyer Valley Regional Council's Privacy Policy](#).

### Information provided to Arts Queensland

Lockyer Valley Regional Council (Council) is required to provide information contained in this application as part of Council's Acquittal to Arts Queensland Funding Agreement.

## Eligibility

To be considered for RADF Funding, applicants must:

- reside or be based in the Lockyer Valley region or, if based outside the local government area, be able to demonstrate how the project will directly benefit residents in the Lockyer Valley.
- be permanent residents or Australian citizens.
- hold appropriate insurance.
- have met all acquittal conditions of previous council grants.

If you are unsure you can meet all the criteria, please contact the RADF Liaison officer.

Please read through the [Guidelines](#) for information on whether your project is suitable for RADF funding. Projects already commenced are not suitable for funding.

## Applicant

**Are you applying as an individual or organisation/group? \***

Individual       Organisation

Organisation Name

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Title First Name Last 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.

### Primary contact person \*

Title First Name Last Name

  

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

### Position held in organisation \*

e.g. Chairperson, President, Secretary, Board Member, Fundraising Coordinator etc.

### Primary contact person's email address \*

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

### Primary phone number \*

Must be an Australian phone number.

### Individual/Organisation Address (if applicable) \*

Address

Address Line 1, Suburb/Town, and Postcode are required.

### Individual/Organisation Postal Address

Address

### Individual/Organisation website

Must be a URL

### Enter your 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

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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

### Are you registered for GST?

Yes  No

If 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 funding may be withheld.

Download the form from: <https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/Statement%20by%20a%20supplier.pdf>

### Please upload the completed Statement by Supplier form

Attach a file:

A maximum of 1 file may be attached.

### Do you, the applicant (Individual or Organisation), identify as belonging to one or more of the following target groups?

- |   |   |
|---|---|
| <input type="checkbox"/> Aboriginal peoples   | <input type="checkbox"/> Women                              |
| <input type="checkbox"/> Torres Strait Islander Peoples                             | <input type="checkbox"/> Men                                |
| <input type="checkbox"/> People from a culturally linguistically diverse background | <input type="checkbox"/> LGBTIQ+                            |
| <input type="checkbox"/> People with disabilities                                   | <input type="checkbox"/> People who experience disadvantage |
| <input type="checkbox"/> Older People (55 years +)                                  | <input type="checkbox"/> Career stage - Emerging            |
| <input type="checkbox"/> Young people (12 to 25 years)                              | <input type="checkbox"/> Career stage - Established         |
| <input type="checkbox"/> Children (0 to 11 years)                                   | <input type="checkbox"/> Not applicable                     |

At least 1 choice must be select. Please choose the most relevant/dominant theme for the project.

## Your Project / Initiative

\* indicates a required field

### Project / Initiative Title: \*

Provide a name for your project/program/initiative. Your title should be short but descriptive

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### Please provide a brief project/initiative description. \*

#### Word count:

Must be no more than 30 words.

An example: Through this project, we seek to [insert expected outputs, outcomes and impacts]. We will achieve this by [insert activity]

### Please provide more information about your project/initiative. \*

Be descriptive, but succinct in your project description.

### Anticipated start date \*

Must be a date and no earlier than 1/6/2024.

If unknown, provide an approximate date.

### Anticipated end date \*

Funds should be expended within 12 months of being granted, unless written approval of an extension has been granted.

## Local and State Government Priorities

Applications must demonstrate how the project will link to the Local and State Government Priorities.

[Creative Together 2020-2023](#)

[Arts and Culture Strategy](#)

### Please select which state priority/priorities your initiative aligns with. \*

- Elevating First Nations arts
- Activate Queensland's local places and global digital spaces
- Drive social change across the state
- Strengthen Queensland communities
- Share our stories and celebrate our storytellers
- Not applicable

At least 1 choice must be selected.

These priorities are drawn from the Queensland Government's Creative Together - 10 year roadmap for arts, culture and creativity.

### Detail how your initiative supports the category/categories selected. \*

#### Word count:

Must be no more than 100 words.

Explain how this project will do this.

### Please select which local priorities your initiative aligns with. \*

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- Empower and facilitate the creative sector to grow and develop their capacity and capability to be an integral part of our community.
- Connect and encourage our community and visitors to participate in programs and projects that increase opportunities for development of arts and cultural initiatives.
- Understand the importance of acknowledging, involving and engaging First Nations people and Culture.

At least 1 choice must be selected.

Please refer to the RADF Guideline objectives and/or Arts and Culture Strategy

### **Explain how your initiative/project will achieve the selected priorities. \***

Word count:

Must be no more than 200 words.

### **Quality - How do you plan to produce or contribute to high quality arts and cultural initiatives for the community? \***

Think about your professionalism, accountability, communication etc., as well as your capacity to support and deliver.

### **Reach - How do you know this project is in demand in our community? \***

Think about how this project provides access to, and engagement in, arts and culture for diverse communities, practitioners, participants and audiences.

### **Impact - How will your project impact the community? \***

Think about the opportunities you have created for people and/or the region etc. Are you using local artisans and/or suppliers?

### **Viability - Detail how viable this project is. \***

Think about if you need to seek additional support and funds to ensure the success of this project. What is your capacity for this project?

## Project activities

### **Choose the most appropriate activity \***

- |   |   |
|---|---|
| <input type="checkbox"/> Creative development of new work | <input type="checkbox"/> Placemaking                                      |
| <input type="checkbox"/> Cultural tourism                 | <input type="checkbox"/> Performances                                     |
| <input type="checkbox"/> Events/Festivals                 | <input type="checkbox"/> Professional/Career development                  |
| <input type="checkbox"/> Exhibitions/collections          | <input type="checkbox"/> Workshops  |
| <input type="checkbox"/> Heritage protection/promotion    | <input type="checkbox"/> Other: <input style="width: 80px;" type="text"/> |

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At least 1 choice must be selected.

**From the above answer, describe the number and type of activities planned. \***

**Word count:**

Briefly list (bullet points) the specific activities that will take place and where they will take place (200 words recommended)

**What are the expected outcomes of the project?**

**Word count:**

Describe three things you want the project to achieve in terms of benefits for you, participants and/or others (200 words recommended)

**How will you know if these outcomes have been achieved?**

**Word count:**

Describe three changes you will see if the expected outcomes of the project occur (150 words recommended)

## Partnerships

**Will you be collaborating or partnering with other organisations? \***

Yes

No

Unsure at this stage

**Please list the organisations you will be working with during the project.**

Include organisation name and their involvement.

**Letters of Support** are a valuable source to show that there is support for your project.

This evidence can come from either community members / groups who will benefit from your project and from your project partners. If you have mentioned a partnership above, it is recommended you demonstrate this with a letter of support.

Please note: Do not submit letters of support from the mayor or councillors.

**Evidence of support**

Attach a file:

## Budget

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\* indicates a required field

### Participation fees

Participants are expected to contribute towards workshop costs (i.e., people attending workshops are expected to pay a workshop/materials fee). This must be included as an income when budgeting.

**Will a fee be charged to participants/attendees of your project**

Yes  No

**Please detail how much the participation fee will be for each participant group.**

You must show the amount you are charging per participant to attend. In your budget income table, you must calculate the total amount expected to receive.

### Budget (GST exclusive)

Clear and accurate budget information will allow the RADF committee to better understand your project.

You must:

- Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.
- Ensure you include all costs of your initiative or project (both cash and inkind).
- Include any other grants you have applied for.
- Include the amount you are seeking from RADF as an income.

All amounts should be GST exclusive.

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).

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

If you are unsure of what is required for the budget, please contact the RADF Liaison officer.

Income Description	Income Type	Income Amount (\$) Ex GST	Income Notes
--------------------	-------------	---------------------------	--------------

		\$	
		\$	
		\$	
Income should include RADF funding, earned income (ticket sales, etc), contributions from artists/group and sponsorships etc		Use 'Add more' button to add more lines	Please provide details for the assessment panel

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<b>Expenditure Description</b>	<b>Funded by:</b>	<b>Expenditure Amount (\$ Ex GST)</b>	<b>Expenditure Notes</b>
		\$	
		\$	
		\$	
Expenditure should include salaries, fees and allowances, promotions and marketing.	If other, please provide details in space below.	Use 'Add more' button to add more lines	Please provide details for the assessment panel

### Budget Totals

Please note, your income minus your expenditure should calculate to 0.

**Total Income Amount (Ex GST)**

\$

This number/amount is calculated.

**Total Expenditure Amount (Ex GST)**

\$

This number/amount is calculated.

**Income - Expenditure**

\$

This number/amount is calculated. This has been calculated to help you check if your budget is balancing.

**RADF grant requested \***

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application? Please refer to the RADF Guidelines for information.

**Total Initiative/Project Cost \***

\$

What is the total budgeted cost (dollars) of your project?

**Funding percentage requested**

This number/amount is calculated.

RADF may fund up to 65% of the total project.

**Use this space to type in any notes or information that will support your budget.**

**If necessary, please attach a more detailed budget or quotes to support your funding request.**

Attach a file:

**Have you or your group/organisation previously applied for a RADF Grant?**



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Yes

No

### If you were successful, has that grant been successfully acquitted?

Yes

No

If no, please verify with the RADF Liaison Officer your ability to apply for funding.

### Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

### Creditor Details Form

In order to process your application faster, should you be successful, you are required to download and complete a [Creditor Details Confirmation Form](#).

### Please upload your Creditor Details Form.

Attach a file:

### Artists and Cultural Workers

\* indicates a required field

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.

Artists Name	Artists Role	\$ / hr or week	Total cost

Please attach the following documents from each artist or artswoker receiving RADF funding:

- Resume or CV
- Letter of confirmation (this must confirm the artist is available)

**Resumes and/or CVs**  
Attach a file:

**Emails or letters of confirmation**  
Attach a file:

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Please provide a CV for each artist and artswoker involved in your initiative.

### Resumes and/or CVs

Attach a file:

Please provide a CV for each artist and artswoker involved in your initiative.

### Emails or letters of confirmation

Attach a file:

## Participation

Please estimate expected project participation below as closely as possible.

### Definitions

- **Attendees** - People who attend as an audience member.
- **Participants** - People who actively participate in the initiative.
- **Artists / Cultural workers** - People who are employed as artists or arts and cultural workers over the duration of the initiative.
- **Paid Positions** - People employed over the duration engaged in a role other than an artist/cultural worker role.
- **Volunteers** - People who support the delivery of the initiative as a volunteer.

**Total number of artists/cultural workers employed**

Must be a number.

**Number of participants**

Must be a number.  
Number of people who will participate in activities (workshops, classes, training etc)

**Number of expected partnerships**

Must be a number.

**Number of other people employed in other paid positions**

Must be a number.

**Number of Attendees**

Must be a number.  
No. of people who will attend activities as audience members

**Which sectors are you expecting to partner with?**

e.g. arts, health, education, etc.

**Number of volunteer workers**

Must be a number.

## Targeted Audience

This question refers to whether the funded activity is specifically and directly targeted at one or more of these groups as attendees or participants (e.g. a workshop for artists with disability, a festival celebrating local Chinese culture). If the activity is broadly aimed at all members of the community, with no component that is more specifically targeted, the response should be Not applicable. (i.e. DO NOT select all groups to indicate general access).

### Will your activity directly and specifically target one or more of the following groups? \*

- |   |   |
|---|---|
| <input type="checkbox"/> Not Applicable (general community) | <input type="checkbox"/> People with a disability   |
| <input type="checkbox"/> Aboriginal People                  | <input type="checkbox"/> Older people (55 years +)  |
| <input type="checkbox"/> Torres Strait Islander people      | <input type="checkbox"/> Young people (12-15 years) |
| <input type="checkbox"/> Australian South Sea Islanders     | <input type="checkbox"/> Women                      |

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People from a culturally or linguistically diverse background       Men

At least 1 choice must be selected.

Please select Not Applicable if your activity is not specifically targeted.

## Certification and Feedback

\* indicates a required field

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant/organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct.**

**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 also understand that an Outcome Report/Funding Acquittal will also be required.**

**I agree \***

Yes

No

**Name of authorised person \***

First Name

Last Name

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

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

### Certification

**I certify that to the best of my knowledge the statements made within this application are true and correct.**

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**I understand that if my application is approved for this grant, I will be required to accept the terms and conditions of the grant as outlined in the letter of approval.**

**I also understand that an Outcome Report/Funding Acquittal will also be required.**

**I agree**

Yes

No

**Name**

First Name

Last Name

## 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.**