Welcome

Quick Response Funding

Welcome

Welcome to Lockyer Valley Regional Council's Regional Arts Development Fund (RADF). Please be sure to read through the <u>RADF guidelines</u> 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.

This application form is a Quick Response (out of round) funding opportunity. Funding is available for up to 65% of the total project costs, to a maximum of \$500. This form can be used for but is not limited to projects that allow local artists to develop their skills, experiences and networks. This could include mentorships, partnerships, workshops and attendance at conferences.

Eligibility Information

All applicants for Quick Response funding must live in the Lockyer Valley Region.

Applicants must be a:

- professional artist;
- emerging artist;
- cultural workers
- artsworker; or
- Project coordinator.

Funding Inclusions:

- Workshop
- Seminar
- Conference
- Masterclass
- Mentorship Fees

Exclusions:

- Local travel (within 300km of Gatton)
- Any workshop materials required
- Other incidentals (including meals not covered in the registration)
- Accredited study, training or university courses.

Please note:

The funding is non-transferable without approval from the RADF Liaison officer.

The grant will not provide funds for more than two people from the same group/organisation to attend the same event/activity.

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Privacy Notice

Lockyer Valley Regional Council pledges to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs), as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>. To view our privacy statement, go to <u>Lockyer Valley Regional Council's Privacy Policy</u>.

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.

Application Form

* indicate	es a required fie	ld		
About	you, the app	licant.		
Applicar Title	nt details First Name	Last Name		
Residen Address	tial Address *			
Addross I	ine 1, Suburb/Tow	in and Po	steada ara re	auirad
		ni, and Fo	sicoue are re	squireu.
Email Ad	ddress			
Must be a	n email address.			
Home P	hone Number			
Must be a	n Australian phon	e number		
Mobile F	Phone Number	•		
Marabla	A			
IVILIST DE A	n Australian nhon	e niimher		

New Question

Do you identify as belonging to any of ☐ Aboriginal people ☐ Torres Strait Islander people ☐ Australian South Sea Islanders ☐ People from a culturally or linguistically diverse background ☐ People with a disability ☐ Older people (55 years+) ☐ Young people (12-25 years) This information is not used to assess your appli used to review the annual program and provide	 □ Women □ Men □ LGBTIQ+ □ People who experience disadvantage □ Career stage - Emerging □ Career stage - Established □ Not Applicable cation. Information provided will be aggregated and
Do you have an ABN * ○ No	○ Yes
ABN	
check that you have entered the ABN corre	<u> </u>
Information from the Australian Business Regist	er
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More inform	<u>nation</u>
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 with your application, otherwise 48.5% of a	completed ATO Statement by a Supplier form ny approved funding may be withheld.
Download the form from: https://www.ato.g Statement%20by%20a%20supplier.pdf	ov.au/uploadedFiles/Content/MEI/downloads/
Please upload the completed Statemer Attach a file:	nt by Supplier form

Art Practice

Please select the artistic statements that ☐ I have an Australian Business Number (ABN) ☐ I devote significant time to my arts	t apply to you. ☐ I have been commissioned or employed on the basis of art skills ☐ I earn an income from sales of art work.
practice ☐ I have been recognised as professional / emerging by peers	☐ I am an artist whose artistic or cultural knowledge has been recogised as professional by peers of the cultural
☐ I have held public exhibitions or given public performances (not as part of a competition)	community I am a member of a professional assoiciation as a professional / emerging artist.
What associations / organisations are yo	u a member of?
Please provide additional details of your	art practice
Word count: Please provide any further details that will support	your application
Please upload an artist's statement and Attach a file:	or your CV
https://flyingarts.org.au/rosourcos/rosourcos for ar	tists-artsworkers/how-to-write-an-artist-statement/
Please provide details as to how your pr Culture Strategic Priorities	oject aligns with Council's Arts and
Word count:	
Project Details	
* indicates a required field	
About the Project / Activity	
Project Title *	
-,	
Must be no more than 10 words.	

Start Date *	
Must be a date. Your application will not be eligible if the later than 9 months from this applications.	the professional development project starts within 3 weeks or cion.
Finish Date *	
Must be a date.	
What is the predominant artfo ☐ Visual arts, craft and design ☐ Theatre ☐ Dance ☐ Writing	orm of this application * □ Film / Multimedia □ Community arts and cultural development □ Museums / collections / heritage □ Other:
☐ Music No more than 1 choice may be selected	ed.
Provide a description of the provide to do with the funds.	rofessional development activity and what you plan
Word count: Briefly list the activities that will take	place
Please describe how the funds your career.	s benefit you an as artist and how it will develop
Please detail how you will cap	ture the outcomes of this project.
All RADF funded projects require an o	utcome report.
Please attach brochures and/oundertaken. * Attach a file:	r promotional material for the activity to be

Budget and Other Documentation.

Please account for all the costs associated with your activity in the project budget

- Place each individual item on a new line.
- Ensure that your budget estimates are as accurate as possible.
- Indicate how much of the RADF grant will be used for each relevant item in the RADF grant component column.

• Use whole dollar amounts.

NOTE: If you are GST registered, Council will pay the grant plus GST.

- If you are registered for GST, your expenditure and income should be exclusive of GST.
- If you are **not registered for GST**, your expenditure should **include the GST** to be paid.

Budget

Income Description	\$ Expenditure Items	\$
RADF grant	\$ Activity (Registration/ conference fees)	\$
Applicant's financial contribution	\$ Accommodation	\$
In kind support	\$ Travel Costs	\$
Other grants/ sponsorships/donations	\$ Materials	\$
Other income	\$ Other expenses (please detail)	\$
	\$	\$
	\$	\$
	\$	\$

Budget Totals

Total Income Amount		
otal income Amount	Total Expenditure Amount	Income - Expenditure
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated. This amount should be Zero the budget needs to balance
Total Amount Reque	sted from RADF	
•	nount (no cents) and no more that h your budget above.	an 1000.
Please provide any a Attach a file:	additional material to supp	oort your budget and/or proposa

Certification

* indicates a required field

I certify that I have read and will abide by the RADF Guidelines.

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.

If my application is successful, I understand that Council may disclose the following information to Arts Queensland including:

- the information I have provided in my grant application
- the amount of funding I have received
- the information I have provided in the outcome report and
- text and images relating to my funded activity.

I am responsible for ensuring the acquittal of this grant and understand that I could be deemed ineligible to place further applications to Arts Queensland and Council until all grants have been satisfactorily acquitted.

I certify that I ha ○ Yes	eve agree with the information listed above.
Name *	
First Name	Last Name
Date of certifica	tion *
Must be a date.	
Must be a date.	