

# Quick Response Application Form

## Form Preview

## Welcome

### Quick Response Funding

#### 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).

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
- artsworke; 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 [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.

## Application Form

\* indicates a required field

About you, the applicant.

#### Applicant details

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Residential Address \*

Address

  

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

#### Email Address

Must be an email address.

#### Home Phone Number

Must be an Australian phone number.

#### Mobile Phone Number

Must be an Australian phone number.

#### New Question

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### Do you identify as belonging to any of the groups below?

- |  |   |
|--|---|
| <input type="checkbox"/> Aboriginal people   | <input type="checkbox"/> Women                              |
| <input type="checkbox"/> Torres Strait Islander people                                 | <input type="checkbox"/> Men                                |
| <input type="checkbox"/> Australian South Sea Islanders                                | <input type="checkbox"/> LGBTIQ+                            |
| <input type="checkbox"/> People from a culturally or linguistically diverse background | <input type="checkbox"/> People who experience disadvantage |
| <input type="checkbox"/> People with a disability                                      | <input type="checkbox"/> Career stage - Emerging            |
| <input type="checkbox"/> Older people (55 years+)                                      | <input type="checkbox"/> Career stage - Established         |
| <input type="checkbox"/> Young people (12-25 years)                                    | <input type="checkbox"/> Not Applicable                     |

This information is not used to assess your application. Information provided will be aggregated and used to review the annual program and provide information to Arts Queensland.

### Do you have an ABN \*

- ☐ No ☐ Yes

### 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	
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:

# Quick Response Application Form

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### Art Practice

Information provided in this section will allow the assessors to determine your status as an artist in regard to the RADF program.

**Please select the artistic statements that apply to you.**

- |   |   |
|---|---|
| <input type="checkbox"/> I have an Australian Business Number (ABN)   | <input type="checkbox"/> I have been commissioned or employed on the basis of art skills  |
| <input type="checkbox"/> I devote significant time to my arts practice  | <input type="checkbox"/> I earn an income from sales of art work.   |
| <input type="checkbox"/> I have been recognised as professional / emerging by peers                                 | <input type="checkbox"/> I am an artist whose artistic or cultural knowledge has been recognised as professional by peers of the cultural community |
| <input type="checkbox"/> I have held public exhibitions or given public performances (not as part of a competition) | <input type="checkbox"/> I am a member of a professional association as a professional / emerging artist.   |

**What associations / organisations are you 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/or your CV**

Attach a file:

<https://flyingarts.org.au/resources/resources-for-artists-artswokers/how-to-write-an-artist-statement/>

**Please provide details as to how your project aligns with Council's Arts and Culture Strategic Priorities**

Word count:

### Project Details

\* indicates a required field

#### About the Project / Activity

**Project Title \***

Must be no more than 10 words.

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### Start Date \*

Must be a date.

Your application will not be eligible if the professional development project starts within 3 weeks or later than 9 months from this application.

### Finish Date \*

Must be a date.

### What is the predominant artform of this application \*

- |  |  |
|--|--|
| <input type="checkbox"/> Visual arts, craft and design | <input type="checkbox"/> Film / Multimedia                       |
| <input type="checkbox"/> Theatre                       | <input type="checkbox"/> Community arts and cultural development |
| <input type="checkbox"/> Dance                         | <input type="checkbox"/> Museums / collections / heritage        |
| <input type="checkbox"/> Writing                       | <input type="checkbox"/> Other: <input type="text"/>             |

- ☐ Music

No more than 1 choice may be selected.

### Provide a description of the professional development activity and what you plan to do with the funds.

Word count:

Briefly list the activities that will take place

### Please describe how the funds benefit you as an artist and how it will develop your career.

### Please detail how you will capture the outcomes of this project.

All RADF funded projects require an outcome report.

### Please attach brochures and/or promotional material for the activity to be undertaken. \*

Attach a file:

### 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.

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- 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

\$

This number/amount is  
calculated.

Total Expenditure Amount

\$

This number/amount is  
calculated.

Income - Expenditure

\$

This number/amount is  
calculated.  
This amount should be Zero as  
the budget needs to balance.

### Total Amount Requested from RADF

\$

Must be a whole dollar amount (no cents) and no more than 1000.  
This amount should match your budget above.

**Please provide any additional material to support your budget and/or proposal**

Attach a file:

### Certification

\* indicates a required field

I certify that I have read and will abide by the [RADF Guidelines](#).

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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 have agree with the information listed above.**

☐ Yes

**Name \***

First Name

Last Name

**Date of certification \***

Must be a date.