

Arts Development Grant Program Application Form

Form Preview

Your Details

* indicates a required field

You are required to provide information about your organisation and your project. The contact information provided within this section will form part of your funding agreement and all future correspondence for this funding round if you are successful.

Applicant

Applicant Organisation *

Organisation Name

Applicant Postal Address

Address

Application Contact

Application Contact *

Title First Name Last Name

Application Contact Position *

Application Contact Mobile Phone Number *

Must be an Australian phone number.

Application Contact Primary Email *

Must be an email address.

Authorised Signee

Is the application contact an Authorised Signee? *

An Authorised Signee is someone who is authorised to sign funding documents on behalf of the organisation

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Authorised Signee 1

Authorised Signee *

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

Authorised Signee Position *

Authorised signee must be either a President, CEO, Director, Secretary, Treasurer or a Senior Role within the applicant organisation.

Authorised Signee Mobile Phone Number *

Must be an Australian phone number.

Authorised Signee Primary Email *

Must be an email address.

Authorised Signee 2

Please specify a second Authorised Signee for the application

Authorised Signee 2 *

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

Authorised Signee 2 Position *

Authorised signee must be either a President, CEO, Director, Secretary, Treasurer or a Senior Role within the applicant organisation.

Authorised Signee 2 Mobile Phone Number *

Must be an Australian phone number.

Authorised Signee 2 Primary Email *

Must be an email address.

Remember! Save your application before moving to next page.

Auspice Details

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* indicates a required field

Groups that are not incorporated are still eligible to apply for funding but must do so by identifying an incorporated association to auspice their project.

**Is your project being
auspiced? ***

Auspice Organisation

Auspice Organisation *

Organisation Name

Auspice Postal Address

Address

Auspice Authorised Signee

Auspice Authorised Signee *

Title First Name Last Name

Auspice Authorised Signee Position *

Auspice Authorised Signee Mobile Phone Number *

Must be an Australian phone number.

Auspice Authorised Signee Primary Email *

Must be an email address.

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Incorporation & Insurance

* indicates a required field

Incorporation, ABN & Insurance

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Incorporation Number *

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Attach Public Liability Insurance Certificate (minimum \$10million)

Attach a file:

Incorporation, ABN & Insurance (Auspicing Organisation)

Being Auspiced? If you have nominated an auspice organisation, enter their details in this section.

Incorporation Number *

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	

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Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Attach Public Liability Insurance Certificate (minimum \$10million)

Attach a file:

Remember! Save your application before moving to next page.

Project Details

* indicates a required field

How this section will be assessed.

The following section/s are assessed using the [Assesement Criteria](#) found in the grant guidelines.

Project Details

Project Title *

Please enter the title exactly as you would like it to appear in any publications.

Brief description of Project *

Must be no more than 100 words

Where will your project take place? *

When will your project take place? *

What is your project idea? (55%)

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Your 'Project Idea' will be assessed using the **Assessment Criteria** found in the grant guidelines.

Link to [MRCC Community and Council Plan 2017-2021](#)

What is the aim of your project? *

How does your project contribute to the achievement of objectives outlined in the Arts, Culture and Heritage section of the Council Plan?

Refer to MRCC Community and Council Plan 2017-2021, Section 1.5 Arts, Culture and Heritage

How does your project demonstrate innovation to set an example for others? *

What evidence is there of demand for your project? *

Will there be a fee for people to participate? *

Fees - if yes, please provide details below

e.g. No charge / Gold coin donation / Per participant charge of \$

How many people do you expect to be involved in the project? *

Forecast the anticipated participation, potential reach of the project and/or audience attendance.

How will you evaluate the success of the project? *

Outline your criteria for success, evaluation - feedback and data collection e.g. attendances, surveys.

Project Delivery

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The '*Project Delivery*' will be assessed using the **Assessment Criteria** found in the grant guidelines.

Who will carry out the project? (15%)

A clearly outlined project management team who will deliver the project. Clearly defined accountability and governance structures and delegations are in place.

How will the project be carried out? (10%)

Demonstrated ability to complete the project within budget and within the designated timeframe.

What partnerships do you have? (10%)

What partnerships do you have and/or have been explored for the project? *

Project Marketing

Are any marketing and/or promotional activities planned or required? (If yes, please outline details below) *

Please outline

e.g. media releases, media conferences or interviews, print - newspaper, magazine, online - websites, social networking, broadcast - radio or television commercials

Social inclusion

Being 'inclusive' means welcoming everyone - regardless of age, gender, race and ability and that all people involved have an equal opportunity to participate at a level they choose. When answering this question, consider how your project will engage with our diverse community including, but not limited to, juniors/youth, seniors, the Indigenous community, the CALD community and/or other specific groups.

How does your project address social inclusion? *

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Project Timeline

How this section will be assessed.

The following section/s are assessed using the [Assesment Criteria](#) found in the grant guidelines.

Instructions

- Outline your project's timeline from **start to finish**
- List **all key tasks/milestones** and when you plan to commence and finish each task.

Key Task / Milestone	Start / Finish Dates

Remember! Save your application before moving to next page.

Budget

* indicates a required field

Instructions

Your budget is an important part of your grant application and will be assessed using the [Assessment Criteria](#) found in the grant guidelines.

The assist you to complete your budget correctly we have developed [Budget Instructions](#) for you, including:

- What is project expenditure and income?
- How to complete your budget
- Budget examples

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- What is & how do I calculate in-kind contribution?

Grant Amount Requested

Total Amount Requested *

\$

What is the financial support you are requesting in this application?

Project Costs (Expenditure)

- List **all costs** associated with your project.
- Enter \$0 where items are not applicable.

Item	\$
Venue hire	\$ <input type="text"/>
Marketing	\$ <input type="text"/>
Administration	\$ <input type="text"/>
Infrastructure	\$ <input type="text"/>
Production costs	\$ <input type="text"/>
Contingency budget amount	\$ <input type="text"/>

What project costs (expenditure) would be paid for using the grant funds? *

Remember!

- Two quotes must be provided for any single expenditure items of \$1,000.
- Quotes must be less than 3 months old.

Quote	Quote
<input type="text"/>	<input type="text"/>

Project Income

- Your Expenditure and Income **TOTALS must match.**
- **List and name** all sponsor cash and in-kind contributions (add new row for each sponsor).
- Enter \$0 where items are not applicable.

Income Source	\$
Mildura Rural City Council Grant	\$ <input type="text"/>
State Government Grant	\$ <input type="text"/>
Federal Government Grant	\$ <input type="text"/>
Participant fees	\$ <input type="text"/>
Box Office (ticket sales)	\$ <input type="text"/>
Your organisation's cash contribution	\$ <input type="text"/>

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Your organisation's in-kind contribution	\$
(Enter Sponsor Name) - Sponsor cash contribution	\$
(Enter Sponsor Name) - Sponsor in-kind contribution	\$

How would you complete the project if the full grant amount was not approved? *

Remember! Save your application before moving to next page.

Applicant Declaration

* indicates a required field

Further Information

Additional information and/or documentation in support of your project (e.g. site plans/ drawings, photos, letters of support etc) can be uploaded below.

Attach a file:

Our Privacy Statement

Mildura Rural City Council collects Personal and/or Health Information for municipal purposes as specified in the *Local Government Act 1989*. The information collected in this form is used only for the purposes specified (primary purpose) and is not passed on to third parties. Council may disclose this information but only if authorised or required by law. Council may not be able to process your request unless sufficient information is given. Should you need to change or access your personal details, or you require further information regarding Council's Privacy Policy please contact Council's Privacy Officer.

Acceptance of Privacy Statement *

☐ Yes

Applicant Declaration

I, the undersigned, certify that I have been authorised by my Organisation and Auspice Organisation (if applicable) to submit this application.

I have read, understood and agree to the terms and conditions of this grant.

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I have completed all sections of the applicaiton and to the best of my knowledge all the information I have given is true and correct.

I agree that Mildura Rural City Council, for the purpose of assessing this applicaiton, may check any of my statements.

I understand that this is an application and may not necessarily result in funding approval.

Acceptance of Declaration *

☐ Yes

Your Name *

Title

First Name

Last Name

Position *

Date *

Must be a date

I would like to receive information about future grant rounds *

☐ Yes

☐ No