

Regional Arts Development Fund 2023/24

Application Form



- The RADF Guidelines are available at www.longreach.qld.gov.au
- · Please read them before completing this application form.
- · Ask your local Council or a member of the RADF Committee if you are unsure about any part of your application.
- Keep a copy of your application to help prepare the Outcome Report once your activity has finished if you have been successful in receiving RADF funding.
- · Return your completed application and support material to any Longreach Regional Council branch.
- · Faxed applications will not be accepted.

Council contact details

Please contact your Council for RADF contact details if not indicated below.

Email: assist@longreach.qld.gov.au Phone: 07 4658 4111

Postal Address: PO Box 144, Ilfracombe QLD 4727

APPLICANT DETAILS	APPLICANT DETAILS					
Applicant name (name o	of individual, group or organisation)					
Contact person's name (completing the Outcom	where applicant is a group or organisation). This is the person who will be responsible for the project and e Report.					
POSTAL ADDRESS						
Street or PO Box						
Town / Suburb						
State / Postcode						
ARTFORM - What is the	main artform					
Theatre Dance	Music Visual Arts, Crafts and Design Writing Heritage Multi-arts					
PROJECT NAME (max 10) words)					
BRIEF PROJECT DESCR	IPTION: In approximately 20 words, describe the project.					
The grant will be used to	owards the costs of					
Project start date:						
Project end date:						
Outcome report due:						
Total cost of project:	\$					
RADF grant requested:	\$					
If you were given less than the amount requested, will your project still go ahead?						



1. APPLICANT DETAILS							
1.1 Applicant Type							
Are you applying as (please tick ONLY ONE):	an individual \Box	a grou	p/unincorporate	ed body \square	an organisation		
(please tick ONLY ONL):	Go to 1.2	Go to 1			Go to 1.4		
1.2 Individual							
If you are under 18 years of	Title: Mr	☐ Mrs ☐ M	S Other (please specify)	:		
age please give your date of birth:	Given	<u></u>	<u> </u>	p ,	•		
	names:						
	Family name:						
	Do you have Austr		Yes No I				
	Are you: Male	Female		Go to 1.5			
1.3 Groups							
Collectives or cooperatives are community groups or	Name of group:						
groups of artists that are not incorporated but must be	Name of auspici						
auspiced by an incorporated organisation including Local		individual Note: this organisation or individual must complete Section 1.8					
Government, or an individual with an ABN.	Details of account	able person in gro	oup				
One person must be	Title:	Mr Mrs	□ Ms □ (Other (please	specify):		
nominated as the accountable representative of the	Given names:						
collective for management, reporting and financial matters.	Family name:			Go to 1.5			
1.4 Organisation							
Eligible organisations include arts and cultural not-for-profit	Legal name of org	anisation:					
organisations and Australian companies that are either							
based in Queensland or able to demonstrate how their	Title:		Mr Mrs C	☐ Ms ☐	Other (please specif	y):	
project will directly benefit Queensland arts and culture.	Given names:						
Organisations must be	Family name:						
registered under law as either incorporated associations	Role of contact pe	erson:					
or a company limited by guarantee.	What is your orga status? (limited by incorporated; etc.)				Go to 1.5		
1.5 Applicant Contact Detail	s						
Street address:							
Suburb/town:			State:	F	Postcode:		
Postal address:							
Suburb/town:			State:	F	Postcode:		
Telephone:			Mobile				
Email:							
Website:							



1.6 RADF Grant History								
Have you or your group/organis	sation previous	sly applied for	a RADF grant?			Yes C]	No 🗆
If you were successful has that	grant been sud	ccessfully acq	uitted?			Yes C]	No 🗆
1.7 Australian Business Numbe	r (ABN) Detail	s						
Will you/your organisation be responsible for the financial	Yes - I	Provide your A	ABN details below					
management of the grant if this application is successful?		No – An Auspicing body will be administering any grant that I receive on my/c nalf. Complete section 1.8 below						ation's
What is your ABN:								
In what name is the ABN registe	ered?							
What is your trading name or pr relevant)?	ofessional nar	me (if						
Are you registered for GST?		Yes	□ No					
1.8 Auspiced Application								
Note: All individuals who do not ABN or incorporated organisation						ate an individ	ual v	vith an
		•				ant on vour h	oha	النب مطييا ا
Only complete this section if yo also be responsible for submitting				or individu	dar to administer the gr	rant on your t	епа	II WHO WIII
Who is your Auspicing arrangement with? an incorporated organisation an individual with an ABN								
Name of Auspicing organisation	or individual:							
Contact person for Auspicing or	ganisation:							
Position of contact person (if rele	evant):							
ABN of Auspicing organisation or individual								
Are you registered for GST?	☐ Yes		No					
Postal address of Auspicing organisation or individual:								
Suburb/Town:				State:		Postcode:		
Telephone:	Work:		Home:		Fax:			
Mobile:				-				
Email:								
Certification of Auspicing Organisastion/Individual Details	☐ Go to	6.2						



	BOUT THE PROJECT	I				
2.1 De	scribe your project					
	Include the who, what, when, where and why sregarding your project.					
2.2 W	hat is the main artform category of your project?					
	tal number of activities involved (e.g. rmances, workshops etc.)					
	ow many people do you anticipate will participate project?					
	what location will you undertake the project? le the venue and township/s that will be used.					
2.6 W projec	hat is the start date and end date of your ct?	Start date:				
	Your application will not be eligible if your project s before the grant is approved.	End date:				
	Il the participants in the project pay a fee? If, so					
2.8 Ar	e the activities associated with your project being	held in the Lo	ongreach Regional Council area?			
	Yes No					
	how will the community living in Longreach Region Committee may include conditions as part of your		ea benefit from the project? If your application is successful, the			
2.9 Ho	ow does the project address the RADF 2020/2021 I	Key Performa	nce Outcomes (KPO's)?			
QUAL	ITY Produces or contributes to high-quality arts and of the proven capacity to effectively support and deliver					
REAC			rerse communities, practitioners, participants and audiences.			
IMPA	CT					
	Demonstrates cultural, artistic, social or economic	c value.				
	Supports one or more of the Queensland Govern	ment objectiv	es for the community including:			
	(At least one or two Objectives will need to be set	lected)				
	 □ Encouraging safe and inclusive communities. □ Building regions, supporting disadvantaged Qu □ Stimulating economic growth. □ Innovation, increasing workforce participation 		ng heritage.			
VIABI	LITY					
	Evidence of good planning and reporting					
П	Evidence of partnership with community, business and or government.					



2.10 How will this project benefit you, your community or artists/cultural worker	s?
Give a brief description about the results you expect from the project. Examples coverage for your Artform, professional development, innovation, new work, quali	ould be: skill development, community access, media ty of life for the community, health and wellbeing.
2.11 Show evidence of genuine community interest and local support for this pro	ject (letters of support).
2.12 Please outline the steps you have taken to address the issues of workplace h	nealth and safety public liability insurance copyright
and relevant licenses.	
3. PROJECT MANAGEMENT	
3.1 List each stage of the project from start to finish. Write a date in the column be complete that stage of the project.	eside each stage to indicate when you expect to
Project Stage	Expected Completion Date
Complete the RADF Outcome Report (no later than 8 weeks after the finish date)	



3.2 LIST THE ARTISTS AND ARTSWORKERS INVOLVED

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 (please attach an extra page if necessary).

Please remember to attach the following four documents from each artist or Artsworker receiving RADF funding:

- · Resume or CV
- Eligibility Checklist for each Professional and Emerging Professional Artist
- · Letter of confirmation and
- · Schedule of fees

Name	Role or position in project	Rate of pay (\$/hr or \$/week)	Total fee whole \$	Amount to be funded by RADF
TOTAL (Transfer total salaries, fe	es and allowances to the expenditure column in the b	udget)	\$	
TOTAL (Transfer total RADF amount to the RADF expenditure column in the budget)				\$
3.3 How many people in total wil	l be employed (paid) through the project?			
3.4 How many volunteers (unpaid	d workers) will be involved with the project?			



3.5 Project Budget - Income and Expenses

Please complete this budget template to account for all costs of your project. Round all amounts to whole dollars

Enter all other grants for which you have applied and mark an asterisk against those grants which have already been approved. The amounts requested in the third column (RADF) show how much RADF funding you are seeking for each expenditure item.

Note: If you are GST registered (see 1.7) 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.

INCOME includes total RADF grant other financial and in-kind contributions	TOTAL of each income item	EXPENDITURE	TOTAL COST of each expenditure item.	RADF
Earned Income (eg: ticket sales)		Salaries, Fees and Allowances		
Contribution from artists and others (Please note this is inkind as IK or \$)		Project or Activity Costs		
Other Grants		Promotion, Documentation and Marketing		
Sponsorship, fundraising and donations		Administration		
(Please note where this is inkind as IK)				
RADF GRANT		RADF GRANT		
TOTALINCOME		TOTAL EXPENDITURE		
3.6 Have you attempted to source funding	for this project else	where?		
Yes - if so please detail				□No
3.7 Does your project require or promote	any sort of partners	hip? Which one(s)?		



4. ST	ATISTICAL INFORMATION		
This i		the asse	essment of your application. Please help us to improve our services by
4.1 Do	you, or your group/organisation, predominantly ide	entify w	ith any of the community groups below?
	Aboriginal people		Older people (over 55 years of age)
	Torres Strait Islanders		People with a disability
	Australian South Sea Islanders		Women
	Children and young people (30 years and under)		People from culturally and linguistically diverse backgrounds (CALD)
4.2 Co	ommunity groups which will specifically benefit from	the pro	oject (if applicable)
	Aboriginal people		Older people (over 55 years of age)
	Torres Strait Islanders		People with a disability
	Australian South Sea Islanders		Women
	Children (aged O-11) and young people (aged 12-2)		People from culturally and linguistically diverse backgrounds (CALD)
5. ESS	SENTIAL SUPPORT MATERIAL		
Pleas		ss. Tick	those support materials which you have attached to this application.
		ss. Tick	those support materials which you have attached to this application.
ALL AF	e label all support material with your name and addre	ss. Tick	those support materials which you have attached to this application.
ALL AF	e label all support material with your name and addre	ss. Tick	those support materials which you have attached to this application.
	e label all support material with your name and address PPLICANTS List of artist(s) involved. Applicant Resume (if applicable).		those support materials which you have attached to this application. It is for a each artist involved in your project (page 10 of the application form).
ALL AF	e label all support material with your name and address PPLICANTS List of artist(s) involved. Applicant Resume (if applicable).	nal Artist	s for a each artist involved in your project (page 10 of the application form).
	e label all support material with your name and address PPLICANTS List of artist(s) involved. Applicant Resume (if applicable). Eligibility checklist for professional and Emerging Profession	nal Artist key artis	s for a each artist involved in your project (page 10 of the application form). sts, personnel and venue managers involved in the project.
	e label all support material with your name and address PPLICANTS List of artist(s) involved. Applicant Resume (if applicable). Eligibility checklist for professional and Emerging Profession Written confirmation of the names and availability from the Letters of support from professional artists and/or organisation	nal Artist key artis ions in yo	s for a each artist involved in your project (page 10 of the application form). Its, personnel and venue managers involved in the project. Dur areas of practice. organisations for projects involving Aboriginal, Torres Strait Island or
	PPLICANTS List of artist(s) involved. Applicant Resume (if applicable). Eligibility checklist for professional and Emerging Profession Written confirmation of the names and availability from the Letters of support from professional artists and/or organisation.	nal Artist key artis ions in yo	s for a each artist involved in your project (page 10 of the application form). Its, personnel and venue managers involved in the project. Our areas of practice. Organisations for projects involving Aboriginal, Torres Strait Island or



6. CERTIFICATION

6.1 All Applicants

I, the undersigned, certify that:

I have read and will abide by the RADF Guidelines Information for Applicants together with any published revisions which are available at www.longreach.qld.gov.au

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.

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 anonymized 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.

Applicant: If you are under the age of 18 your legal guardian must also sign this application	Signature:	Date:
Name in full:		
Position in group or organisation: (if applicable)		
Witness	Signature:	Date:
Name in full:		
Position in group or organisation: (if applicable)		



6.2 Certification by Auspicing Organisation/Individual

Please note: Both the applicant and the auspicing organisation/individual are considered responsible for ensuring the acquittal of grants and both could be deemed ineligible to place further applications to Arts Queensland and Council until all grants have been satisfactorily acquitted.

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 1.8 of this application is true and correct.

• •		
Signature:		Date:
Name of Auspice body:		
Contact person's name in full:		
Position in group or organisation (if applicable)		
Witness	Signature:	Date:
Name in full:		
Position in group or organisation (if applicable)		



ELIGIBILITY CHECKLIST: PROFESSIONAL / EMERGING PROFESSIONAL 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 RADF page on the Arts Queensland website www.arts.qld.gov.au

The purpose of the RADF Program is to support professional and emerging professional artists and artsworkers (artists) 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 Off	icer to discuss alternative funding sources to support your arts activity/project.					
Artist, or Artsworker name:						
Please tick the following artistic merits that apply to y	ou.					
☐ I have professional arts and/or cultural qualification	itions					
I have an Australian Business Number (ABN)						
I have devoted significant time to arts practice.						
I have been recognised as a professional by pee	rs.					
I have held public exhibitions or given public pe	rformances (not as part of a competition).					
I have work held in public collections.						
I have won important national and/or internation	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 commissioned or employed on the	basis of art skills and/or earning income from sales of art work.					
I am a member of a professional association (or	associations) as a professional artist. Please name them below.					
I am an artist whose artistic or cultural knowled	ge has been recognised as professional by peers or the cultural community.					
I am an artist whose artistic or cultural knowled	ge has developed through oral traditions.					
Name:						
Signature:						
Date:						



APPLICATION CHECKLIST

All parts of the application is completed.
Letters of support are attached.
Resume/CV for each professional or emerging professional artist involved in the project/activity are attached.
Written quotes from key artists and personnel involved in the project/activity (where appropriate) are attached.
The application is signed and witnessed.
The application is signed by Auspicing individual or organisation witnessed (if applicable).
List of artist(s) involved.
Applicant resume (if applicable).
Eligibility checklist for professional and Emerging Professional Artists for a each artist involved in your project.
Written confirmation of the names and availability from the key artists, personnel and venue managers involved in the project.
Letters of support from professional artists and/or organisations in your areas of practice.
Letters of support and confirmation from relevant communities and organisations for projects involving Aboriginal, Torres Strait Island or language diverse communities or people with disability, children and youth.
Letters of support from relevant stakeholders.
Detailed and accurate budget, including applicant contribution details outlined as project revenue.

Privacy Collection Notice

Longreach Regional Council is collecting your name, residential address and telephone number in accordance with the Local Government Act 2009 in order to process your application. The information will only be accessed by employees and/or Councillors Longreach Regional Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.