

APPLICATION FORM

The Regional Arts Development Fund Application Form is to be used to apply for financial assistance for community art and cultural activities by professional or emerging professional artist individually, with a group or through an organisation.

To return your completed form or for further information, please contact Council's Community Development Services via email, council@hinchinbrook.qld.gov.au, phone 4776 4600, in person at Council's Main Office, 25 Lannercost Street, INGHAM QLD, or via post PO Box 366, INGHAM QLD 4850.

APPI	LICATION SUMMARY						
Appl	icant Name						
	act Person's Name up and/or organisation)						
Email Address							
Cont	act Phone Number						
Postal Address							
Towi	n/Suburb		State		Postcode		
Eligibi	lity Checklist						
Please	e refer to the Regional Arts Deve	lopment Fund Po	olicy for eligibility	requirements:			
	Reside within Hinchinbrook Shi	re;					
	Professional arts and/or cultural qualifications attached;						
	Hold an Australian Business Number (ABN);						
	Have devoted significant time to arts and/or cultural practice;						
	Have been recognised as a professional by my peers;						
	Experienced in holding public exhibitions or given public performances (not as part of a competition);						
	Have works held in public collections;						
	Have won important national and/or international prizes or awards;						
	Public discussions and/or articles have been written or held regarding my work;						
	Have been commissioned or employed on the basis of art skills and/or earning income from sales of artwork;						
	Member of a professional association (or associations) as a professional artist;						
	I am an artist whose artistic or cultural knowledge has been recognised as professional by peers or the cultural community;						
	I am an artist whose artistic or cultural knowledge has developed through oral traditions;						
	Be not-for-profit organisation or group (Council may request the submission of certificate of incorporation or other documentation to demonstrate this criteria) if applying as a group;						
	Submitted previous RADF acquittal forms;						
	Demonstrate how the project will directly benefit arts and culture in the Shire; and						
	Complete the RADF Application Form.						



PROJECT SUMMARY PROJECT SUMMARY							
Project Name							
Project Description Provide a brief description of your project including aims and objectives. This statement will be used to promote your project in our media releases if successful.							
Project Commencement Date		Project End Date					
Outcome Report Due Date (four weeks from event or activity)		Location of project					
Total Cost of Project	\$	Requested RADF Investment	\$				
RADF GRANT HISTORY							
Have you received any other financia project?	nce from Council for this	☐ Yes ☐ No					
Are you raising funds on behalf of ar assistance from Council?	☐ Yes ☐ No						
Is the activity high risk, that could re	☐ Yes ☐ No						
Does the activity take place outside	□ Yes □ No						
Have you previously applied for a RA	□ Yes □ No						
In what year did you previously apply	-						
If you were successful has that grant	☐ Yes ☐ No						



SECTION ONE: INDIVIDUAL APPLICATIONS						
Do you have Australian Citizenship or Permanent Residency status?					'es	\square No
Are you under 18 years of age?					'es	□ No
SECTION TWO: GROUP APPLICAT						
Collectives or cooperatives are community groups or groups of artists that are not incorporates and therefore must be auspiced by an incorporated organisation (including Local Government authority), or an individual with an ABN to take financial responsibility for the grant. One person must be nominated as the accountable representative of the collective for management, reporting and financial matters.						
Name of Group						
Name of Auspicing Organisation and/or Individual						
Contact Person for Auspicing Organisation and/or Individual						
Postal Address of Auspicing Organisation and/or Individual						
Town/Suburb		State		Postcode		
SECTION THREE: ORGANISATION	I ADDI ICATIONS					
Eligible organisations include an based in Queensland or able to must be registered under law as	rts and cultural not-for-pr demonstrate how their pro	oject will dired	ctly benefit local a	rts and cultur		
Legal Name of Organisation						
Position of Contact Person						
SECTION FOUR: ABN DETAILS						
To be completed by Individuals, Organisations or Auspicing Organisations and/or Individuals responsible for the financial management of the grant if it is successful.						
What is your ABN?						
In what name is the ABN registered?						
Are you registered for GST?	□ Yes □ No					



PROJECT IMPACTS								
Activity Type Please select the option that best describes the type of activity within the project								
Community consultation/arts research/policy development		Performances						
Creative development of new work		Placemaking						
Cultural Tourism		Professional and/or Career Development						
Events and/or Festivals		Publications						
Exhibitions and/or Collections		Workshops						
Heritage protection and/or promotion		Other (please specify):						
Project Art Form Please select one art form that best describes you	r project							
Visual arts, craft and design		Dance						
Theatre		Writing						
Community Arts and Cultural Development		Music						
Museums and/or Collections and/or Heritage		Film and/or Multi-media						
PROJECT PRIORITIES								
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PROJECT PRIORITIES Local Priorities Please select one of the following Council's local a	rts and o	cultural priorities that your project best addresses						
Local Priorities	rts and o	Promote safe, healthy, inclusive and socially engaged communities						
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Local Priorities Please select one of the following Council's local a Empower the community Encourage innovation and attract new investment to the Shire Strengthen networks Develop town and community planning State Priorities		Promote safe, healthy, inclusive and socially engaged communities Empower and encourage strong community organisations Create places of community identity Develop Hinchinbrook as a destination						
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Local Priorities Please select one of the following Council's local a Empower the community Encourage innovation and attract new investment to the Shire Strengthen networks Develop town and community planning State Priorities Please select one of the following Queensland State Safeguarding our Health Supporting Jobs Backing small business	e priorit	Promote safe, healthy, inclusive and socially engaged communities Empower and encourage strong community organisations Create places of community identity Develop Hinchinbrook as a destination ies that your project best addresses Building Queensland Growing our regions Investing in skills						



BUDGET AND MILESTONES (Additional Budget evidence to be attached. Whole dollars only)						
Expenditure or Income	Milestone Date When do you expect this to be completed	Total Costs (excl. GST) Whole dollars only	RADF Funding (excl. GST) Whole dollars only			
COMPLETION	//	\$	\$			



APPLICATION FORM

SUPPORTING MATERIAL						
Copy of Certificate of Incorporation	☐ Attached	Up to Three Letters of Support from Local Community	☐ Attached			
Supporting Material from Auspicing Organisation (If not incorporated)	☐ Attached	CV of Applying Artist (No longer than three pages)	☐ Attached			
Completed Eligibility Checklist (page one of application form)	☐ Attached	Quotes for Budget Items Over \$300 Requiring Grant Assistance	☐ Attached			
Professional Arts and/or Cultural Qualification	☐ Attached	Risk Assessment Or demonstrated consideration for Health and Safety	☐ Attached			

Privacy Notice and Disclaimer

Hinchinbrook Shire Council is collecting your personal information to process your submission as stated in this form. The collection of this information is authorised under the *Local Government Act 2009*. Your personal information will not be disclosed to a third party unless required by law. You may access this information on the appropriate form obtainable from Council's website at any time.

SIGNATURE REQUIRED					
Applicant Signature		Date			
Name of Auspicing Body					
Contact Person's Name		Contact	Person's Position		
Auspicing Agent Signature		Date			