Making an Application

Objective

The aim of the <u>Country Arts Support Program (CASP)</u> is to support community arts and cultural development in regional NSW through small grants.

Overview

Country Arts Support Program (CASP) is an annual small grants program and is guided by Create NSW Arts and Cultural Funding Program's three major objectives:

- Grow creative leadership and programming excellence in NSW
- Strengthen NSW arts and cultural activity that drives community and social benefits
- Showcase NSW as a leader for strategic arts and cultural governance and strong financial management

The fund is delivered in partnership with the 15 Regional Arts Development Organisations.

Closing date

Applications close: Friday 31 May, 12.00 midnight AEST.

Funding Amount

Grants of \$500 - \$2,000 are available primarily for professional artists' fees, art materials, venue hire, travel and accommodation.

Timing

Projects are to take place between 1 July 2024 - 28 February 2025.

Contact and Support

Refer to <u>CASP 2024 Funding Guidelines</u> for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: 02 6658 9400 Email: director@artsmidnorthcoast.org

Accessibility

If you are an applicant with disability and you require this information in a format which is accessible to you, or if you require this information in another language, you can contact us between 9am and 5pm Monday to Friday.

Telephone: 02 6658 9400

Email: communications@artsmidnorthcoast.org

Eligibility

* indicates a required field

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Local Government Areas covered by Arts Mid North Coast: Bellingen Shire Council, Coffs Harbour City Council, Kempsey Shire Council, Nambucca Shire Council, Port Macquarie-Hastings Council

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 Bellingen Shire Council 	 Nambucca Shire Council
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- Coffs Harbour City Council Port Macquarie-Hastings Council
- Kempsey Shire Council○ Other

Please select your LGA based on your street address i.e. principal place of residence/business. If the LGA is not in this list, your area is not eligible to apply for CASP funding.

Based on your response to the Eligibility Applicant LGA as other you are ineligible to apply.

Refer to <u>CASP Funding Guidelines</u> for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

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Email: director@artsmidnorthcoast.org

Eligible Projects

Eligible activities Eligible projects include but are not limited to:

- workshops
- arts activities as part of community festivals or events
- activation of community halls for arts events/activities
- artist-in-residence programs
- public art and design projects
- performances
- community seminars and forums
- exhibitions
- other local arts initiatives

Note: To be eligible, applicants must discuss their project with Arts Mid North Coast before applying. Contact director@artsmidnorthcoast.org or call 02 6658 9400

If your project involves working with children and young people, participants must supply a current Working With Children Check Number.

CASP will not fund:

- Core equipment purchases (such as laptops, artworks, musical instruments), you can purchase art materials required for the project / event / workshop.
- Capital expenses (infrastructure/building activities)
- Fundraising and donations, awards, competition entry fees or prize money
- Applicants who have already received Create NSW or other funding for the same activities
- Repayment of loans regarding funding opportunities
- General operating expenses or ongoing costs of long-term continuous projects
- Projects that have commenced or are completed

Form Preview

- Sporting and religious events/activities
- Activities that are carried out to satisfy the course requirements of an educational institution, such as a TAFE or university
- Activities that directly support the delivery of an educational program, school curriculum or course, and delivered during school hours at a single institution.
- Reimbursement to recover costs of items already purchased (such as flights, accommodation, and materials)

Have you discussed	your project with	Arts Mid North	Coast and	confirmed	your
application is for an	eligible activity?	*			

○ Yes ○ No

Unable to continue

Based on your response to the Eligibility *Have you discussed your project with Arts Mid North Coast?* you are ineligible to apply. Refer to **CASP Funding Guidelines** for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: 02 6658 9400

Email: director@artsmidnorthcoast.org

ELIGIBLE APPLICANT TYPES

Are you applying as:

- Aboriginal Arts and/or Cultural Organisation
- Group
- Incorporated Association
- Individual
- Not for profit incorporated body
- Other

Unable to continue

Based on your response to the Eligibility You are applying as: other - you are ineligible to apply.

Refer to <u>CASP Funding Guidelines</u> for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: 02 6658 9400

Email: director@artsmidnorthcoast.org

You are applying with: *

- Individual/Sole Trader ABN
- Funding to be Administered
- I do not have an ABN described above
- Other

Form Preview

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	~ ~	~ P	~. ,	- 3	

- A group members' Individual/Sole Trader ABN
- A Partnership ABN
- Unincorporated Entity ABN
- Funding to be Administered
- O I do not have an ABN described above
- Other

Unable to continue

Based on your response to You are applying with you are unable to continue and apply.

Refer to <u>CASP Funding Guidelines</u> for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: 02 6658 9400

Email: director@artsmidnorthcoast.org

If you do not have an ABN and you are successful, you will need to either:

- Obtain the correct ABN
- Engage a Funds Administrator
- Other

Unable to continue

Based on your response to *If you do not have an ABN and you are successful, you will need to either* you are unable to continue and apply.

Refer to <u>CASP Funding Guidelines</u> for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: 02 6658 9400

Email: director@artsmidnorthcoast.org

Able to continue

Based on your responses to the above Eligibility Criteria you can now proceed and complete your application. Confirmation of eligibility will be determined upon submission of your application.

Would you like to proceed to complete your application?

○ Yes ○ No

Unable to continue

Based on your response to Would you like to proceed to complete your application? you are unable to continue and apply.

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Refer to <u>CASP Funding Guidelines</u> for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: 02 6658 9400

Email: director@artsmidnorthcoast.org

Applicant Details

* indicates a required field

You have indicated that you are applying as an **Individual or Individual with a nominated Funds Administrator**. Please fill out the guestions below.

You have indicated that you are applying as a **Aboriginal Arts and/or Cultural Organisation, Incoporated Organisation, Group or Not for Profit incorporated body**. Please fill out the questions below.

Select 'Organisation' and in 'Organisation Name' enter your group name (if you have one) or the names of the members.

Note: if you have an Individual/Sole Trader ABN and your 'organisation' is your business or trading name you should apply as an individual. You will need to go back to the Eligibility Page and change your choice to 'Individual based in NSW'.

Applicant *	○ Individual Organisation N	○ Organisation lame	
	Title First	Name Last Name	
	IF VOLLARE APPL	VINC AS A CROUP Salast IQuasi satisati	1
	'organisation nar	LYING AS A GROUP: Select 'Organisation' an me' enter your group name (if you have or	
	the names of the	e members.	

You have selected that you are applying as an Individual but you have selected you are applying as an *Organisation*. To continue select **Applicant** as **Individual** and ensure that the you fill in the **Title**, **First Name and Last Name**.

You have selected that you are applying as a Aboriginal Arts and/or Cultural Organisation, Group, Incorporated Entity or Not for Profit incorporated body but you have selected you are applying as an *Individual*. To continue select **Applicant** as **Organisation** and ensure that

Form Preview

the **Applicant Name** you provide is the name of your Group (if you have one) or the name of **all** your group members.

Professional name (if applicable)					
Street Address *		Postal Addre	ess *		
Address		Address			
Suburb State Postcode		Suburb	State	Postcode	
Applicant organisation's principal place MUST be in regional NSW.	e of business	5.			
Phone *					
Email *					
Website					
Legal status of your organ	isation or	r group			
What is your organisation's leg ☐ Not for profit incorporated bod Other			or trust □	Collective	
Please select one					
About Your Organisation/G	Group				
Please provide a short descrip including examples of similar					
Word count: Must be no more than 500 words					
Applicant ABN *					

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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 Busi	ness Registe	er		
ABN				
Entity name				
ABN status				
Entity type				
Goods & Services Tax (GST)				
DGR Endorsed				
ATO Charity Type	More inforn	<u>nation</u>		
ACNC Registration				
Tax Concessions				
Main business location				
If you are applying with Nominated F additional contact details in the next	unds Admin section.	istrator, enter their	ABN details above.	You can add
Please upload Public Liability million) * Attach a file:	Insurance	e Certificate of	Currency (minim	num \$10
Applicant Contact Person Contact Name *	Title	First Name	Last Name	
Position *				
Phone Number (BH) *				
Mobile Number				
Email *				
Have you or your organisation Program (CASP)? *	n previous	sly applied for t	he Country Arts	Support
○ Yes		○ No		

Arts Mid North Coast CASP 2024 Form Preview

Nominated Funds Administrator

Name of Nominated Funds Administrator *

* indicates a required field

Organisation Name

If your organisation type is a collective (groups/ensembles and unincorporated associations) you must nominate a legally constituted body (with both an ABN and public liability insurance) to administer your grant if one is awarded.

Please complete the following information and get a signed letter from the nominated Funds Administrator which you will be required to upload.

Funds Administrator ABN *	
The ABN provided will be used to look up the check that you have entered the ABN correct	following information. Click Lookup above to tly.
Information from the Australian Business Registe	r
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More inform	<u>ation</u>
ACNC Registration	
Tax Concessions	
Main business location	
Please upload the Public Liability Insura million) of your nominated Funds Admin Attach a file:	nce Certificate of Currency (minimum \$10 nistrator *
Signed Letter from your nominated Fundattach a file:	ds Administrator confirming engagement *
Street Address * Address	Postal Address * Address

Form Preview

'What', 'Where' and 'When'.

Suburb State Postcode		Suburb	State	Postcode
Phone Number (BH) *				
Email *				
Website				
Funds Administrator Cont	act Pers	on Detail	S	
Name *	Title	First Name	L	ast Name
Position *				
Phone Number (BH) *				
Mobile Phone Number				
Email *				
About your Project				
* indicates a required field				
Project Title *				
Must be no more than 10 words.				
Brief description of the Project	ct *			
Word count: Must be no more than 50 words.				

Please provide a short, one or two sentence description of your project. Be sure to include the 'Who',

In what town/locality will the event take place? *
Enter one or more towns/localities
Project Start Date *
Must be a date and between 1/7/2024 and 28/2/2025.
Project End Date *
Must be a date and between 1/7/2024 and 28/2/2025.
Select the primary artform of your program:
Select the secondary artform that better reflects the subcategory of your primary
artform:
Is your project involving Aboriginal cultural elements, community or heritage?
○ Yes ○ No
If Yes, you are required to provide referees from the relevant communities and/or organisations who are prepared to speak to your experience and or your proposal. Refer to NSW Aboriginal Arts and
<u>Cultural Protocol</u>
Outline how you plan to adhere to the Aboriginal Cultural Protocols *
Word count:
Must be no more than 300 words.
Describe your project's in more detail (do not refer to attachments). Outline what
you plan to do and why. *
Word count:
Must be no more than 300 words.
What consultation has occurred with your community/communities (If applicable)?
Word count:
Must be no more than 300 words.

How will the project be managed? Please	e include a brief project plan and timeline
Word count: Must be no more than 300 words.	
Describe the short-term and long-term becommunity/communities involved. *	penefits of this project for you and/or the
Word count: Must be no more than 300 words.	
Project Details - Other Groups ar	nd Artists
* indicates a required field	
Other Groups or Organisations invo	olved in the Project
Are any other groups or organisations in ○ Yes	ovolved in the project? * O No
List the other groups or organisations in nature of their involvement. *	volved in the project and briefly state the
Word count: Must be no more than 300 words.	
Attach letters of support from these gro Attach a file:	ups. *
Number of Artists	
How many PAID artists will be employed on the project? *	How many UNPAID artists will be involved in the project? *
Must be at least 1	Enter 0 if none
Does your project involve working with o ○ Yes	children under the age of 18 years? *

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Details of Artists involved (Complete where the project does not involve working with children under the age of 18 years)

Provide details for each artist involved in the project, paid and unpaid - do not refer to attachments. To add another artist click on ADD MORE.

Artist Name *	
Brief Role Description *	
	Word count: Must be no more than 50 words
Relevant Experience *	
	Word count: CV extract outlining their relevant experience. Must be no more than 100 words
Details of Artists involved working with children und	(Complete where the project involves er the age of 18 years)
Provide details for each artist invo attachments. To add another artis	olved in the project, paid and unpaid - do not refer to st click on ADD MORE.
Artist Name *	
	Name of artist involved in the project
Working with Children Check Number *	Details can be found on the Office of the Children's Guardian website: www.kidsguardian.nsw.gov.au
Brief Role Description *	
	Word count: Must be no more than 50 words
Relevant Experience *	
	Word count:

Budget for your Project

* indicates a required field

Budget

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Your Income should equal your Expenditure. Refer to Budget **FAQs** for more details .

Total Cost of the Project (total expenditus	re including both CASH and IN KIND) *
Must be a whole dollar amount	
Total Amount Requested from CASP (exc	I GST). *
Must be a whole dollar amount (no cents) and betw Must be a whole dollar amount and not exceed the	
Income	
Income (excluding the CASP requested a state of the state	mount)
CASP Expenses	
Please provide details of what the CASP funds mainly go towards Artist/Artsworker fees and Refer to the CASP 2024 Funding Guidelines for The total of these amounts must be the same	expenses. r details of expenses that CASP will not fund.
and must not exceed the limit for your Region	
Add 0 for any that are not relevant.	
Fees and Allowances - Artists *	Artist Fees and Allowances - Details
\$ Must be a dollar amount.	
Fees and Allowances - Arts Workers * \$ Must be a dollar amount.	Can also include travel, accommodation expenses and living allowances
Total Artist Fees and Allowances *	
This number/amount is calculated.	
Total Production Costs *	Production Costs - Details
\$ Must be a dollar amount.	
	Can include materials, venue hire, equipment hire, costumes, fees for production staff (eg stage managers, lighting and sound technicians, set construction workers)

Administration - Amount *	Administration Expenses - Details
\$	
Must be a whole dollar amount exclusive of G	ST
	Can include general printing and stationery, audit fees, insurance, telephone, fax and other office expenses, travel (other than artists), auspice fee, fees for administrator / coordinator
Marketing - Amount *	Marketing Costs - Details
\$	Marketing Costs - Details
Must be a whole dollar amount exclusive of G	CT
Must be a whole dollar amount exclusive of G	
	Can include costs of printing promotional material, media advertising, video production, fees for marketing or promotional officer
TOTAL EXPENSES	
\$	
This number/amount is calculated.	
Funds Allocation - this should equal	\$0 *
\$	
This number/amount is calculated.	
This hamber, amount is calculated.	
Outline how you have arrived at thos	so figures *
Outline now you have arrived at thos	se ligures "
Word count:	
Must be no more than 300 words.	
Dudget Information (IN KIND)	CLIDDODT)
Budget Information (IN KIND S	SUPPORT)
In Kind Cupport	
In Kind Support	
	You will only be able to provide estimates of their
value but they are important to include a	s it shows the 'real cost' of your project.
Estimated number of volunteers Estimated total	I number of volunteer hours Estimated value of volunteer time
	\$
(all volunte	ers combined) This amount is calculated.
Local Government - goods, services	that council provide without a fee
	-
\$	

Local Business - goods, servi	ces that local business provide without a fee
s eg paints, materials, advertising, exc	cluding GST
	oods, services that other groups provide without a
fee	
\$	
Total In Kind Support	
\$	
Attachments and Suppo	ort Material
* indicates a required field	
Attachments - Applicant I	Financial Information
Applicant organisation's financial report *	Attach a file:
	Please provide the most recent financial reports you have, preferably the latest audited financial statements
Attachments - Funds Adn	ninistrator's Financial Information
Funds Administrator's financial report *	Attach a file:
	Please provide the most recent financial reports you have, preferably the latest audited financial statements
Letters of Support	
'If you have any additional letters involved in the project) you may	s of support (other than from groups or organisations upload them here.
Attached Letters of Support I Attach a file:	here
Letters of Support - For p communities	roposals involving Aboriginal people or

Attached Letters of Support here *

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Attach a file:

You are **required** to provide at least one letter of support from the relevant Aboriginal communities and/or organisations who are prepared to speak to your experience and or your proposal.

Samples of Work			
You may choose ONE of the follow Please indicate by selecting the re	wing support material options to support your application. elevant TYPE below.		
research), OR • Up to 5 photographs, OR	terial (e.g. excerpts of published writing, press coverage or rk, hosted on YouTube/Vimeo/DropBox - Provide URL and external website.		
Туре	Relevance to the Project		
Please provide support material documents in .pdf format where possible. Zip files cannot be accepted. Attach written material Attach a file:			
Attach written material or photographs here *	Attach a me.		
	Files must not exceed 25MB		
Link/URL *			
LINK/UKL *			
Password *			
Description *			

Declaration

* indicates a required field

Declaration of the Applicant Organisation

Before you can complete and submit an application you must accept the following conditions by declaring:

I certify that:

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- **Authority:** If the applicant is a group, I have the authority to complete and submit this application on the group's behalf.
- **Valid information:** All information supplied as part of this application will be true and accurate to the best of my knowledge.
- **Legislative requirements:** All activities proposed by this application will be conducted in accordance with current legislation, including but not limited to, complying with Working with Children legislation.

I acknowledge that:

- **Deadline**: Application and any additional materials cannot be submitted after 5pm on the advertised closing date.
- **Investigation:** Arts Mid North Coast Inc has the right to investigate any information provided in this application and/or to request for additional information
- **Errors and Omissions:** It is solely my responsibility to ensure my application is correct and complete before submitting. Arts Mid North Coast Inc does not check, amend or update applications. Applications cannot be modified after being submitted.
- **Support**: Arts Mid North Coast Inc staff are available 9am-5pm Monday to Friday during the grant round to provide technical and general guideline advice. Staff are not able to provide advice on content or choices required within my application.
- **False declarations**: Arts Mid North Coast Inc has the right to withdraw any offer of funding or demand the return of funds already paid if my declaration is found to be incorrect or misleading.

I agree that:

• if successful, images relating to this project can be reproduced by Arts Mid North Coast Inc for the purpose of promoting this grant, acquittal and annual reporting in the 12 months following the completion of this project.

O you understand and acknowledge these conditions? * O Yes O No	
Full Name *	
Typing your name will be taken to be as binding as a signature.	
Title/Position *	
General Manager, Chair, Executive Officer etc.	
Date *	

Please keep a saved copy of your application form and any related material for your records

A PDF of your submitted application form will be emailed to the registered email address of the person submitting this application.

Please keep a copy of the PDF and related material that you attached/uploaded to the application in a common area within your organisation. If your application is successful, you will need to refer to it during your acquittal process when the project is completed.