

Making an Application

Objective

The aim of the [Country Arts Support Program \(CASP\)](#) 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 [CASP 2024 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**

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

Arts Mid North Coast CASP 2024

Form Preview

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

Applicant LGA *

- | | |
|--|---|
| <input type="radio"/> Bellingen Shire Council | <input type="radio"/> Nambucca Shire Council |
| <input type="radio"/> Coffs Harbour City Council | <input type="radio"/> Port Macquarie-Hastings Council |
| <input type="radio"/> Kempsey Shire Council | <input type="radio"/> 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 [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 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

Arts Mid North Coast CASP 2024

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
- Incorporated Association
- Individual
- Group
- 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 [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**

You are applying with: *

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

Arts Mid North Coast CASP 2024

Form Preview

You are applying with:

- A group members' Individual/Sole Trader ABN
- A Partnership ABN
- Unincorporated Entity ABN
- Funding to be Administered
- 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 [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**

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 [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**

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.

Arts Mid North Coast CASP 2024

Form Preview

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**

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 questions below.

You have indicated that you are applying as a **Aboriginal Arts and/or Cultural Organisation, Incorporated 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

Organisation Name

Title

First Name

Last Name

IF YOU ARE APPLYING AS A GROUP: Select 'Organisation' and in 'organisation name' enter your group name (if you have one) or the names of the 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

Arts Mid North Coast CASP 2024

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 *

Address

Suburb

State

Postcode

Postal Address *

Address

Suburb

State

Postcode

Applicant organisation's principal place of business.
MUST be in regional NSW.

Phone *

Email *

Website

Legal status of your organisation or group

What is your organisation's legal status? *

Not for profit incorporated body Co-operative or trust Collective

Other

Please select one

About Your Organisation/Group

Please provide a short description and history of your group / organisation, including examples of similar projects you have managed (if applicable). *

Word count:

Must be no more than 500 words

Applicant ABN *

Arts Mid North Coast CASP 2024

Form Preview

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	

If you are applying with Nominated Funds Administrator, enter their ABN details above. You can add additional contact details in the next section.

Please upload Public Liability Insurance Certificate of Currency (minimum \$10 million) *

Attach a file:

Applicant Contact Person

Contact Name *

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

Position *

Phone Number (BH) *

Mobile Number

Email *

Have you or your organisation previously applied for the Country Arts Support Program (CASP)? *

Yes

No

Nominated Funds Administrator

* indicates a required field

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.

Name of Nominated Funds Administrator *

Organisation Name

Funds Administrator 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	

Please upload the Public Liability Insurance Certificate of Currency (minimum \$10 million) of your nominated Funds Administrator *

Attach a file:

Signed Letter from your nominated Funds Administrator confirming engagement *

Attach a file:

Street Address *
Address

Postal Address *
Address

Arts Mid North Coast CASP 2024

Form Preview

<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number (BH) *

Email *

Website

Funds Administrator Contact Person Details

Name *

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

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 *

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

Arts Mid North Coast CASP 2024

Form Preview

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 Cultural Protocol](#)

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.

Arts Mid North Coast CASP 2024

Form Preview

How will the project be managed? Please include a brief project plan and timeline. *

Word count:
Must be no more than 300 words.

Describe the short-term and long-term benefits of this project for you and/or the community/communities involved. *

Word count:
Must be no more than 300 words.

Project Details - Other Groups and Artists

* indicates a required field

Other Groups or Organisations involved in the Project

Are any other groups or organisations involved in the project? *

Yes No

List the other groups or organisations involved in the project and briefly state the nature of their involvement. *

Word count:
Must be no more than 300 words.

Attach letters of support from these groups. *

Attach a file:

Number of Artists

How many PAID artists will be employed on the project? *

Must be at least 1

How many UNPAID artists will be involved in the project? *

Enter 0 if none

Does your project involve working with children under the age of 18 years? *

Yes No

Arts Mid North Coast CASP 2024

Form Preview

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 (Complete where the project involves 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 *

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

Arts Mid North Coast CASP 2024

Form Preview

Your Income should equal your Expenditure. Refer to Budget [FAQs](#) for more details .

Total Cost of the Project (total expenditure including both CASH and IN KIND) *

\$

Must be a whole dollar amount

Total Amount Requested from CASP (excl GST). *

\$

Must be a whole dollar amount (no cents) and between 500 and 2000.
Must be a whole dollar amount and not exceed the limit for your Region.

Income

Income (excluding the CASP requested amount)

\$

Must be a dollar amount.

CASP Expenses

Please provide details of what the CASP funds will be used for. Remember that CASP should mainly go towards Artist/Artsworker fees and expenses.

Refer to the [CASP 2024 Funding Guidelines](#) for details of expenses that CASP will not fund.

The total of these amounts must be the same as **Total Amount Requested from CASP** and must not exceed the limit for your Region.

Add **0** for any that are not relevant.

Fees and Allowances - Artists *

\$

Must be a dollar amount.

Fees and Allowances - Arts Workers *

\$

Must be a dollar amount.

Total Artist Fees and Allowances *

\$

This number/amount is calculated.

Artist Fees and Allowances - Details

Can also include travel, accommodation expenses and living allowances

Total Production Costs *

\$

Must be a dollar amount.

Production Costs - Details

Can include materials, venue hire, equipment hire, costumes, fees for production staff (eg stage managers, lighting and sound technicians, set construction workers)

Arts Mid North Coast CASP 2024

Form Preview

Administration - Amount *

\$

Must be a whole dollar amount exclusive of GST

Administration Expenses - Details

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 *

\$

Must be a whole dollar amount exclusive of GST

Marketing Costs - Details

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.

Outline how you have arrived at those figures *

Word count:

Must be no more than 300 words.

Budget Information (IN KIND SUPPORT)

In Kind Support

Non cash items donated to your project. You will only be able to provide **estimates** of their value but they are important to include as it shows the 'real cost' of your project.

Estimated number of volunteers

Estimated total number of volunteer hours

(all volunteers combined)

Estimated value of volunteer time

\$

This amount is calculated.

Local Government - goods, services that council provide without a fee

\$

eg venue, rubbish service, admin support, excluding GST

Arts Mid North Coast CASP 2024

Form Preview

Local Business - goods, services that local business provide without a fee

\$

eg paints, materials, advertising, excluding GST

Other community groups - goods, services that other groups provide without a fee

\$

Total In Kind Support

\$

Attachments and Support Material

* indicates a required field

Attachments - Applicant 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 Administrator'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 of support (other than from groups or organisations involved in the project) you may upload them here.

Attached Letters of Support here

Attach a file:

Letters of Support - For proposals involving Aboriginal people or communities

Arts Mid North Coast CASP 2024

Form Preview

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.

Attached Letters of Support here *

Attach a file:

Samples of Work

You may choose **ONE** of the following support material options to support your application. Please indicate by selecting the relevant TYPE below.

- Up to 5 pages of written material (e.g. excerpts of published writing, press coverage or research), OR
- Up to 5 photographs, OR
- A link to video footage of work, hosted on YouTube/Vimeo/DropBox - Provide URL and passwords to view video on external website.

Type

Relevance to the Project

Type	Relevance to the Project
<input type="text"/>	<input type="text"/>

Please provide support material documents in .pdf format where possible. Zip files cannot be accepted.

Attach written material or photographs here *

Attach a file:

Files must not exceed 25MB

Link/URL *

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:

Arts Mid North Coast CASP 2024

Form Preview

- **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.

Do you understand and acknowledge these conditions? *

Yes

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.

