

# Band Association of NSW - Community Band Development Grants 2025

## Form Preview

### Create NSW Community Band Development Grant

\* indicates a required field

Before you begin your application, please read through the [Community Band Development Grants Guidelines](#) to check:

- Opening and closing dates
- Eligibility requirements
- Selection criteria

You can download a copy of the Guidelines from the [Band Association of NSW website](#).

If you are having trouble with your application, please contact the Band Association of NSW's grants coordinator, Jeff Markham via [email](#) or on 0412 757 125.

#### Eligibility

- My band is a NSW based community band
- My band is a member of the Band Association of NSW
- I do not have any outstanding acquittals with the Band Association of NSW
- I am and have been a NSW resident for at least 12 months (all applicants must be Australian citizens or have permanent residency status in Australia)

**Does your band meet the above eligibility requirements? \***

Yes

No

#### Unable to continue

Based on your response to the above eligibility question, you are unable to continue. Refer to the guidelines for more details.

If you require further information, please do not hesitate to contact our grants coordinator, Jeff Markham via [president@bandnsw.com](mailto:president@bandnsw.com) or on 0412 757 125.

### Band Contact Details

\* indicates a required field

#### Band Details

**Band Name \***

Organisation Name

**Street Address - this is the band's rehearsal space \***

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Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

**Primary Postal Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

**Primary Phone Number \***

Must be an Australian phone number.

**Email Address \***

Must be an email address.

**Website**

Must be a URL.

Please provide the Local Government Area and State Electorate for where your band is based.

**Local Government Area \***

<https://www.olg.nsw.gov.au/public/find-my-council/>

**Electorate \***

<https://elections.nsw.gov.au/elections/find-my-electorate>

**Does your Band have an Australian Business Number (ABN)? \***

Yes

No

**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

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ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
ACNC Registration
Tax Concessions
Main business location

If your application is successful, you will be required to provide an ABN.

### Primary Contact Details

This is the person we will correspond with about this grant on the band's behalf.

#### Name \*

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

#### Position/Relationship to Band \*

#### Phone Number \*

Must be an Australian phone number.  
Country code not required, area code for landlines is required.

#### Email \*

Must be an email address.

### Diversity Data

#### Do you or anyone in the band identify as belonging to any of the following? \*

- |   |   |
|---|---|
| <input type="checkbox"/> Aboriginal people  | <input type="checkbox"/> People under 25 years of age |
| <input type="checkbox"/> People from culturally and linguistically diverse backgrounds (CaLD) | <input type="checkbox"/> People with disability       |
| <input type="checkbox"/> People living and/or working in regional NSW                         | <input type="checkbox"/> None                         |
| <input type="checkbox"/> People living and/or working in Western Sydney                       |   |

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### Activity Summary

\* indicates a required field

#### Project Information

**Project Title \***

Word count:

Must be no more than 10 words.

e.g. 'Workshop for emerging brass players' or 'Concert Program'

**Brief description of the activity you are applying for \***

Word count:

Must be no more than 50 words.

**Start date \***

Must be a date and between 1/3/2025 and 31/12/2025.

**End Date \***

Must be a date and between 1/3/2025 and 31/12/2025.

#### Funding Request

**Total amount requested \***

\$

**Total estimated cost of project \***

\$

Must be a dollar amount.

#### Artform

**What is the primary artform of your activity? \***

Music (including Opera and Musical Theatre)

#### Activity Breakdown

Indicate the % of the activity that is directed towards the regions listed below. This information is provided for internal use by Create NSW only and does not form part of the assessment process or formal reporting.

**Only enter whole numbers with no % symbol. Enter 0 (zero) for any that are not applicable. The total must equal 100.**

**NSW \***

**Outside NSW \***

**Total % - MUST equal 100 \***

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This number/amount is calculated.

### Breakdown of NSW Activity

Provide a % breakdown of where the **NSW** Activity will take place into the following:

<b>Sydney *</b>	<b>Western Sydney *</b>	<b>Regional NSW *</b>	<b>Total % - MUST equal 100 *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This number/amount is calculated.

### Employment

Provide details of the number of staff, artists and others working on this project. Enter 0 (zero) for any that are not applicable to your project.

**Full Time \***

**Part Time \***

**Volunteers \***

**Total \***

This number/amount is calculated.

### Outcomes of your project

\* indicates a required field

#### Provide a brief history of your band \*

Word count:  
Must be no more than 500 words.

#### What are the details of your proposed project? Include location/s, people and bands involved \*

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Word count:

Must be no more than 500 words.

**How will this project support and promote your band within your local community? \***

Word count:

Must be no more than 500 words.

**Outline how you intend to promote the project \***

Word count:

Must be no more than 500 words.

## Priority Areas

**Does the project engage with any Priority Areas? \***

- Aboriginal people
- people from culturally and linguistically diverse (CaLD) backgrounds
- people living and/or working in regional NSW
- people living and/or working in Western Sydney
- people with disability
- young people
- none

**Describe how the project engages with those Priority Areas \***

Word count:

Must be no more than 250 words.

## Key Data

Enter 0 (zero) for any data areas that are not applicable.

**Total number of NSW artists involved in the project \***

Must be a number.

## Attendance/Participation

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How many people do you expect will attend or participate in the project in these locations?

<b>International *</b>	<b>National *</b>	<b>NSW *</b>	<b>Total *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This number/amount is calculated.

## Breakdown of NSW Attendance/Participation

Provide a breakdown of the NSW Attendance/Participation figure you entered above

<b>Sydney *</b>	<b>Western Sydney *</b>	<b>Regional NSW *</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Must be a number.      Must be a number.

## Total digital/broadcast

Estimate the number of people you expect to reach through the internet or broadcasts (if applicable). For example, through online broadcasts of video or audio recordings, through any radio/TV broadcasts, or through presentation of your project online.

### Total Digital/Broadcast \*

Must be a number.

## Budget

\* indicates a required field

## Instructions

Complete the budget for the project.

Add \$0 (zero) to any fields that are not applicable.

- If you are GST registered - exclude GST
- If you are **not** GST registered - include GST

Remember to add the amount you are requesting in this grant (up to \$2,000) at the line item 'Band Association of NSW (this grant)'. This amount must match the amount requested at 'Page 3: Activity Summary'.

Note: If the project is to run at a loss, this loss is to be included as "Band Contribution".

## Income

Category	Amount	Explanation	Confirmed (Yes/No)
Cash - Band Contribution	\$		

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In kind - Band Contribution	\$		
Sponsorship	\$		
Box Office	\$		
Fees	\$		
Band Association of NSW (this grant)	\$		
Create NSW (other)	\$		
Australia Council	\$		
Local Government	\$		
Other Grants	\$		
Other Income	\$		
	Must be a dollar amount		

## Expenditure

Category	Amount	Explanation
	\$	
	\$	
	\$	
	\$	
	\$	
	Must be a dollar amount.	

## Budget Summary

Your budget should break even.

### Net surplus or deficit \*

This number/amount is calculated.

### Explain any complex items in the budget. Also provide details of any in kind income or income from partners \*

Word count:

Must be no more than 200 words.

## Support Documentation

### Restrictions on Attachments

Files must not exceed 25MB.



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Please provide support material documents in .pdf format where possible.

Zip files cannot be accepted.

### Support Material

Support material is not required, but you may include any of the following:

- band bio
- support letters (e.g. letters from key partners like venues or from the artists involved confirming their involvement; or letters outlining support for the project)
- press clippings on your band or previous projects
- work samples like still images or audio/visual recordings (mp4 /.mpg /QuickTime files only)

#### Upload Support Material here

Attach a file:

Provide links and passwords to any externally hosted work samples

You can also provide links and passwords to websites that showcase your work.

Link / URL	Password	Description

### Declaration

\* indicates a required field

I have read the Community Band Development Grants Guidelines.

I certify that, to the best of my knowledge:

- all eligibility requirements have been met
- the information provided on this form and its attachments are correct
- if the activities include children I will comply with Working with Children legislation

I acknowledge that Band Association has the right to withdraw any offer of funding or demand the return of funds already paid, if it is discovered that any statement made by me in this application is incorrect, incomplete or misleading, in a way that may have affected the decision to provide me with funding.

Please type your name and details below to certify the information. Typing your name will be taken to be as binding as a signature.

**I declare the above to be true \***       Yes

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**Full Name \***

**Date \***