

# 2025 ERA CASP Application Form

## Form Preview

### Making an Application

\* indicates a required field

#### 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

CASP is an annual small grants program and is guided by the ACFP'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 14 Regional Arts Development Organisations.

#### Closing date

Applications close: Monday 3rd February 2025, 9.00am AEST.

#### Funding Amount

- For Individuals, max \$750 – for professional development or the realisation/presentation of an ambitious artistic outcome, or
- For Projects, max \$3000 – for original creative projects and collaborations that meet the eligibility criteria (outlined below).

#### Timing

Projects commence anytime after 1st April 2025

Projects finalised and acquittals due 28th February 2026

#### Contact and Support

Refer to [CASP Guidelines](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: (02) 6921 6890

Email: [ashleigh@easternriverinaarts.org.au](mailto:ashleigh@easternriverinaarts.org.au)

#### Accessibility

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

Telephone: (02) 6921 6890

Email: [ashleigh@easternriverinaarts.org.au](mailto:ashleigh@easternriverinaarts.org.au)

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**Has your organisation previously applied for the Country Arts Support Program (CASP)? \***

- Yes  No

**Have you previously received funds through CASP but not submitted an acquittal form for them? \***

- Yes and I have an outstanding acquittal  
 Yes and my acquittal has been submitted  
 I have not received funds through the Country Arts Support Program

Unable to continue

Based on your response to the Eligibility *Have you previously received funds through CASP but not submitted an acquittal form for them?* 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) 6921 6890

Email: [ashleigh@easternriverinaarts.org.au](mailto:ashleigh@easternriverinaarts.org.au)

## Local Government Area and Regional Arts Development Organisation

\* indicates a required field

Local Government Area (LGA)

**Applicant LGA \***

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.

If you are applying as a Local Government Authority or Council facility (museum, gallery etc) or committee, you should enter the Council's name, address and contact details in Name of Applicant Group/Organisation.

If applicable, details of the facility or committee managing the project should be included in About Your Organisation and Applicant Contact Person (below).

Regional Arts Development Organisation: Eastern Riverina Arts

**Local Government Areas covered by [Eastern Riverina Arts](#):** Bland Shire Council, Coolamon Shire Council, Cootamundra-Gundagai Regional Council, Junee Shire Council, Lockhart Shire Council, Temora Shire Council, Snowy Valleys Council, Wagga Wagga City Council

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### Eligibility

\* indicates a required field

#### Are you applying as: \*

- Local Government Authority located in NSW
- Group
- Incorporated Association
- Individual
- Other

### Funding Stream

#### Are you applying for: \*

- Individual (max. \$750)
- Project (max. \$3000)

### Unable to continue

Based on your response to the Eligibility *You are applying as:* 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) 6921 6890

Email: [ashleigh@easternriverinaarts.org.au](mailto:ashleigh@easternriverinaarts.org.au)

### Unable to continue

You have selected that you are applying as a Local Government Authority, Group or Incorporated Association but you have selected the Individual stream.

If you are a Local Government Authority, Group or Incorporated Association you are only eligible to apply for the project stream.

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) 6921 6890

Email: [ashleigh@easternriverinaarts.org.au](mailto:ashleigh@easternriverinaarts.org.au)

### Unable to continue

You have selected that you are applying as an individual but you have selected the Project stream.

If you are an Individual you are only eligible to apply for the Individual stream.

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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) 6921 6890

Email: [ashleigh@easternriverinaarts.org.au](mailto:ashleigh@easternriverinaarts.org.au)

It is an eligibility requirement that you discuss your project with your RADO.

**Have you discussed your project with your RADO 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 your Regional Arts Development Organisation?* 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) 6921 6890

Email: [ashleigh@easternriverinaarts.org.au](mailto:ashleigh@easternriverinaarts.org.au)

**Do you have an active (free) profile on Creative Riverina? \***

- Yes  
 No  
 Pending Approval

Unable to continue

Based on your response to *Do you have an active free profile on Creative Riverina?* 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) 6921 6890

Email: [ashleigh@easternriverinaarts.org.au](mailto:ashleigh@easternriverinaarts.org.au)

ABN

**Do you have an ABN? \***

- Yes  No

It's simple to create one, you can do so [here](#)

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### Unable to continue

Based on your response to *Do you have an ABN?* 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) 6921 6890

Email: [ashleigh@easternriverinaarts.org.au](mailto:ashleigh@easternriverinaarts.org.au)

### 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.

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) 6921 6890

Email: [ashleigh@easternriverinaarts.org.au](mailto:ashleigh@easternriverinaarts.org.au)

## Applicant Details

\* indicates a required field

You have indicated that you are applying as a **Group**. 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'.

If applying as a Local Government Authority, the Council's name and contact details should be provided as the Name of Applicant Group/Organisation.

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If a Council facility (museum, gallery etc) or group is managing the project this information should be included in About Your Organisation.

If the ABN you're providing is for a Local Government Authority that Council should be shown as the Applicant, and Council's address and contact details provided here. Where applicable, other application contact details can be entered below.

### Applicant \*

Individual

Organisation

Organisation Name

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 Group but you have selected you are applying as an *Individual*. To continue select **Applicant** as **Organisation** and ensure that 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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Postal Address \*

Address

  

Suburb      State      Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Phone \*

### Email \*

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Website

**Applicant Organisation's ABN (If your group or collective does not have an ABN you can provide info about your nominated funds administrator (auspicor) later in this application)**

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

If the ABN you're providing is for a Local Government Authority that Council should be shown as the Applicant, and Council's address and contact details provided above. Where applicable, other application contact details can be entered below.

Legal status of your organisation or group?

**What is your organisation's legal status? \***

Not for profit incorporated body  Local government authority  Collective  
Other

Please select one

Certificate of Currency

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

Attach a file:

About Your Organisation/Group

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**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 Contact Person

This is the person that Eastern Riverina Arts will contact to inform of the outcome of your application and the person who will be required to sign your Conditions of Grant Payment Form if your application is successful.

**Contact Name \***

Title

First Name

Last Name

**Position \***

**Phone Number (BH) \***

**Mobile Number**

Please provide the contact person's mobile number

**Email \***

### Nominated Bank Account

Please note: If your grant is being auspiced you will need to enter the bank account details for your nominated funds administrator.

**Applicant Primary Bank Account**

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

### Nominated Funds Administrator

**\* indicates a required field**

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



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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	<a href="#">More information</a>
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:

### Evidence of support from your nominated Funds Administrator confirming engagement \*

Attach a file:

Evidence of support can include letters, emails and other correspondence

#### Street Address \*

Address

  

Suburb

State

Postcode

#### Postal Address \*

Address

  

Suburb

State

Postcode

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**Phone Number (BH) \***

**Email \***

**Website**

### Funds Administrator Contact Person Details

**Name \***

Title

First Name

Last Name

**Position \***

**Phone Number (BH) \***

**Mobile Phone Number**

**Email \***

### Nominated Funds Administrator

#### Nominated Funds Administrator Primary Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

### About your Project

\* indicates a required field

**Project Title \***

Must be no more than 10 words.

**Brief description of the Project \***

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### 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'.

### In what town/locality will the event take place? \*

Enter one or more towns/localities

### Project Start Date \*

Must be a date and between 1/4/2025 and 28/2/2026.

### Project End Date \*

Must be a date and between 1/4/2025 and 28/2/2026.

### 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](#)

### Describe your project 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 include a brief project plan and timeline.

\*

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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

**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 evidence of support from these groups. \***

Attach a file:

Evidence of support can include, letters, emails and other correspondence

## Number of Artists

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

Must be a number.

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

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

Yes  No

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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 (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: <https://ocg.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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Fill in the [Budget Spreadsheet](#) provided and upload to the attachments box below.

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

Remember: Your Income should equal your Expenditure.

**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 and not exceed the limit for your Region.

**Upload your completed budget spreadsheet here \***

Attach a file:

## Attachments and Support Material

\* indicates a required field

### Attachments - Applicant Financial Information

This information is not required from Local Government Authorities or collectives

**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

### Evidence or Letters of Support

If you have any additional evidence or letters of support (other than from groups or organisations involved in the project) you may upload them here.

**Attach here**

Attach a file:

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### Evidence of Support - For proposals involving First Nations people or communities

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

#### **Attach Evidence of Support here \***

Attach a file:

### Samples of Work

You may choose from 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)
- Up to 5 photographs
- 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
<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:

#### **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:

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I certify that:

- **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 11.59pm on the advertised closing date.
- **Investigation:** Eastern Riverina Arts 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. Eastern Riverina Arts does not check, amend or update applications. Applications cannot be modified after being submitted.
- **Support:** Eastern Riverina Arts 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:** Eastern Riverina Arts 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 Eastern Riverina Arts 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

**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.



# 2025 ERA CASP Application Form

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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.