

## Making an Application

### Objective

The aim of [Murray Arts 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 funded by Create NSW and managed by Regional Arts Development Organisations (RADO's) and is guided by the Arts & Cultural Funding Program's (ACFP) 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

### Closing date

Applications close: **Thursday 31 October, 2024 AEST.**

### Funding Amount: \$17,000

Grants between **\$500 to \$5,000** are available.

### Timing

Projects are to take place between **1 January 2025 and 31 October 2025.**

### Contact and Support

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

Telephone: 02 6021 5034 Email: [jbonnel@murrayarts.org.au](mailto:jbonnel@murrayarts.org.au)

## Eligibility

\* indicates a required field

**Local Government Areas covered by [Murray Arts](#):** AlburyCity Council, Federation Council, Greater Hume Shire Council

### Applicant LGA \*

- ☐ AlburyCity Council
- ☐ Federation Council
- ☐ Greater Hume 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.

Unable to continue

# Murray Arts\_CASP\_2025

## Form Preview

Based on your response to the Eligibility *Applicant LGA* you are ineligible to apply. Refer to [Murray Arts CASP Guidelines](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Thursday:

Telephone: **02 6021 5034**

Email: [jbonnel@murrayarts.org.au](mailto:jbonnel@murrayarts.org.au)

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

**Have you discussed your project with Murray Arts 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 Murray Arts?* you are ineligible to apply. Refer to [Murray Arts CASP Guidelines](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Thursday:

Telephone: **02 6021 5034**

Email: [jbonnel@murrayarts.org.au](mailto:jbonnel@murrayarts.org.au)

**Are you applying as a:**

- ☐ Annual Funded Organisation
- ☐ Group
- ☐ Individual
- ☐ Local Government Authority located in NSW
- ☐ Multi-Year Organisation
- ☐ Non-profit organisation based in NSW
- ☐ Not for profit incorporated body
- ☐ Other

Unable to continue

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

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

Telephone: **02 6021 5034**

Email: [jbonnel@murrayarts.org.au](mailto:jbonnel@murrayarts.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 [Murray Arts CASP Guidelines](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Thursday:

Telephone: **02 6021 5034**

Email: [jbonnel@murrayarts.org.au](mailto:jbonnel@murrayarts.org.au)

## Applicant Details

\* indicates a required field

You have indicated that you are applying as an **Individual**. Please fill out the questions below.

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

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

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 then 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.

# Murray Arts\_CASP\_2025

## Form Preview

### 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 \*

### Website (if applicable)

Legal status of your organisation or Group

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

☐ Not for profit incorporated body ☐ Local government authority ☐ Collective

# Murray Arts\_CASP\_2025

## Form Preview

Other

Please select one

### About You or Your Organisation/Group

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

Word count:

Must be no more than 500 words

### **Applicant 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	

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.

### Applicant Contact Person

#### **Contact Name \***

Title

First Name

Last Name

#### **Position \***

#### **Phone Number (BH) \***

# Murray Arts\_CASP\_2025

## Form Preview

**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.

Note: Murray Arts can be your Administrator/Auspicing body if required or can help you source a suitable Administrator/Auspicing body.

**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 proof of your Public Liability Insurance Certificate of Currency (minimum \$10 million) or proof of your nominated Funds Administrators Public Liability Insurance.**

Attach a file:

Note: If you don't have proof of your Public Liability Insurance easily accessible, don't stress as we will only require a copy if you are successful with your funding application.

**Signed Letter from your nominated Funds Administrator confirming engagement \***

Attach a file:

Note: If engaging a Funds Administrator or Auspicing Body, be sure to ask for a signed confirmation letter/agreement.

**Street Address**

Address

  

Suburb

State

Postcode

**Postal Address \***

Address

  

Suburb

State

Postcode

**Phone Number (BH) \***

**Email \***

**Website**

### Funds Administrator Contact Person Details

**Name \***

Title

First Name

Last 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.

**Short project description \***

Word count:

Must be no more than 50 words.

Provide a short description, one or two sentence description of your project. Be sure to include the 'Who', 'What', 'Where', 'Why' and 'When'.

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

Enter one or more towns/localities

**Project Start Date \***

Must be a date and between 1/1/2025 and 31/10/2025.

**Project End Date \***

Must be a date and between 1/1/2025 and 31/10/2025.

**Select the primary artform of your program:**

**Select the secondary artform that better reflects the subcategory of your primary artform:**

**Does your project involve 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](#)

### Project Details

**Describe your project in detail. Outline what you plan to do, where, how and why.**

\*



# Murray Arts\_CASP\_2025

## Form Preview

Word count:  
Must be no more than 300 words.

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

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.

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? \***

Details of Artists involved

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	Relevant Experience
Name of artist involved in the project	Must be no more than 50 words	CV extract outlining their relevant experience. Must be no more than 100 words

### Budget for your Project

\* indicates a required field

#### Budget

Your Income should equal your Expenditure.

#### Income

##### Total Amount Requested from CASP (excl GST). \*

\$

Must be a whole dollar amount (no cents) and between 500 and 5000.

Must be a whole dollar amount and not exceed the limit for your Region. Fill this section after completing the budget in the CASP Expenses section below.

##### Income (excluding the CASP requested amount) \*

\$

Must be a dollar amount.

Other Income may come from many different sources including, but not limited to: anticipated ticket sales, your own contribution from reserves or fund raising, or from other Funding bodies.

##### Total Income (Amount Requested and Applicant's Income)

This number/amount is calculated.

#### 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 [Murray Arts CASP 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 \*

\$

##### Artist Fees and Allowances - Details

Can also include travel, accommodation expenses and living allowances

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## Form Preview

This number/amount is calculated.

### 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)

### 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.

What is the total budgeted cost (dollars) of your project?

### Break-Even - this should equal \$0 \*

\$

This number/amount is calculated.

**Budget Notes: How you have arrived at those figures and feel free to add any 'In Kind' support here, such as a reduced rate for a venue and volunteer hours. \***

Word count:

Must be no more than 300 words.

## Attachments and Support Material

\* indicates a required field

### Letters of Support

If you have any letters of support for your project you may upload them here. These might be from project partners, artists involved, potential participants and or those who just want to see the project idea become a reality.

#### Attached Letters of Support here

Attach a file:

Zip files cannot be accepted. Files must not exceed 25MB.

### Evidence of Support - For proposals involving First Nation Groups, Aboriginal people or Communities

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. You can also attach a copy of an email, screen shot of a text and or a video message.

#### Attached Letters of Support here \*

Attach a file:

Zip files cannot be accepted. Files must not exceed 25MB.

### Samples of Work

You may choose 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

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**

If the material is not password protected, write "None"

**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:

- **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:** Murray Arts has the right to investigate any information provided in this application and/or request additional information.
- **Errors and Omissions:** It is solely my responsibility to ensure my application is correct and complete before submitting. Murray Arts does not check, amend or update applications. Applications cannot be modified after being submitted.
- **Support:** Murray Arts staff are available 9am-5pm Monday to Thursday 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:** Murray Arts has the right to withdraw any offer of funding or demand the return of funds already paid if the declaration is found to be incorrect or misleading.

I agree that:

- if successful, applicants will need to provide proof of Public Liability Insurance and if relevant, Working with Children checks.
- if successful, images relating to this project can be reproduced by Murray 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

# Murray Arts\_CASP\_2025

## Form Preview

**Full Name \***

Typing your name will be taken to be as binding as a signature.

**Title/Position \***

General Manager, Chair, Executive Officer, Project Lead 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.