Making an Application

Objective

The aim of <u>Murray Arts Country Arts Support Program (CASP)</u> 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 <u>Murray Arts CASP Guidelines</u> 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

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

Based on your response to the Eligibility *Applicant LGA* you are ineligible to apply. Refer to <u>Murray Arts CASP Guidelines</u> 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

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

Have you discussed you	project with Murray Arts and confirmed your application	on
is for an eligible activit	? *	
○ 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 <u>Murray Arts CASP Guidelines</u> 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

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 <u>Murray Arts CASP Guidelines</u> 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

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 <u>Murray Arts CASP Guidelines</u> 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

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.

Applicant *	IndividualOrganisation		rganisation	
	Title Fi	rst Name	Last Name	
	'organisation		ROUP: Select 'Organi r group name (if you	
You have selected that you are a applying as an <i>Organisation</i> . To othe you fill in the Title, First Na	ontinue sele	ct Applicant as		
You have selected that you are a as an <i>Individual</i> . To continue sele Applicant Name you provide is all your group members.	ct Applican	t as Organisat	t ion and ensure th	at the
Professional name (if applicable)				
Street Address * Address		Postal Address * Address		
Suburb State Postcode		Suburb State	Postcode	
Phone *				
Email *				
Website (if applicable)				
Legal status of your organ	nisation or	Group		
What is your organisation's le ☐ Not for profit incorporated bo			uthority Collec	tive

Other		
Please select one		
About You or Your Organisation/Group		
	ption and history of your group / organisation / Iding examples of similar projects you have managed	
Word count: Must be no more than 500 words		
Applicant ABN *		
1,1		
	o look up the following information. Click Lookup above to	
check that you have entered the		
Information from the Australian Bus	siness 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 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) *		

Mobile Number		
Email *		
	n previously applied for the Co	untry Arts Support
Program (CASP)? * O Yes	○ No	
O 135	0	
Nominated Funds Admir	nistrator	
* indicates a required field		
	ective (groups/ensembles and unin stituted body (with both an ABN an nt if one is awarded.	
Please complete the following info Administrator which you will be re	ormation and get a signed letter fr equired to upload.	om the nominated Funds
Note: Murray Arts can be your Ad source a suitable Administrator/A	ministrator/Auspicing body if requiuspicing body.	red or can help you
Name of Nominated Funds Ad Organisation Name	ministrator *	
Funds Administrator ABN *		
The ABN provided will be used to check that you have entered the	look up the following information. ABN correctly.	Click Lookup above to
Information from the Australian Busi	<u> </u>	1
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		

	of of your nominated Funds Administrators Publi	c
Note: If you don't have proof of your only require a copy if you are success	Public Liability Insurance easily accessible, don't stress as worstul with your funding application.	e will
Signed Letter from your nomi Attach a file:	nated Funds Administrator confirming engageme	ent *
	tor or Auspicing Body, be sure to ask for a signed confirmati	on
letter/agreement.		
Street Address Address	Postal Address * Address	
Suburb State Postcode	Suburb State Postcode	
Phone Number (BH) *		
Email *		
Website		
Funds Administrator Cont	act 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.

Word count:	
Must be no more than 300 words.	
How will the project be managed? Please include a brief	proi
*	P . O .
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 Pro	oied
3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3	,
Are any other groups or organisations involved in the pr	oiec
Are any other groups or organisations involved in the properties of the properties o	ojec
	ojec
 Yes No List the other groups or organisations involved in the pr	-
○ Yes ○ No	-
 Yes No List the other groups or organisations involved in the pr	-
Yes No List the other groups or organisations involved in the pr nature of their involvement. * Word count:	-
○ Yes ○ No List the other groups or organisations involved in the prinature of their involvement. * Word count: Must be no more than 300 words.	-
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○ Yes ○ No List the other groups or organisations involved in the prinature of their involvement. * Word count: Must be no more than 300 words.	-
○ Yes ○ No List the other groups or organisations involved in the prinature of their involvement. * Word count: Must be no more than 300 words.	oject
O Yes O No List the other groups or organisations involved in the prinature of their involvement. * Word count: Must be no more than 300 words. Number of Artists	ojec

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	Must be no more than 50 words	CV extract outlining their relevant
project		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 *	Artist Fees and Allowances - Details
\$	
Must be a dollar amount.	
Fees and Allowances - Arts Workers *	Can also include travel, accommodation and living allowances
\$	and hiving anowances
Must be a dollar amount.	
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 Evnances - Details
\$	Administration Expenses - Details
Must be a whole dollar amount exclusive of GST	
	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
Must be a whole dollar amount exclusive of GST	
	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 p	roject?
Break-Even - this should equal \$0 *	
This number/amount is calculated.	
inis number/amount is calculated.	
	those figures and feel free to add any 'In
Kind' support here, such as a reduced ra	ate for a venue and volunteer nours. *
Word count:	

Attachments and Support Material

* indicates a required field

Must be no more than 300 words.

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 h Attach a file:	nere
Zip files cannot be accepted. Files m	ust not exceed 25MB.
Evidence of Support - For Aboriginal people or Com	proposals involving First Nation Groups, munities
communities and/or organisation	east one letter of support from the relevant Aboriginal is who are prepared to speak to your experience and or the chair and or a video of a text and or a video
Attached Letters of Support h Attach a file:	nere *
Zip files cannot be accepted. Files m	ust not exceed 25MB.
Samples of Work	
You may choose the following sup indicate by selecting the relevant	pport material options to support your application. Please t TYPE below.
 Up to 5 pages of written ma research), Up to 5 photographs, 	aterial (e.g. excerpts of published writing, press coverage o
	ork, hosted on YouTube/Vimeo/DropBox - Provide URL and external website.
Туре	Relevance to the Project
Please provide support material of be accepted.	documents in .pdf format where possible. Zip files cannot
Attach written material	Attach a file:
or photographs here *	
	Files must not exceed 25MB

Link/URL *	
Password	If the material is not password protected, write ''None''
Description *	The material is not password protected, write mone

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

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.