Making an Application

Objective

The aim of the **Country Arts Support Program (CASP)** is to support 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 15 Regional Arts Development Organisations.

Closing date

Applications close: 25 November 2024, 5pm

Funding Amount

Grants of up to **\$3,000**.

Timing

Projects are to take place between 1 February 2025 and 31 December 2025.

Contact and Support

Refer to <u>CASP Funding Guidelines</u> for more details. It is a mandatory requirement to discuss your application. Book your meeting to discuss <u>HERE</u>

Telephone: 0429 909 447 Email: agray@southeastarts.org.au

Eligibility

* indicates a required field

You or your organisation must be based in one of the Local Government Areas covered by <u>South East Arts</u> include Bega Valley Shire Council, Eurobodalla Shire Council, Snowy Monaro Regional Council.

Applicant LGA *

- Bega Valley Shire Council
- Eurobodalla Shire Council
- Snowy Monaro Regional 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.

Based on your response to the *Applicant LGA* you are ineligible to apply. Refer to <u>CASP</u> <u>Funding Guidelines</u> for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: 0429 909 447

Email: agray@southeastarts.org.au

It is an eligibility requirement that you discuss your project with South East Arts. To book a meeting to discuss your project proposal contact Andrew Gray on 0429 909 447 or book your meeting to discuss HERE

Alternatively you can email Andrew Gray at: agray@southeastarts.org.au

Have you discussed your project with So	outh East 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 your South East Arts?* you are ineligible to apply. Refer to **CASP Funding Guidelines** for more details or contact a staff member if you need any advice between 10am and 4pm Tuesday to Thursday:

Telephone: 0429 909 447

Email: agray@southeastarts.org.au

Eligible Applicant types

Are you applying as:

- Local Government Authority located in NSW
- Group/Collective with a nominated Funds Administrator
- 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>CASP Funding Guidelines</u> for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: 0429 909 447

Email: agray@southeastarts.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? \bigcirc Yes \bigcirc 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>CASP Funding Guidelines</u> for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: 0429 909 447

Email: agray@southeastarts.org.au

Applicant Details

* indicates a required field

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 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 blow.

Applica	nt *		Organisatio	n Name			
Street Addre Address	ess *			Postal Add Address	ress *		
Suburb	State	Postcode		Suburb	State	Postcode	
Phone *	ć						

Email *		
Website		
About Your Organisation/	Group	
	ption and history of your group projects you have managed (if	
Word count: Must be no more than 500 words.		
If you are applying as a Local body you need to provide an Applicant ABN *	Government Authority or Not 1 ABN.	for profit incorporated
	look up the following information. ABN correctly.	Click Lookup above to
Information from the Australian Busi	iness 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		
	ocal Government Authority that Counci and contact details provided above. W tered below.	
Do you have a Public Liability million) *	Insurance Certificate of Curre	ncy (minimum \$10
○ Yes	○ No	
Please upload Public Liability million) * Attach a file:	Insurance Certificate of Currer	ncy (minimum \$10

No Public Liability Insurar	nce	
If you are applying for the Small Association you will need to have a Group/Collective, your nominal Certificate of Currency.	e PLI. If you are applying for	r a Small Project grant as
Applicant Contact Person	I	
Contact Name *	Title First Name	Last Name
Position *		
Phone Number (BH) *		
Mobile Number		
Email *		
Have you or your organisatio	n previously applied for	the Country Arts Support
Program (CASP)? * ○ Yes	○ No	
Naminated Funds Admi	inistrator	
Nominated Funds Admi	IIIStrator	
* indicates a required field		
If your organisation type is a coll associations) you must nominate liability insurance) to administer	e a legally constituted body	(with both an ABN and public
Please complete the following in Administrator which you will be r		letter from the nominated Funds
Name of Nominated Funds Ac Organisation Name	dministrator *	
Organisation Name		

Funds Administrator ABN *

The ABN provided will be used to look up to check that you have entered the ABN corre	ne following information. Click Lookup above to ectly.	
Information from the Australian Business Regis	ter	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type More infor	<u>mation</u>	
ACNC Registration		
Tax Concessions		
Main business location		
Signed Letter from your nominated Fu Attach a file:	inds Administrator confirming engagement *	
Street Address * Address	Postal Address * Address	
Suburb State Postcode	Suburb State Postcode	
Phone Number *		
Email *		
Website		

Funds Administrator Contact Person Details

South East Arts 24/25 CASP

Form Preview

Name *	Title	First Name	Last Name	
Position *				
Phone Number *				
Email *				
About your Application				
* indicates a required field				
Project Title *				
Must be no more than 10 words.				
	- L ¥			
Brief description of the Project	ct *			
Word count: Must be no more than 50 words. Please provide a short, one or two se 'What', 'Where' and 'When'.	entence des	cription of your proje	ect. Be sure to inclu	de the 'Who',
In what town/locality will the	project t	ake place? *		
Enter one or more towns/localities				
Start Date *				
Must be a date and between 1/2/202	5 and 31/1	2/2025.		
End Date *				
Must be a date and between 1/2/202	5 and 31/1	2/2025.		
Select the primary artform of	your app	olication:		
Select the secondary artform artform:	that bet	ter reflects the s	ubcategory of y	our primary

Are you an Aboriginal individual or Aboriginal Organisation? * ○ Yes ○ No
Is your project involving Aboriginal cultural elements, community or heritage? O Yes O No If Yes and you do not identify as an Aboriginal individual, group or organisation, you are required to provide an email or letter of support 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.
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 - Additional Information
What consultation or engagement has occurred with your community/communities? *
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 orga ○ Yes	nisations involved in the project? * O No
List the other groups or orga	nisations 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 Attach a file:	n these groups. *
Number of Artists	
How many PAID artists will be employed on the p	project? * How many UNPAID artists will be involved in the project? *
Does your project involve wo	rking with children under the age of 18 years? * O No
	(Complete where the project does not dren under the age of 18 years)
Provide details for each artist invattachments. To add another arti	olved in the project, paid and unpaid - do not refer to ist 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/
Priof Pala Doscription *	
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

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 (no cents) and no more than 3000. Small Project Grants are for up to \$3,000

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 **24/25 CASP 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 *	Artist Fees and Allowances - Details
\$	
Must be a dollar amount.	
	Can also include travel accommodation evacases
Fees and Allowances - Arts Workers *	Can also include travel, accommodation expenses and living allowances
\$	and living 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 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.
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.
Project 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 Estimated value of volunteer time \$
Must be a number (all volunteers combined) This amount is calculated.
Local Government - goods, services that council provide without a fee
seg venue, rubbish service, admin support, excluding GST
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
\$ eg venue, excluding GST
Total In Kind Support \$ This amount is calculated.

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 of Support

If you have evidence of support (emails, letter etc other than from groups or organisations involved in the project) you may upload them here.

Attached evidence	e of support here *
Attach a file:	

Letters of Support - For proposals involving Aboriginal people or communities

You are **required** to provide at least one letter/email 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 **TWO** 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),
- 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.

Relevance to the Project

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

Type

* indicates a required field

Declaration of the Applicant

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:** South East 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. South East Arts does not check, amend or update applications. Applications cannot be modified after being submitted.
- **Support**: South East Arts staff are available 10am-4pm Tuesday 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: South East 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 South East Arts for the purpose of promoting this grant, acquittal and annual reporting in the 12 months following the completion of this project.

O you understand and acknowledgeYes	wledge these conditions? * O No
Full Name *	
Typing your name will be taken to be	as binding as a signature.
Title/Position (if applicable)	
General Manager, Chair, Executive Of	ficer 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.