Form Preview

Making an Application

Objective

The aim of the <u>Southern Tablelands 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 and is guided by the Southern Tablelands Arts strategic plan and priority areas

- First Nations arts and culture
- Children and Young people

The fund is delivered in partnership with the 15 Regional Arts Development Organisations.

Closing date

Applications close: Monday 20 January 2025 11:59PM AEST.

Funding Amount

Grants of up to \$3,000

Timing

Projects are to take place between 15 February - 31 Dec 2025

Contact and Support

Refer to <u>CASP 24/25 Funding Guidelines</u> for more details or contact a staff member if you need any advice between 9am and 4:30pm Monday to Friday:

Telephone: 0427938110 Email: pco@southerntablelandsarts.com.au

Accessibility

If you are an applicant with disability and you require assistance you can check our **guidelines** page for some support organisations or contact us between 9am and 4:30pm Monday to Friday.

Telephone: 0427 938 110

Email: pco@southerntablelandsarts.com.au

Eligibility

* indicates a required field

Local Government Areas covered by <u>Southern Tablelands Arts</u>: Goulburn Mulwaree Council, Hilltops Council, Queanbeyan-Palerang Regional Council, Upper Lachlan Shire Council, Wingecarribee Shire Council, Wollondilly Shire Council, Yass Valley Council

Applicant LGA * ○ Goulburn Mulwaree Council	I				
O Hilltops Council	Hilltops Council				
Queanbeyan-Palerang Regional CouncilUpper Lachlan Shire Council					
Opper Lachian Shire Council Wingecarribee Shire Council					
 Wollondilly Shire Council 					
Yass Valley CouncilOther					
Please select your LGA based on y	rour street address i.e. principal place of residence/business. If the not eligible to apply for CASP funding through Southern Tablelands				
Unable to continue					
Based on your response to the more information visit our Local	Eligibility <i>Applicant LGA:</i> you are ineligible to apply. For al Government page.				
	Guidelines for more details or contact a staff member if 9am and 4:30pm Monday to Friday:				
Telephone: 0427938110					
Email: pco@southerntablela	ndsarts.com.au				
Are you applying as: ○ First Nations Group ○ First Nations Individual	 Individual Not for profit incorporated Other body 				
○ Group					
Unable to continue					
Based on your response to the	Eligibility Are you applying as: you are ineligible to apply.				
	Guidelines for more details or contact a staff member if 9am and 4:30pm Monday to Friday:				
Telephone: 0427938110					
Email: pco@southerntablela	ndsarts.com.au				
Is your activity any of the fo	ollowing ineligible activities: *				
☐ Competitions and Prizes					
□ Overseas travel□ Fundraising event					
☐ General operating expense	s or ongoing costs of long-term continuous project				
☐ Projects that has commend	ed or is completed onsidered part of the curriculum for schools or tertiary				
 Activities which could be constitutions 	onsidered part of the curriculum for schools of tertiary				
□ Non-arts related activities					

Form Preview

□ No At least 1 choice must be selected.
Unable to continue
Based on your response to the Eligibility <i>Is your activity:</i> you are ineligible to apply. Refer to CASP 24/25 Funding Guidelines for more details or contact a staff member if
you need any advice between 9am and 4:30pm Monday to Friday:
Telephone: 0427938110 Email: pco@southerntablelandsarts.com.au
Do you have a current ABN? *
○ Yes ○ No
Unable to Continue
To be Eligible to apply for a Southern Tablelands Arts CASP Grant you must have an ABN.
You can apply for an ABN at the Australian Business Registry
You can apply for an ABN for free at the <u>Australian Business Registry</u> .
If you have a group that will complete a single project, and do not think you will need an ongoing ABN contact us to talk through your project options.
Telephone: 0427938110
Email: pco@southerntablelandsarts.com.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>CASP 24/25 Funding Guidelines</u> for more details or contact a staff member if you need any advice between 9am and 4:30 Monday to Friday:

Telephone: 0427938110

Email: pco@southerntablelandsarts.com.au

Form Preview

Applicant Details

* indicates a required field

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

You have indicated that you are applying as a **Group, First Nations Group, Not for Profit incorporated body, Organisation**. Please select Organisation and 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'.

Applicant *	○ Individ Organisa	ual tion Name	○ Organi	sation	
	Title	First Name	Las	t Name	
	'organisat		er your grou	Select 'Organi up name (if you	

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**, **First Nations Group**, **Not for Profit incorporated body**, **Organisation** 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 **your key** group members.

Professional name (if	
applicable)	
approduct,	

Street Address * Address		Postal Addres Address	55 *		
Suburb State Postcode	S	Suburb	State	Postcode	
Phone *					
Email *					
Website					
Legal status of your organ	isation OR	GROU	IP?		
What is your organisation's le Not for profit incorporated boo Other Please select one About Your Organisation/ Please provide a short descriptincluding examples of similar	Group	cive			
Word count: Must be no more than 500 words					
Applicant ABN *					
The ABN provided will be used to check that you have entered the			nformati	on. Click Looku	ip above to
Information from the Australian Busin	ness 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				
	cal Government Authority that Council should and contact details provided above. Where appetered below.			
Do you have a Public Liability million) * O Yes	Insurance Certificate of Currency (mi	inimum \$10		
Please upload Public Liability Insurance Certificate of Currency (minimum \$10 million) * Attach a file:				
Public Liability Insurance:	No			
You have selected that you do no	t have Public Liability Insurance.			
Please note you MUST show evide CASP 24/25 round.	ence of Public Liability Insurance if you are	e successful in the		
Check our CASP 24/25 Guidelines	for some insurance options.			
Applicant Contact Person				
Contact Name *	Title First Name Last Name			
Position *				
Phone Number (BH) *				
Mobile Number				
Email *				

Has you previously applied for the Country Arts Support Program (CASP)? * ○ Yes ○ No
About your Project
* indicates a required field
Project Title *
Must be no more than 10 words.
Brief description of the Project *
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'. This may be used for publication.
Have you discussed your project with Southern Tablelands Arts? * ○ Yes ○ No
In what town/locality will the project take place? *
Enter one or more towns/localities
Project Start Date *
Must be a date and between 15/2/2025 and 31/12/2025.
Project End Date *
Must be a date and between 15/2/2025 and 31/12/2025.
Select the primary artform of your program:
Select the secondary artform that better reflects the subcategory of your primary artform:
Is your project involving First Nations cultural elements, community or heritage? ○ Yes ○ No

Form Preview

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

About your project

Describe your project's in more detail (do not refer to attachments). Outline what you plan to do and why. ${\color{gray}\star}$
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.
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.
Attach letters of support from these groups. * Attach a file:

Number of Artists				
How many PAID artists will be employed on the p	roject? * How many UNPAID artists will be involved in the project? *			
○ Yes	king with children under the age of 18 years? * O No the Children's Guardian website: https://ocg.nsw.gov.au/			
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 invo	olved in the project, paid and unpaid - do not refer to st 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 against			
Working with Children Check Number *	Name of artist involved in the project 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	
Your Income should equal your Ex	penditure.
Total Cost of the Project (tota \$ Must be a whole dollar amount	l expenditure including both CASH and IN KIND) *
Total Amount Requested from	CASP (excl GST). *
Must be a whole dollar amount and n	ot exceed the limit for your Region.
Income	
Income (excluding the CASP r	equested amount)
\$ Must be a dollar amount.	
CASP Expenses	
Please provide details of what the mainly go towards Artist/Artswork	CASP funds will be used for. Remember that CASP should ter fees and expenses.
Refer to the CASP 24/25 Funding fund.	g Guidelines for details of expenses that CASP will not
The total of these amounts must and must not exceed \$3,000 .	be the same as Total Amount Requested from CASP
Add 0 for any that are not relevan	nt.
Fees and Allowances - Artists *	Artist Fees and Allowances - Details (Includes Arts Workers)
Must be a dollar amount.	

Fees and Allowances - Arts Workers * \$	Can also include travel, accommodation expenses and living allowances
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. MUST be no more than 5% of total budget.
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 f	igures *
Word count: Must be no more than 300 words.	

Form Preview

Budget Information (IN KIND SUPPORT)

In Kind Support

Non cash items donated to your project. You will only be able to provide estimates of t	heir
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		
		\$		
	(all volunteers combined)	This amount is calculated.		
	,			
Local Government -	goods, services that council provi	de without a fee		
\$				
eg venue, rubbish service	e, admin support, excluding GST			
Local Business - goo	ds, services that local business pr	ovide without a fee		
\$	•			
eg paints, materials, adve	ertising, excluding GST			
Other community gr	oups - goods, services that other (groups provide without a		
\$				
Total In Kind Suppor	t			
\$				

Attachments and Support Material

* indicates a required field

Letters of Support

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

Attached Letters of Support here Attach a file:	

Letters of Support - For proposals involving Aboriginal people or communities

You are **required** to provide contact details for at least one relevant Aboriginal community and/or organisation who are prepared to speak to your experience and or your proposal.

How to provide * □ Letter □ Referee					
Attached Letters of Support Attach a file:	: here *				
Name	Email/phone		Organisation		
Samples of Work					
You may choose ONE of the fol Please indicate by selecting the			s to support your applic	ation.	
 Up to 5 pages of written mesearch), OR Up to 5 photographs, OR A link to video footage of wearswords to view video or 	vork, hosted o	n YouTube/Vimed		-	
Туре		Relevance to	the Project		
		_			
Please provide support material documents in .pdf format where possible. Zip files cannot be accepted.					
Attach written material	Attach a file	e:			
or photographs here *					
Link/URL *					
Password					
	If the materia	If the material is not password protected, write "None"			
Description *					

Form Preview

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 midnight on the advertised closing date.
- **Investigation:** Southern Tablelands 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. Southern Tablelands Arts does not check, amend or update applications. Applications cannot be modified after being submitted.
- **Support**: Southern Tablelands Arts staff are available 9am-4:30pm Monday to Friday during the grant round to provide technical and general guideline advice.
- False declarations: Southern Tablelands 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 Southern Tablelands Arts for the purpose of promoting this grant, acquittal and annual reporting.

O you understand and acknow ○ Yes	ledge these conditions? * O No		
Full Name *			
Typing your name will be taken to be as binding as a signature.			
Title/Position *			
General Manager, Chair, Executive Officer, President etc.			
Date *			

24/25 Southern Tablelands CASP Form Preview

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.