Form Preview

Making an Application

To apply for a Small Project Grant:

- Read the 23/24 Small Project Grants Funding Guidelines
- Check your eligibility

Application Support Resources

Create NSW has provided documents and videos to help you with your funding application. You can locate these resources by clicking here.

Create NSW Staff Support

Create NSW staff are here to help you and can be contacted between 9am and 5pm Monday to Friday (excluding public holidays) via:

- Telephone: (02) 9228 4578
- Scheduling an online meeting to speak to Create staff through Microsoft bookings
- Email: arts.funding@create.nsw.gov.au

Eligibility

* indicates a required field

To check if you/the group are eligible to apply for the **23/24 Small Project Grants** complete the following questions:

W I	nat are you applying as? * Individual based in NSW Group based in NSW Other	
0	e you one of the following? * Australian Citizen Australian Permanent Resident Other	
	ve you/the group been residing in NS' plying for this grant? *	W over the last 12 months at the time of
-	Yes	○ No
0	e you/the group 18 years old and above Yes s is at the time of application.	/e? * ○ No

23/24 Small Project Grants (Quick Response) Form Preview

Are you/the group professional artist/s, or arts/cultural worker/s (includ museum worker/s)? *			
○ Yes	○ No		
Are you/the group a current employee of Create NSW within the last 12 months?			
○ Yes	○ No		
Is your project clearly related to the arts	_		
○ Yes	○ No		
Is your activity for filmmaking, screen p	roductions or film festivals? *		
O Yes Please refer to Screen NSW for film sector funding	○ No		
riease refer to <u>screen NSW</u> for film sector funding	opportunities.		
Have you/the group submitted two (2) elbetween the period of 29 May 2023 - 20			
O Yes This does not include applications which have been been unsuccessful for Small Project Grants, we enagain. Please click here to obtain feedback	No n made ineligible and/or withdrawn. If you have		
Have you/the group been successful for period of 29 May 2023 - 20 May 2024? * ○ Yes	one (1) Small Project Grant between the ○ No		
Have you/the group applied and/or recei for the same stage/phase of professiona ups? *	I development activity or project top-		
Yes Funding for a new stage of a project will be considered.	○ No ered.		
What is the status of your project? *			
My project has commencedMy project has already taken place			
My project has already taken placeMy project is starting less than 5 weeks fr	om the date of my submission		

Form Preview

\circ	My pro	ject will	be delivered	d over more	than 4 mon	ths from t	the project s	tart date

None of the above

As an individual based in NSW are you applying with: *

- Individual/Sole Trader ABN
- Sole director of a private company
- Funding to be Administered
- I do not have an ABN described above
- Other

Please note: Incorporated Associations, Companies (except sole directors of private companies) and Trusts are not eligible to apply as individuals or groups. These restrictions do not apply to Funds Administrators

If you do not have an ABN and you are successful, you will need to either: *

- Obtain an Individual/Sole Trader ABN
- Engage a Funds Administrator
- Other

Please note: Incorporated Associations, Companies (except sole directors of private companies) and Trusts are not eligible to apply as individuals or groups. These restrictions do not apply to Funds Administrators.

As a group based in NSW are you applying with: *

- O A group members' Individual/Sole Trader ABN
- A Partnership ABN
- Unincorporated Entity ABN
- Funding to be Administered
- O I do not have an ABN described above
- Other

Please note: Incorporated Associations, Companies (except sole directors of private companies) and Trusts are not eligible to apply as individuals or groups. These restrictions do not apply to Funds Administrators.

If you do not have an ABN and you are successful, you will need to either:

- Obtain a group members' Individual/Sole Trader ABN
- Obtain a Partnership ABN
- Obtain an Unincorporated Entity ABN
- Engage a Funds Administrator
- Other

Please note: Incorporated Associations, Companies (except sole directors of private companies) and Trusts are not eligible to apply as individuals or groups. These restrictions do not apply to Funds Administrators.

Unable to continue

Based on your response to the above Eligibility question, you are unable to continue and apply. Refer to the 23/24 Small Project Grants Funding Guidelines for more details.

Form Preview

Create NSW staff are here to help you and can be contacted between 9am and 5pm Monday to Friday (excluding public holidays) via:

• Telephone: (02) 9228 4578

- Scheduling an online meeting to speak to Create NSW staff through <u>Microsoft</u> bookings
- Email: arts.funding@create.nsw.gov.au

Acceptance of Conditions

* indicates a required field

Before you can complete and submit an application you must accept the following conditions by declaring:

I certify that:

- All information supplied as part of this application will be true and accurate to the best of my knowledge.
- 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.
- The information provided for the title and description may be used for media and communication purposes.
- If the applicant is a group or a manager of an individual/group, I have the authority to complete and submit this application on the entity's behalf.

I acknowledge that:

- Applications and any additional materials cannot be submitted after the advertised closing date and time.
- Create NSW has the right to investigate any information provided in this application and/or to request for additional information.
- It is solely my responsibility to ensure my application is correct and complete before submitting. Create NSW does not check, amend or update applications. Applications cannot be modified after being submitted.
- Funding will not be released if I have outstanding acquittals for this or other projects.
- Create NSW 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.
- Create NSW staff are available 9am-5pm Monday to Friday (excluding public holidays) 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.
- The information I have provided in this application can be used for marketing purposes by Create NSW and/or the NSW Government.

Do you understand and acknowledge the ○ Yes	ese conditions? *
Full Name *	

Form Preview

Date *
Must be a date.

Applicant Details

* indicates a required field

Privacy Notice

Create NSW is subject to the *Privacy and Personal Information Protection Act 1998* in managing your personal information. For the full Create NSW Privacy Notice click **here**.

Do you wish to receive updates from Create NSW in relation to funding opportunities, events or initiatives? * \circ No

O Yes O No Your response will not affect your application.

Applying as an Individual

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

Applying as an Individual who is a Sole Director of a Private Company

You have indicated that you are applying as an **Individual** who is a Sole Director of a private company.

Select 'Organisation' and the 'Organisation Name' should be the Private Company name as per the ABN you will enter.

Applying as a Group

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, not the person submitting the application.

Please note the following:

- This is only applicable for Sole Directors of a Private Company- 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 the 'organisation' name for your group is the Entity, Business or Trading name for a Partnership ABN, you must provide that ABN rather than your own Sole Trader ABN

Applicant Name

Form Preview

Are you a first time applicant? *	○ Yes Your resp	oonse will not af	O No fect your application.	O 114	
Applicant *	○ Indivi Organis	dual ation Name	○ Organisation		
	Title	First Name	Last Name		
	your 'Org		A GROUP: Select 'Organ's should be the group napplication.		

Professional Name (if applicable)

Wrong Selection

You have selected that you are applying as an Individual on the Eligibility page. However, you have selected you are applying as an *Organisation* above. To continue select **Applicant** as **Individual** and ensure that the you fill in the **Title, First Name and Last Name.**

Create NSW staff are here to help you and can be contacted between 9am and 5pm Monday to Friday (excluding public holidays) via:

- Telephone: (02) 9228 4578
- Scheduling an online meeting to speak to Create NSW staff through <u>Microsoft</u> bookings
- Email: <u>arts.funding@create.nsw.gov.au</u>

Wrong Selection

You have selected that you are applying as an Individual who is a Sole Director of a Private Company on the Eligibility page. However, you have selected you are applying as an *Individual* above. To continue select '**Organisation**' and the '**Organisation Name**' should be the Private Company name as per the ABN you will enter.

Create NSW staff are here to help you and can be contacted between 9am and 5pm Monday to Friday (excluding public holidays) via:

- Telephone: (02) 9228 4578
- Scheduling an online meeting to speak to Create NSW staff through <u>Microsoft</u> <u>bookings</u>
- Email: arts.funding@create.nsw.gov.au

Wrong Selection

Form Preview

You have selected that you are applying as a Group in the Eligibility page 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, not the person submitting the application.

Create NSW staff are here to help you and can be contacted between 9am and 5pm Monday to Friday (excluding public holidays) via:

- Telephone: (02) 9228 4578
- Scheduling an online meeting to speak to Create NSW staff through <u>Microsoft</u> bookings
- Email: arts.funding@create.nsw.gov.au

Contact Information

Street Address *	Address
	Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia
Postal Address *	Address
	Address Line 1, Suburb/Town, State/Province, and Postcode are required. Must be an Australian post code
Email *	
	Must be an email address
Phone *	
	Must be an Australian phone number, include area code, numbers only, no spaces
Website	
	Must be a URL

Contact Person Details

This will be the person who will be notified of any outcome of this application and will be required to be the first signatory of the contract with Create NSW **if successful.**

- Where applicable, the **group** contact person should be the member, or a member of the partnership, providing the ABN.
- Individuals applying as a company must be the sole director of that private company.

Name *	Title	First Name	Last Name

Form Preview

Position *		
Phone *	Must be an Australian phone number, include area	a code,
Email *	numbers only, no spaces	
Ellian ·	Must be an email address	

Australian Business Number (ABN) Details

As an Individual, **if you have an ABN,** you can apply with the following information:

- Your Individual/Sole Trader ABN OR
- The ABN for a private company, but only if you're the sole director

If you do not have an ABN, you will need to either:

- Nominate a Funding Administrator OR
- Obtain an appropriate ABN as indicated above

Australian Business Number (ABN) Details

As a Group, **if you have an ABN**, the group can apply by providing:

- Your, or another group members' Individual/Sole Trader ABN OR
- A partnership ABN OR
- an Unincorporated Entity ABN

If the group does not have an ABN, the group will need to either:

- Nominate a Funding Administrator OR
- Obtain an appropriate ABN as indicated above

Please note, applications with other ABN types will be made ineligible.

This includes:

- Incorporated Entity
- Companies (except sole directors of private companies)
- Trust ABNs

A BAI	
ARN	
ADN	

Have you already engaged your funds administrator? *

Form Preview

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	More information		
ACNC Registration			
Tax Concessions			
Main business location			

O No, I will confirm details if successful

Funds Administrator

○ Yes

If your application is successful, y contact details prior to contractin			e the name, ABN,	address and
Funds Administrator Deta	ils			
Name *	IndividualOrganisationOrganisation Name			
	Title	First Name	Last Name	
Street Address *	Address			
	Address Lir required.	ne 1, Suburb/Town, S	State/Province, and	Postcode are
Postal Address *	Address			

23/24 Small Project Grants (Quick Response) Form Preview

	Address Line 1, Suburb/Town, State/Frequired.	Province, and Postcode are
Phone *	Must be an Australian phone number	·.
Email *	Must be an email address.	
Website	Must be a URL.	
ABN *		
	The ABN provided will be used to information. Click Lookup above t	
	entered the ABN correctly.	to effect that you have
		·
	entered the ABN correctly.	·
	entered the ABN correctly. Information from the Australian Busi ABN Entity name	·
	entered the ABN correctly. Information from the Australian Busi ABN Entity name ABN status	·
	entered the ABN correctly. Information from the Australian Busi ABN Entity name ABN status Entity type	·
	entered the ABN correctly. Information from the Australian Busi ABN Entity name ABN status Entity type Goods & Services Tax (GST)	·
	entered the ABN correctly. Information from the Australian Busi ABN Entity name ABN status Entity type Goods & Services Tax (GST) DGR Endorsed	iness Register
	entered the ABN correctly. Information from the Australian Busi ABN Entity name ABN status Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type	·
	entered the ABN correctly. Information from the Australian Busi ABN Entity name ABN status Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type ACNC Registration	iness Register
	entered the ABN correctly. Information from the Australian Busi ABN Entity name ABN status Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type	iness Register

Funds Administrator Contact Person

Administrator Contact	Title	First Name	Last Name
Name *			
Position *			
Phone *			
	Must be ar	n Australian phone n	umber.
Email *			
	Must be ar	n email address.	

Form Preview

Diversity Data Collection

Project Information

The below questions are voluntary. The information collected is for statistical purposes only and will not affect the assessment of your application.

Create NSW is committed to promoting gender equity and diversity in the arts sector. The data collected will help us better understand the sector and support future diversity initiatives. This method of collection is in accordance with the Department of Enterprise, Investment & Trade, the Australian Government Guidelines on the Recognition of Sex and Gender, and NSW Privacy Laws. For more information, please refer to the Create NSW Privacy Notice available here.

Do you identify as belonging to any of the following:

NSW Aboriginal people O Yes		People living and/or w O Yes	orking in regional NSW	/ Young Peopl O Yes	le unde	er the age of 25
Torres Strait Islander peop O Yes	le	People living and/or w Sydney O Yes	orking in Western	People with O Yes	Disabi	lity and/or who are d/Deaf
People from culturally and diverse (CaLD) background O Yes						
Do you identify	ac.					
Female	○ Male	○ Gend	er Diverse⊝ Pre disclo		0	Other:
Do you identify	os I CRTIOA	\				
Do you identify ○ Yes	O No	XT f	Prefer not to disclose	0 () 0	ther:
If you are Aborig Country or Coun				Tribe/Cla	an g	roup and
Night Time Ec	onomy					
Do you have act O Yes Click here for inform not affect your appli	ation regardir	_	○ No	-		y. Your response will
About your P	roject					
* indicates a requi	red field					

23/24 Small Project Grants (Quick Response) Form Preview

Project Title *	
	Word count: Must be no more than 10 words. EXAMPLE: Professional development through mentoring with internationally acclaimed Aboriginal artist. Please note, if your application is successful this information may be used publicly for promotional purposes. Project titles should be appropriate for general public audiences.
Brief description of the project *	
	Word count: Must be no more than 50 words. Please note, if your application is successful this information may be used publicly for promotional purposes. Project descriptions should be appropriate for a general public audience.
Project Start and End Date	es
	least 5 weeks after your application has been submitted. ted within 4 months from your indicated start date as
Project Start date *	
Project End date *	
Artform	
Select the primary artform of your project *	
Select the subcategory of your primary artform *	
Create NSW Arts Culture	e Aboriginal Protocols
* indicates a required field	
community or heritage? * O Yes	original cultural elements, contemporary elements, O No letters of confirmation/support from the relevant communities

Form Preview

Are you adhering to the Create NSW Arts & Culture Aboriginal Protocols? * O Yes No
Refer to the <u>Create NSW Aboriginal Arts and Cultural Protocols here</u> .
Please explain how your project aligns with two or more of the key principles listed in Create NSW Arts & Culture Aboriginal Protocols *
Word count: Must be no more than 250 words.
Please tell us what consultation/s have already been undertaken with Aboriginal artist/s, people and community *
Word count:
Must be no more than 250 words. Ensure you have letters of support/confirmation attached in the section below.
Are there Aboriginal key creatives leading this project? Who are they and what is their role? *
Word count: Must be no more than 250 words.
Ensure you have letters of support/confirmation attached in the section below.
Provide a rationale for why you are not referring to the principles of the NSW Aboriginal Art and Culture protocols *
Word count: Must be no more than 250 words.
Letters of Confirmation/Video Statements - For proposals involving Aboriginal people or communities
You are required to provide Letters of support and/or confirmation from relevant Aboriginal artists, Elders, Organisations or community members that are involved in your project and/or can speak to your/the group's experience and in delivering similar projects.

How would you like to submit this confirmation? *

Links/URLs

Uploading filesBoth of the above

Form Preview

Word count:

Provide links and passwords to any letters of confirmation/support for proposals that involve Aboriginal people or communities.

Note: Make sure the link/URL works and passwords are correct and remain accessible.

Link / URL	Password	Description
Must be a URL.		
Attach letters of sup Attach a file:	port/videos here *	
Attach a me.		
A maximum of 2 files may	be attached.	
Merit Criteria		
* indicates a required f	eld	
Question 1: Tell us how	vour/the group's apportunity	occurred, what is involved in the
activity and what are the		occurred, what is involved in the
	ut your/the group's reputatior	n and previous arts and cultural
achievements		
	o submit your responses?	*
I would like to submI would like to subm	nit text responses nit video responses by upload	ing a short video
 I would like to subm 	nit video responses by providi	ng a URL
	eo response make sure the link/l month during the assessment pe	JRL works and passwords are correct and eriod.
Question 1 2		
Tell us how your/the and what are the exp		rred, what is involved in the activity
and what are the exp	Jected outcomes	
Word count:		
Must be no more than 300) words.	
	e group's experience and	previous achievements in relation
to the opportunity *		

Form Preview

Must be no more than 300 words.

Tell us about your experience and previous achievements in relation to the opportunity

Question 1

Tell us how your/the group's opportunity occurred, what is involved in the activity and what are the expected outcomes by uploading a short video of **no more than 5 minutes** (files must not exceed 25MB). Zip files will not be accepted.

NOTE: Think about the aim/s of your project and what you want to achieve.

Attach your answer to	Attach a file:	
question 1 here *		
	A maximum of 1 file may be attached.	

Question 2

Tell us about your/the group's experience and previous achievements in relation to the opportunity by uploading a short video of **no more than 5 minutes** (files must not exceed 25MB). Zip files will not be accepted.

Attach your answer to question 2 here *	Attach a file:		
	A maximum of 1 file may be attached.		
	Tell us about your experience and previous achievements in relation to the opportunity		

Question 1

Tell us how your/the group's opportunity occurred, what is involved in the activity and what are the expected outcomes by providing a URL to a short video of **no more than 5 minutes.**

NOTE: Think about the aim/s of your project and what you want to achieve.

Paste your URL for question 1 here *	
question = nere	Must be a URL.

Question 2

Tell us about your/the group's experience and previous achievements in relation to the opportunity by providing a URL to a short video of **no more than 5 minutes.**

Paste your URL for question 2 here *	
	Must be a URL.
	Tell us about your experience and previous achievements in
	relation to the opportunity

Form Preview

Supporting Material

* indicates a required field

Samples of Work

Provide samples of work as links or uploaded documents. All attachments must be provided at the time your application is submitted.

Samples can be submitted as:

- Written material limit: 10 pages (provided as one document)
- Still images limit: 10 images (provided as one document)
- Audio/visual limit: 5 minutes each file, in electronic format, max 3 files

Restrictions on Attachments

- Files must not exceed 25MB
- Please provide attachments in .pdf format where possible.
- Zip files cannot be accepted.

Note: Assessors will not view or consider support materials that exceed the above limits.

How would you like to submit your samp	les of work? *
○ Links / URLs	
 Uploading files 	
O Both of the above	
Letter of Invitation	
Have you/the group been invited to atte	• • •
other) or to perform or present new wor	
○ Yes	○ No
Please attach a copy of the invitation co	rrespondence below: *
Attach a file:	
A maximum of 1 file may be attached.	
Link/HRL Hnload	

LINK/UKL UPIOAG

Provide links and passwords to any externally hosted work samples that best reflect your/ the group's practice, experience and the proposed project.

Note: Make sure the link/URL works and passwords are correct and remain accessible. You can only provide a maximum of 3 links. Assessors will only be able to spend a limited time looking through links, so please ensure you choose the most relevant and strong works of your career.

Link / URL	Password	Description

Form Preview

Must be a URL.	

Sample Uploads

Attach your/the group's samples of wor Attach a file:	rk here *
A maximum of 3 files may be attached.	

Letters of Support

Confirmation letters/emails/videos of support related to your project (provided as one document of no more than 5 pages).

Attach Letters of Support here *					
Attach a file:					
A maximum of 1 file may be attached					

Biography/CV

Provide a brief biography or Curriculum Vitae (CV) for:

- Yourself
- The group members involved (if you are applying as a group)
- Artists or key collaborators involved in the project

A maximum of one A4 page per person. If there are multiple people involved, please combine all biographies/CV into one document.

Attach short biographies and CVs here *
Attach a file:
A maximum of 1 file may be attached

Impact Criteria

* indicates a required field

Question 1: Why is the opportunity important to your career development and practice, including if your activity meaningfully engages with Create NSW priority areas?

Question 2: Why is the proposed activity time sensitive and needs to be undertaken urgently? Please include any documentation supporting this claim in the support material section on the page before (supporting material).

Form Preview

○ I would like to submit video re	sponses esponses by uploading a short video esponses by providing a URL e make sure the link/URL works and passwords are correct and
Question 1 2	
including if your activity mea	tant to your career development and practice, ningfully engages with Create NSW priority areas? *
Word count: Must be no more than 300 words.	
Why is the proposed activity *	time sensitive and needs to be undertaken urgently?
Word count: Must be no more than 300 words. Please include any documentation subefore (supporting material).	upporting this claim in the support material section on the page
Question 1	
if your activity meaningfully enga	oortant to your career development and practice, including ages with Create NSW priority areas by uploading a short es (files must not exceed 25MB). Zip files will not be
Attach your answer to guestion 1 here *	Attach a file:
	A maximum of 1 file may be attached.
Question 2	
	ty time sensitive and needs to be undertaken urgently by ore than 5 minutes (files must not exceed 25MB). Zip files
Attach your answer to question 2 here *	Attach a file:
	A maximum of 1 file may be attached. Please include any documentation supporting this claim in

material).

the support material section on the page before (supporting

Form Preview

Question 1

Tell us why is the opportunity important to your career development and practice, including if your activity meaningfully engages with Create NSW priority areas by providing a URL to a short video of no more than 5 minutes.

Paste your URL for question 1 here *	
Must be a	Must be a URL.

Question 2

Tell us why is the proposed activity time sensitive and needs to be undertaken urgently by providing a URL to a short video of no more than 5 minutes.

Paste your URL for guestion 2 here *	
question I here	Must be a URL.
	Please include any documentation supporting this claim in
	the support material section on the page before (supporting
	material)

Please attach any documentation suppo	rting the urgency of the project st
Attach a file:	

A maximum of 1 file may be attached.

Viability Criteria

* indicates a required field

Key Activities and Dates

Outline below the key dates, steps, personnel involved and locations of your activity

Date	Brief description of activity	Key Personnel/ Artists/ Partners	Are they confirmed?	Location	Is the location confirmed?
Must be a date.		This includes their name and role		This includes name of venue/ place	

Budget Breakdown

Form Preview

Outline how you/the group will spend the amount you are requesting from Create NSW.

Add \$0 (zero) for any that are not relevant.

Note: You must apply from \$500 to \$5,000 below.

Fees - Artists *	Fees - Arts Workers *	Total Fees *
\$	\$	\$
Must be a whole dollar amount	Must be a whole dollar amount	This number/amount is
(no cents).	(no cents).	calculated.
Production Costs (includes Venue Hire) *		
\$		
Must be a whole dollar amount		
(no cents).		
Travel / Accommodation / Transport Costs *		
\$		
Must be a whole dollar amount		
(no cents).		
Materials *		
\$		
Must be a whole dollar amount		
(no cents).		
Other *		
\$		
Must be a whole dollar amount		
(no cents).		
Total Amount Bounceted from Create NEW *		
Total Amount Requested from Create NSW *		
This number/amount is		
calculated.		
How much are you requesting		
from Create NSW?		
What is your total project cost? *		
\$		
This is how much money the		
project will cost altogether and		
includes the amount requested		
from Create NSW.		

Artist and Arts Worker Fees

Have you/the group paid the artist/s, arts worker/s and/or cultural advisor/s at the appropriate industry rate? *

Yes
No
Please note that each artform has its own identified rate.

Form Preview

Outline how you/the group will pay the artist/s, arts worker/s and/or cultural advisor/s and include which industry rate you referred to *
Word count: Must be no more than 100 words.
Outline the reasoning for not paying the artist/s, arts worker/s and/or cultural advisor/s at the industry rate *
Word count: Must be no more than 100 words.
Budget Comments
How will you spend the amount you are requesting from Create NSW? Please include a breakdown of your total project costs *
Word count: Must be no more than 300 words. Provide detailed expenditure breakdown including quotes, industry standard rates and any other
income associated with the project (if applicable) Attach quotes here (optional) Attach a file:
A maximum of 1 file may be attached. Quotes can include, hiring equipment, venue bookings, travel and accommodation, and arts and cultural materials.

Priority Areas and Breakdown of Activities

* indicates a required field

Project Priority Areas

Please indicate if your project will be targeted towards any one of the priority areas listed below. This can include information about yourself, the group members (if applying as a group), other artists, organisations and communities as partners, collaboration and audiences.

Note: it is not compulsory that your project engages with the following areas. Assessors will be looking for genuine and respectful engagement.

NSW Aboriginal people *

People living and/or working in Western Sydney *

23/24 Small Project Grants (Quick Response) Form Preview

○ Yes	O No	○ Yes	O No
People from culturally a	and linguistically diverse (CaLD)	backgrounds People with disability a	and/or who are d/Deaf *
* O Yes	O No	○ Yes	○ No
People living and/or wo	orking in regional NSW *	Young People under th O Yes	e age of 25 * O No
in your projec		opie and communities	are respectfully engaged
Word count:			
Must be no more	than 150 words.		
Describe how	CaLD people and co	ommunities are respec	tfully engaged in your
project *			
Word count:			
Must be no more	than 150 words.		
Describe how	Regional NSW peop	le and communities a	re respectfully engaged i
your project *			
Word count:			
Must be no more	than 150 words.		
Describe how	Mostown Sydney no		
in your projec		opie and communities	are respectfully engage
Word count:			
Must be no more	than 150 words.		
Describe how	people with disabili	ity and/or who are d/D	eaf and communities are
	ngaged in your proj		
Word count:	than 150 wards		
IVILIST DE DO MORA	rnan Ibu words		

Form Preview

Describe	how Yo	oung l	People	under	the age	of 25	and	communit	ies are	respect	fully
engaged i	in you	r proje	ect *								

Word count:

Must be no more than 150 words.

Activity Breakdown

Estimate the percentage (%) of where the project/activity you are applying for will be occurring.

Only enter whole numbers with no % symbol. Enter 0 (zero) for any that are not applicable. The total must equal 100.

% of activity in NSW *	% of activity Outside NSW *	Total % - MUST equal 100
Must be a number and r	oMust be a number and n	oThis field is calculated
more than 100	more than 100	

Breakdown of NSW Activity

Estimate the percentage (%) breakdown of where the **NSW** project/activity will take place.

Note: if your project is taking place outside of NSW, then use your primary place of residence as the region where the activity takes place.

% NSW activity in Sydney *		% NSW activity in Regional NSW * Total % - MUST equal 100				
	Sydney *					
Must be a number and no more than 100	Must be a number and no more than 100	Must be a number and no more than 100	This field is calculated			

You have completed all areas of your application

The following page allows you to review your application.

If there are any problems, you will be prevented from submitting until any highlighted areas are addressed.

You will have the opportunity to correct the problem by clicking **Go to Page**. Once you have made the corrections, you can return to the **Review and Submit** page and click **Submit Application**.

When your application is submitted you will receive a confirmation email that the application has been received. If you see this email you can be sure that we have received your application.

You will also see your application number, which you can use should you need to contact Create NSW about your application.

Create NSW staff are here to help you and can be contacted between 9am and 5pm Monday to Friday (excluding public holidays) via:

23/24 Small Project Grants (Quick Response) Form Preview

- Telephone: (02) 9228 4578
- Scheduling an online meeting to speak to Create NSW staff through <u>Microsoft</u> <u>bookings</u>
- Create NSW website Arts Funding team
- Email: arts.funding@create.nsw.gov.au