

# Small Project Grants (Quick Response) 2019/20

## Form Preview

### Overview and Eligibility

\* indicates a required field

#### Objective

Small Project Grants support the creation, development and presentation of new work and professional development or promotion for NSW-based professional artists and arts and cultural workers.

#### Opening and Closing dates

Applications open: Monday 11 November 2019.

Applications close: Tuesday 30 June 2020 at 5pm AEST (or before this date if funds are expended).

Applications may be submitted at any time during this period.

#### Funding Amount

You can apply for **between \$500 and \$5,000** towards your project.

#### Term

Your activity must **commence at least three weeks** from the date you submit your application and be **completed by 31 December 2020**.

#### Contact and Support

Refer to [Small Project Grants Funding Guidelines 2019/20](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: (02) 8289 6520 Email: [arts.funding@create.nsw.gov.au](mailto:arts.funding@create.nsw.gov.au)

#### Eligibility

To check your eligibility for Small Project Grants funding complete the following questions:

##### Are you applying as: \*

- Australian Citizen
- Australian Permanent Resident
- Other

##### Are you an: \*

- Individual / Group based in NSW
- Individual / Group based outside NSW

##### Are you: \*

- an organisation

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- already receiving funding from Create NSW for the same project
- none of the above

### Has your project commenced or already taken place?: \*

- My project has commenced
- My project has already taken place
- My project takes place within the three weeks following the date of your submission
- None of the above

### Is your project: \*

- filmmaking, screen production, mainstream animation or film festival
- NOT filmmaking, screen production, mainstream animation or film festivals

## Acceptance of conditions

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:** Create NSW 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. Create NSW does not check, amend or update applications. Applications cannot be modified after being submitted.
- **Support:** Create NSW staff are available 9am-5pm Monday to Friday 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:** 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.

### Do you understand and acknowledge these conditions? \*

- Yes
- No

### Full Name \*

### Position

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**Date \***

Must be a date.

### Unable to continue

Based on your response to the Eligibility *Applicant Type* you are ineligible to apply. Refer to [Small Project Grants Funding Guidelines 2019/20](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: (02) 8289 6520 Email: [arts.funding@create.nsw.gov.au](mailto:arts.funding@create.nsw.gov.au)

### Unable to continue

Based on your response to the Eligibility *Applicant Type Location* you are ineligible to apply. Refer to [Small Project Grants Funding Guidelines 2019/20](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: (02) 8289 6520 Email: [arts.funding@create.nsw.gov.au](mailto:arts.funding@create.nsw.gov.au)

### Unable to continue

Based on your response to the Eligibility *Are you an organisation or already receiving funds* you are ineligible to apply. Refer to [Small Project Grants Funding Guidelines 2019/20](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: (02) 8289 6520 Email: [arts.funding@create.nsw.gov.au](mailto:arts.funding@create.nsw.gov.au)

### Unable to continue

Based on your response to the Eligibility *Have your project commenced or already taken place?* you are ineligible to apply. Refer to [Small Project Grants Funding Guidelines 2019/20](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: (02) 8289 6520 Email: [arts.funding@create.nsw.gov.au](mailto:arts.funding@create.nsw.gov.au)

### Unable to continue

Based on your response to the Eligibility *Screen/Filmmaking Area* you are ineligible to apply. Refer to [Small Project Grants Funding Guidelines 2019/20](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

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### Unable to continue

Based on your response to the *Acknowledgement Before Submitting your form*, you are ineligible to apply. Refer to [Small Project Grants Funding Guidelines 2019/20](#) for more details or contact a staff member if you need any advice between 9am and 5pm Monday to Friday:

Telephone: (02) 8289 6520 Email: arts.funding@create.nsw.gov.au

### Applicant Details

\* indicates a required field

**The following details are for us to contact you and other administration needs. This information is not used to assess your application.**

**Are you applying as a Group? \***  Yes  No

**Does your Group have, or will it be applying for, its own ABN? \***  
 Yes  No

You have indicated that you are applying as a Group that already has or will be applying for its own ABN. Select **Organisation** as the **Applicant Type** and ensure that the **Applicant Name** you provide is the name of your Group (not individual names).

You have indicated that you are applying as a Group that does not have, and will be not be applying for its own ABN. Select **Individual** as the **Applicant Type** and ensure that the **Applicant Name** you provide is the name of your Group's lead contact person.

**Applicant \***

Individual  Organisation  
Organisation Name

<input type="text"/>		
Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Before you continue

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You have selected that you are applying as a Group that **already has or will be getting an ABN** in the Group's Name 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 Individuals).

Please contact a staff member if you need any advice between 9am and 5pm Monday to Friday: T (02) 8289 6520 E: arts.funding@create.nsw.gov.au

### Before you continue

You have selected that you are applying as a Group that **isn't already or won't getting an ABN** in the Groups Name but you have selected you are applying as an Organisation. To continue select **Applicant** as **Individual** and ensure that the Applicant Name you provide is the name of your Group's lead contact person.

Please contact a staff member if you need any advice between 9am and 5pm Monday to Friday: T: (02) 8289 6520 E: arts.funding@create.nsw.gov.au

**Professional / Group Name (if applicable)**

**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

**Phone \***

Must be an Australian phone number, include area code, numbers only, no spaces

**Email \***

Must be an email address

**Website**

Must be a URL

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### 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	

### Lead Contact Person

#### Name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Position \*

#### Phone \*

Must be an Australian phone number, include area code, numbers only, no spaces

#### Email \*

Must be an email address

### Funds Administration

#### Will you be engaging another entity to administer the grant on your behalf? \*

- Yes  No

#### Have you already engaged your grants administrator? \*

- Yes  No, I will confirm details if successful

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If your application is successful, you will be required to provide name, ABN, address and contact details prior to contracting and release of funds.

### Funds Administrator Details

**Name \***

Individual  Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

**Street Address \***

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**Postal Address \***

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**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 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)

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DGR Endorsed
ATO Charity Type <a href="#">More information</a>
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

### Contact Name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Position \*

### Phone \*

Must be an Australian phone number, include area code, numbers only, no spaces

### Email \*

Must be an email address.

## Diversity Data Collection

The below questions are voluntary. They are being collected for statistical purposes only and do not form part of the assessment of your application.

Create NSW is committed to gender equity and diversity. The collection of this data aims to provide a greater understanding of the NSW arts sector and support future Create NSW diversity initiatives. This method of collection is in accordance with the Department of Premier and Cabinet's policies, the Australian Government Guidelines on the Recognition of Sex and Gender and NSW Privacy Laws. For the full Create NSW Privacy Notice please go [here](#).

### Do you identify as belonging to any of the following:

#### Aboriginal people

Yes

#### People living and/or working in Western Sydney

Yes

#### People from culturally and linguistically diverse (CaLD) backgrounds

Yes

#### People with disability

Yes

#### People living and/or working in regional NSW

Yes

#### People under 25 years of age

Yes

### Do you identify as:

Female

Male

Gender Diverse

Prefer not to disclose

Other:

### Do you identify as LGBTI?



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Yes

No

Prefer not to disclose

Other:

**If you are Aboriginal what is your cultural affiliation? (Language Group, Country)**

## About your Project

\* indicates a required field

**This information is used to track your application and may be used to publicly report on the allocation of funding. This information is not used to assess your application.**

Please keep titles and description to factual statements and avoid emotive language.

**Project Title \***

Must be no more than 10 words EXAMPLE: Professional development through mentoring with internationally acclaimed Aboriginal artist.

**Brief description of the project \***

**Word count:**

Must be no more than 50 words.

EXAMPLE: I will be mentored by internationally acclaimed Aboriginal artist, Mr John Doe, during the preparation and installation of his new exhibition in regional NSW. This once in a lifetime professional opportunity will develop my visual arts skills and experience, and expand my professional network.

**Project Start date \***

Must be a date and between 2/12/2019 and 31/12/2020.

**Project End date \***

Must be a date and between 2/12/2019 and 31/12/2020.

**Does your project involve Aboriginal cultural elements, community or heritage? \***

Yes

No

If Yes, at application stage you will be 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

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**Have you been invited to attend an opportunity (conference, festival, other) or to perform or present new work? \***

- Yes  No

**For data collection purposes, Create NSW is collecting information on where Aboriginal cultural activity is being undertaken across the state and how this fits within the NSW Government's community-focused plan for Aboriginal Affairs in NSW (the OCHRE plan - for more information, please visit: <https://www.aboriginalaffairs.nsw.gov.au/our-agency/staying-accountable/ochre>).**

**Are you or your activities within your project situated in one of the NSW Aboriginal Regional Alliances areas under Aboriginal Affairs Local Decision Making. \***

- Yes  No

More information on the NSW Aboriginal Regional Alliances can be found at: <https://www.aboriginalaffairs.nsw.gov.au/working-differently/local-decision-making/aboriginal-regional-alliances>

**If Yes, tell us which one \***

- Murdi Paaki Regional Assembly (Far Western NSW)
- Three Rivers Regional Assembly (Central West NSW)
- Northern Region Aboriginal Alliance (New England North West NSW)
- Regional Aboriginal Development Alliance (North Coast NSW)
- Tribal Wave Regional Assembly (Lower North Coast NSW)
- Barang Regional Alliance (Central Coast NSW)
- Illawarra Wingecarribee Alliance Aboriginal Corporation (Illawarra Wingecarribee NSW)
- Riverina Murray Regional Alliance (Riverina Murray NSW)
- Other:

## Project Summary

\* indicates a required field

**We ask the following question to help us report on the overall funding requested and provided to the sector. This information is not used to assess your application.**

**Select the primary artform of your project. Please select only ONE \***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aboriginal Arts and Culture             | <input type="checkbox"/> Digital Arts  | <input type="checkbox"/> Music (including Opera and Musical Theatre)     |
| <input type="checkbox"/> Collections and Cultural Heritage       | <input type="checkbox"/> History       | <input type="checkbox"/> Theatre (including Circus and Physical Theatre) |
| <input type="checkbox"/> Community Arts and Cultural Development | <input type="checkbox"/> Literature    | <input type="checkbox"/> Visual Arts (including Craft and Design)        |
| <input type="checkbox"/> Dance                                   | <input type="checkbox"/> Multi artform |  |

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Must be no more than 1 choice selected

### Select the one that most reflects the category of music your application is for \*

- Choral     Classical/ Early/ Baroque     Contemporary     Composition Theatre     Musical     Opera     Other:

### Select the one that most reflects the category of Collections and Cultural Heritage your application is for \*

- Aboriginal Arts and Culture     History     Museum collections     Other:

### Select the one that most reflects the category of Dance your application is for \*

- Choreography     Classical     Contemporary     Traditional / cultural     Other:

### Select the one that most reflects the category of Literature your application is for \*

- Aboriginal language     Creative Non-fiction     Critical Writing     Fiction     New media     Playwriting     Poetry / Spoken Word     Screenwriting     Other:

### Select the one that most reflects the category of Multi Artform your application is for \*

- Emerging/ experimental     Multiple artforms i.e theatre and visual arts     Virtual Reality (VR)     Other:

### Select the one that most reflects the category of Theatre your application is for \*

- Cabaret     Circus and Physical Theatre     Comedy     Hybrid / inter-disciplinary theatre     Puppetry Theatre     Theatre     Theatre - for Young Audiences     Youth Theatre - by young people     Other:

### Select the one that most reflects the category of Visual Arts your application is for \*

- Craft     Design     Visual Art     Visual Art - digital media     Other:

### Select the one that most reflects the category of Community Arts and Cultural Development your application is for \*

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Dance    Literature    Multi-arts    Music    Theatre    Visual Art    Other:

### Activity Breakdown

Indicate the % of the activity that is directed towards the regions listed below. This information is provided for internal use by Create NSW only and does not form part of the assessment process or formal reporting.

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

NSW \*

Must be a number and no more than 100

Outside NSW \*

Must be a number and no more than 100

Total % - MUST equal 100

This field is calculated

### Breakdown of NSW Activity

Provide a breakdown of where the **NSW** Activity will take place into the following:

Sydney \*

Must be a number and no more than 100

Western Sydney \*

Must be a number and no more than 100

Regional NSW \*

Must be a number and no more than 100

Total % - MUST equal 100

This field is calculated

### Application Criteria

\* indicates a required field

**Your responses to the following questions will form part of the assessment of your application.**

Refer to [Small Project Grants Funding Guidelines 2019/20](#) or contact a Create NSW staff member on (02) 8289 6520 if you need any advice between 9am and 5pm Monday to Friday.

### Merit

**Tell us about your project \***

Word count:

Must be no more than 300 words.

**Tell us about the quality and reputation of your previous work \***

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Word count:  
Must be no more than 300 words.

### Impact

**Tell us how the activity/opportunity impacts on your career and practice \***

Word count:  
Must be no more than 300 words.

**Tell us why you need to undertake this activity at this time \***

Word count:  
Must be no more than 300 words.

### Viability

**Outline the key milestones of your project and the dates they will be achieved \***

Word count:  
Must be no more than 300 words.

**Total Amount Requested \***

\$

Must be a whole dollar amount (no cents) and between \$500 and \$5,000. What is the total financial support you are requesting in this application?

**Outline how you will spend the amount you are requesting from Create NSW, including a breakdown of your project costs below.**

TOTAL EXPENSES below is the amount you are requesting from Create NSW and must be between \$500 and \$5,000. **"Total Amount Requested" in the box above should be the same amount as "TOTAL EXPENSES" in the box below.**

Add 0 for any that are not relevant.

**Fees - Artists \***

\$

Must be a whole dollar amount (no cents).

**Fees - Arts Workers \***

\$

Must be a whole dollar amount (no cents).

**Total Fees \***

\$

This number/amount is calculated.

**Production Costs (includes Venue Hire) \***

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\$

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 EXPENSES \***

\$

This number/amount is  
calculated.  
This is the amount you are  
requesting from Create NSW  
and must be between \$500 and  
\$5,000.

**Outline how you have arrived at those figures \***

Word count:

Must be no more than 300 words.

## Supporting Evidence

\* indicates a required field

This section gives you an opportunity to provide additional supporting evidence.

### Letter of Invitation

If you have been invited to attend an opportunity (conference, festival, other) or to perform new work, please attach a copy of the invitation correspondence here.

**Attach your letters of invitation here \***

Attach a file:

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A maximum of 3 files may be attached.  
Please provide attachments in .pdf format where possible. Zip files cannot be accepted.

### Referees

You are **required** to provide **at least** one referee who is prepared to speak to your experience and or your proposal. Referees may or may not be contacted to support your application.

Name	Position / Organisation	Relationship to Applicant/ Project	Phone	Email

### Referees - For proposals involving Aboriginal people or communities

You are **required** to provide referees from the relevant Aboriginal communities and/or organisations who are prepared to speak to your experience and or your proposal. These referees may or may not be contacted to support your application.

Name	Position	Relationship to Applicant/ Project	Phone	Email

### Samples of Work

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

**When selecting your support material, consider that Create NSW will have limited time. A few strong examples are often better received.**

**How would you like to submit your samples of work? \***

- Links / URLs
- Uploading files
- Both of the above

Provide links and passwords to any externally hosted work samples that best reflect your practice, experience and your proposed program of activity.

Link / URL	Password	Description

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Must be a URL.

You can submit samples of your work 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.

### Attach your samples of work/demos here \*

Attach a file:

A maximum of 3 files may be attached.

### Biography/CV

Provide a brief biography or Curriculum Vitae (CV) for any artists or key collaborators involved in the project. Maximum one A4 page per person provided as one document.

### Attach short biographies and CVs here \*

Attach a file:

A maximum of 1 file may be attached.

## Priority Areas

\* indicates a required field

Create NSW staff will make final recommendations with reference to the assessment criteria, artform, demographics and the distribution, range and scale of recommended applicants. This may include prioritising applicants living and/or working in regional NSW, people living and/or working in Western Sydney, Aboriginal people, people from culturally and linguistically diverse (CaLD) backgrounds, people with disability and young people. Prioritisation of recommended applicants ensures equity across the state and the best outcomes for NSW Government investment.

We already know from your application if you are based in NSW. To assist Create NSW staff if required, please indicate if your activities engage with any of the areas below.

**Note:** it is not compulsory that your activity engages with the following areas. Staff will be looking for genuine and focussed engagement.

#### Aboriginal people \*

Yes

No

#### People living and/or working in Western Sydney \*

Yes

No

#### People from culturally and linguistically diverse (CaLD) backgrounds \* People with disability \*

Yes

No

Yes

No



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People living and/or working in regional NSW \*

Yes

No

Young people \*

Yes

No

**What is the focused engagement offered to Aboriginal people through this project \***

Word count:

Must be no more than 150 words.

**What is the focused engagement offered to people with a CaLD background through this project \***

Word count:

Must be no more than 150 words.

**What is the focused engagement offered to people living/working in regional NSW through this project \***

Word count:

Must be no more than 150 words.

**What is the focused engagement offered to people living/working in Western Sydney through this project \***

Word count:

Must be no more than 150 words.

**What is the focused engagement offered to people with disability through this project \***

Word count:

Must be no more than 150 words.

**What is the focused engagement offered to young people through this project \***

Word count:

Must be no more than 150 words.

You have now 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 corrections, you can return to the **Review and Submit** page and click **Submit Application**.

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When your application is submitted you will receive a confirmation message that the application has been received. If you see this message 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.