

Uptown Grant Program Round 3 (New Applicants)

Form Preview

Eligibility

* indicates a required field

Eligibility Questions

To check if your District Team is eligible to apply for this grant, complete the following questions below:

Which entity type is your District Team applying as, or in the process of becoming to apply? *

- Company Limited by Guarantee
- Incorporated Association
- Non-distributing Co-Operative
- Other

Does your District Team have a valid ABN or is it in the process of acquiring one? *

- Yes
- No

If you are in the process of acquiring an ABN for your entity, you may use the ABN of one of your District Team members who must be part of the Eligible Entity. You will be required to provide evidence that you are in the process of applying for an ABN for your Entity.

Is your District Team registered for GST or able to provide evidence of GST registration application? *

- Yes
- No

Does your District Team have a bank account with an Australian financial institution or can you provide evidence of having applied for a bank account? *

- Yes
- No

This bank account must be in the same name as the Entity Name provided as part of the ABN.

Is your District Team solvent? *

- Yes
- No

Will you be able to execute a Funding Deed with the NSW Government if successful? *

- Yes
- No

Does your District Team have a minimum of five registered members of the applying entity based in the District? *

- Yes
- No

Do you confirm that your District Team has not received funding for Community Improvement District or Business Improvement District purposes within the past 5 years? *

- Yes
- No

This includes businesses that have multiple ABNs and have already used one of their ABNs to claim a grant.

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Do you acknowledge that your project must be delivered during the grant funding period? *

Yes No

The grant funding period is defined as dates between 01/06/2025 to 30/06/2026.

Which Local Government Area/s is your District Team located in? *

Please check the Uptown Grant Program Guidelines - Round 2 for eligible Local Government Areas.

Do you have a letter of no objection from the relevant council organisation? *

Yes No

Attach the letter of no objection from the relevant council organisation here: *

Attach a file:

A maximum of 1 file may be attached.

Do you have contact details of a relevant representative from a local council organisation that has agreed to be contacted in relation to this application? *

Yes No

Council Contact Name *

Title First Name Last Name

Council Name *

Organisation Name

Position *

Phone *

Must be an Australian phone number.

Email *

Must be an email address.

Unable to continue

Based on your response to the above Eligibility question/s, you are unable to continue and apply. Refer to the Uptown Grant Program Round 3 Guidelines for more details.

DCITHS 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
- Email: uptown@create.nsw.gov.au

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Eligibility Confirmation

Please declare that this application meets the eligibility criteria:

I confirm that I've read the guidelines and the information supporting our eligibility is accurate *

Yes

Applicant Details

* indicates a required field

Before you continue:

Where it says "Organisation", this refers to your District Team's applying legal entity information (e.g. Incorporated Association, Company Limited by Guarantee and Non-distributing Co-operative). If your District Team name is different to your legal entity name you will have the opportunity to enter this on the next page.

Organisation Details

Organisation Name *

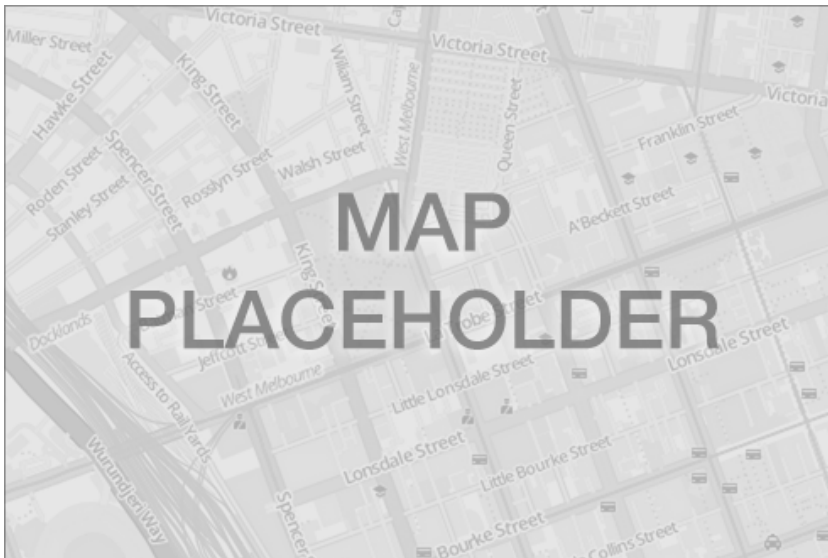
Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Primary Address

Address

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Postal Address

Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

Website

Must be a URL.

Key Contact for District Team's Application

The Key Contact is the main contact of the District Team.

Key Contact for District Team *

Title

First Name

Last Name

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**Name of their Business/
Organisation (not
District Team name) ***

Organisation Name

Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Phone *

Must be an Australian phone number.

Country code not required, area code for landlines is required.

Email *

Must be an email address.

This is the address we will use to correspond with you about this grant.

Do you already have your District Team ABN? *

Yes

No - I am in the processing of obtaining this by 28 February 2025, and for the purposes of this application will use the ABN of one of the District Team members who must be part of the Eligible Entity, once registered.

Australian Business Number (ABN) Details

District Teams **require** an applicable ABN to apply:

- The Entity Name which is populated below is required to be the same as the Organisation Name you have provided above.
- Eligible entities include:
 - Incorporated Association;
 - Company Limited by Guarantee; or
 - Non-distributing Co-operative.
- Click 'yes' on the below question

Australian Business Number (ABN) Details

District Teams **require** an ABN to apply:

- If you are in the process of acquiring an ABN for your entity, you may use the ABN of one of your District Team members who must be part of the Eligible Entity, once registered.
- Click 'yes' on the below question

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Does the applicant organisation have an Australian Business Number (ABN)? *

Yes

No

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Applicants are **required** to have a valid ABN to apply for this grant as per the guidelines. **You will be deemed ineligible if you do not provide a valid ABN in the field above.**

Please provide evidence that your District Team has:

- Registered for GST or has applied to be registered for GST for the new entity
- Applied for an ABN for the new entity (if you currently do not have a valid ABN)
- A bank account for your District entity with an Australian financial institution or has applied for one for the new entity

Attach files here *

Attach a file:

A maximum of 5 files may be attached.

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

Project Details

* indicates a required field

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Before you continue:

Where it says "Title" please enter your **District Name**.

Note: if your application is successful, this information (including Title and Brief Description) may be used publicly for promotional purposes. This should be appropriate for a general public audience.

Please note that we anticipate that projects can commence from **1 June 2025**. Your project must be completed within 12 months from your anticipated start date and no later than **30 June 2026**. Costs incurred before the approved project start date **are not eligible for funding under this program**.

Title *

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

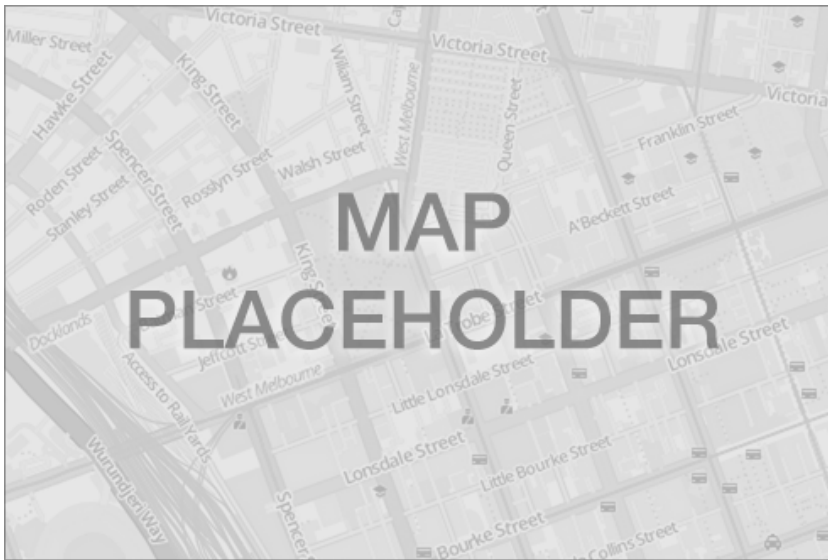
Anticipated start date *

Anticipated end date *

Primary location of your initiative

Address

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Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

Incorrect Start or End Date

You have indicated above that your project either starts prior to **1 June 2025** or ends **after 30 June 2026, which is outside** the timeframe for delivery under this grant. Please update the details to ensure your dates fit within these timeframes.

Geographical Boundary of District

Please upload a map of your District with the geographical boundary clearly identified.*

Note: Districts are geographically distinct micro-areas (e.g., a high street or block of streets) that have unique identities and diverse cultural and entertainment offerings across multiple venues within walking or biking distance.

Please upload a map of the District here: *

Attach a file:

A minimum of 1 file must be attached.

Please provide a thorough description of the geographical boundary of your District. Please refer to North, South, East and West boundaries and any roads or features that define the area. *

Word count:

Must be no more than 150 words.

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Criteria 1 - District Vision (10%)

* indicates a required field

Please outline the vision for your District, summarising your District's aims and purpose. It should reflect how you want your district represented and promoted. *

The vision statement should clearly demonstrate:

- Goals
- Audience (existing and/or desired)
- District membership growth aspirations
- Character
- Aspiration for the identity of your location
- Unique selling proposition

Provide your District Vision here *

Word count:

Must be no more than 500 words.

Criteria 2 - District Team Membership (10%)

* indicates a required field

District Team Members

How many member businesses are in your District Team? *

Must be a whole number (no decimal place) and at least 5.

A minimum of 5 District Team members must be members of the Applying Entity.

You must add all Team Member business details for your District Team. District Teams require a minimum of 5 businesses to be formally registered as part of the Entity. If membership exceeds 10 members, please add at least the first 10 primary members (click on the maximise button to expand the table) and attach a list of all other members below.

Contact Person Name	Name of Business/Organisation	ABN	Business Address	Business' Industry	Phone	Email	Role/Proposed Role in District Team
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First Name	Last Name	Organisation Name	ABN	Business Address	Business' Industry	Phone	Email	Role/Proposed Role in District Team

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First Name	Last Name	Organisation Name						
First Name	Last Name	Organisation Name						
First Name	Last Name	Organisation Name						
First Name	Last Name	Organisation Name						
		Must be a 11 digit ABN. Must be a whole number (no decimal place).	Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.		Must be an Australian phone number.	Must be an email address.	For example, Secretariat, event lead etc.	

If your District Team has 11 or more members, please upload a list of the additional members below *

Attach a file:

A maximum of 1 file may be attached.

Is your District Team? *

- An established eligible entity
- In the process of becoming an eligible entity

Eligible entities include being an Incorporated Association, Company Limited by Guarantee or Non-distributing Co-operative.

Upload your register of members of your Incorporated Association, Company Limited by Guarantee or Non-distributing Co-operative here: *

Attach a file:

A maximum of 1 file may be attached.

As your District Team is in the process of becoming an Eligible Entity, letters must be provided from each District Team Member acknowledging their agreement to participate in the Uptown Grant Program here: *

Attach a file:

A maximum of 5 files may be attached.

Criteria 3 - Project Plan (25%)

* indicates a required field

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Project Plan

Please provide a comprehensive plan for your District which outlines deliverables you seek to achieve and alignment to the objectives of the Uptown Grant Program.

Your plan should clearly demonstrate:

- Coordinator role and activities (e.g. meeting coordination, partner identification, business networking and any other action areas identified in the District Vision)
- Consumer engagement activities that develop and/or promote the District brand e.g. marketing, advertising, brand development etc.
- Objectives of the project activities
- Timelines for delivery, including key milestones and ability to deliver within 12 months and completed by 30 June 2026

Outline the roles and responsibilities the Coordinator will undertake for your District *

Word count:

Must be no more than 250 words.

Note: The staff member may be employed by either the Eligible Entity or a member business that is reimbursed.

How will the Coordinator role be established? *

- Contractor/s
- Direct employment through District Entity
- Third-party professional services

What consumer engagement activities will be undertaken to promote the District? *

Word count:

Must be no more than 350 words.

Outline the objectives of the activities provided above. *

Word count:

Must be no more than 250 words.

Timeline

Please outline the timelines for delivery, including key milestones across the 12 months.

Milestone	Milestone Completion Date
One per row. Add more rows if you want to list additional activities. Must be no more than 50 words.	Must be a date and between 1/6/2025 and 30/6/2026.

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Event Plan

Are you applying for funding to trial multi-in-venue events and/or activations? *

Yes No

Branding

To be eligible to receive funding to trial multi-in-venue events and activations you must provide evidence that you have established appropriate brand and marketing assets.

Evidence may include logos, websites or social media accounts for your District. If this evidence is not attached, your plan for trialling multi-in-venue events or activations will not be considered as part of your overall application.

Please upload your evidence here: *

Attach a file:

A minimum of 1 file must be attached.

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

If yes, an Event Plan must be attached. You must use the [Event Plan template](#) provided here. The Event Plan must clearly demonstrate:

- Event(s) purpose and description
- Objectives and how the event(s) promote the District brand
- Benefits that will be realised for your District Team Members
- Target audience
- Participating venues
- Timelines and proposed event dates
- Activities and deliverables
- Communication Plan
- Outcomes and success measures

Please upload your Event Plan/s here: *

Attach a file:

A minimum of 1 file must be attached.

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

Criteria 4 - Budget (20%)

* indicates a required field

Budget Information

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District Teams can apply for \$100,000 to \$200,000 (excl.GST) in seed funding for district coordination and for consumer engagement.

Please provide a detailed and itemised budget of the proposed activities to be undertaken within a 12-month period and completed by 30 June 2026 as detailed in the Project Plan. Costs incurred before the approved project start date are not eligible for funding under this program.

The budget must demonstrate clear use of funds through identifying:

- The total amount being sought
- Costs for eligible activities and deliverables
- Other proposed income
- Source of funding for activities (i.e. Grant funds or other income streams)
- Adherence to the minimum 50% spend on district coordination

Please refer to the [Frequently Asked Questions](#) for further information on budget and expenditure. Please refer to the list of eligible and ineligible activities in the Uptown Grant Program Round 3 Guidelines.

Budget Template

You are required to complete and attach the budget template.

When using the budget template:

- Complete the budget template first
- Use the information in the spreadsheet to add into the sections below.
Please only add the total of each income or expense type in the form below, you do not need to re-enter each line from the budget template.

e.g. Total Uptown Grant Funding; Total Other income; Total Coordination expenditure (e.g. Salaries and Wages); Total Consumer Engagement expenditure (e.g. Advertising and Promotion); Total Multi-In-Venue Events and Activations expenditure (e.g. Project and Production)

[Click here to download the budget template.](#)

Attach completed budget here *

Attach a file:

A maximum of 1 file may be attached.

Total Amount Requested

*

What is the total financial support you are requesting under this grant?

What is your total project cost? *

Must be a whole dollar amount (no cents).
This is how much money the project will cost altogether and includes the amount requested from DCITHS.

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Incorrect Request Amount

The amount requested is not between \$100,000 to \$200,000 (excl.GST).

Please update the total amount requested to ensure that you are requesting the correct amount.

Income

Funding or support that your District Team may have received or is yet to obtain to deliver your project. It can be estimated and can include potential/unconfirmed support. All amounts should exclude GST.

Please note:

- Include the amount requested under this grant
- **Totals only** need to be included below from the spreadsheet attached above. Please ensure that these numbers are correct.

Funding Source	Funding Description	Amount Expected	Funding Status	Comments
		\$		
Please scroll down for Uptown Grant. Any other Government Grants please select 'Government Grants'.		Must be a dollar amount.		

Expenditure

Please include all expenditure items (including the amount requested) that you are seeking to fund under the grant.

Please note:

- These items must be eligible under the grant as according to the guidelines
- **Totals only** need to be included below from the spreadsheet attached above. Please ensure that these numbers are correct.

Activity	Description/ Details/ Supplier (if known)	Amount Budgeted (ex. GST)	Expenditure Funding Source	Expenditure Activity Category	Comments
		\$			
		Must be a dollar amount.			

Budget Comments

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Attach any supporting documents below

Attach a file:

A maximum of 6 files may be attached.

Provide any additional information related to your project budget

Word count:

Must be no more than 250 words.

Criteria 5 – Governance & Risk (15%)

* indicates a required field

Your application must demonstrate appropriate governance structure that supports your District Vision and ability to deliver on the objectives of the Uptown Grant Program. Consideration must be given to risks and how they will be managed by the District Team in the short and long term.

Governance Documentation

Provide evidence of appropriate governance structures and arrangements, e.g. in your constitution, which covers the following:

- Membership (e.g. fees, entitlements, liabilities)
- Committee (e.g. functions, member election, duties)
- Meetings (e.g. how and when they will be conducted)
- Decision Making (e.g. notices, quorum, voting)

Attach your District Team's governance documentation, e.g. constitution, below *

Attach a file:

A maximum of 1 file may be attached.

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

Outline the process for how new members can join the District Entity *

Word count:

Must be no more than 250 words.

Risk Management Plan

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Please provide a risk management plan that identifies short and long-term risks and how your District Team will manage these risks.

[You must use the Risk Management Plan template here.](#)

Attach your District Team's Risk Management Plan below *

Attach a file:

A maximum of 1 file may be attached.

You will also need to ensure appropriate and adequate insurance coverage for your District Teams activities. Insurance coverage must be maintained for the lifespan of the grant.

Do you have appropriate and adequate insurance coverage for your District Team's activities? *

Yes

No

Criteria 6 – Longevity & Growth (20%)

* indicates a required field

Demonstrate how your District Team's plan includes commitment and capacity to develop long-term business models that allow for district sustainment and growth.

This can include:

- Strategies to identify, attract and engage sponsors, partners, councils and other government agencies
- Evidence of current or past or planned partnerships
- Capacity to generate income through other funding streams such as membership fees and grants
- Outline of in-kind support
- Strategy for sustaining and attracting membership

Sponsorships and Partnerships

What is your District Team strategy to identify, attract and engage sponsors and partnerships (including in-kind support)? *

Word count:

Must be no more than 300 words.

Past, current or planned sponsors/partners

Provide details of your District Team's past, current or planned sponsors or partnerships:

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Partner Organisation	Function of partnership/ support /alignment with District Vision	Past, present, in negotiation or planned?	Attach letters and/ or emails of support if available
	Must be no more than 50 words.		
Organisation Name			

Generation of Income

This can be through other funding streams i.e. membership fees, grants, in-kind support.

What is your District Team strategy to generate other funding streams? *

Word count:

Must be no more than 300 words.

Membership Growth

What is your District Team strategy to sustain, identify, attract and engage new members? *

Word count:

Must be no more than 300 words.

Other funding programs

* indicates a required field

Applicants must disclose whether any aspect of the proposal for this funding program has either:

- Received funding through another NSW Government funding program; or
- Applied for funding through another NSW Government funding program that may currently be in for consideration.

Has any aspect of this proposal received funding, or applied for funding, through another NSW Government funding program? *

Yes

No

If Yes, please provide details below: *

Word count:

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Must be no more than 300 words.

Conflict of Interest

* indicates a required field

Please refer to the Uptown Grant Program Round 3 Guidelines for more information on what is a conflict of interest. If you later identify an actual, apparent, or perceived conflict of interest, you must inform DCITHS immediately.

Are there any perceived or existing conflicts of interest between the District Team or Team Members that you are aware of? *

Yes No

If Yes, please provide details below: *

Must be no more than 300 words.

Declaration and Authorisation

* indicates a required field

Disclaimer

The applicant acknowledges and agrees that:

- Changes to the application and any additional materials cannot be submitted after the advertised closing date and time.
- Department of Creative Industries, Tourism, Hospitality and Sport (DCITHS) has the right to investigate any information provided in this application and/or to request additional information where DCITHS deems it necessary for the purpose of assessing your application or administering the Program.
- DCITHS may re-open an application after the closing date, provided it doesn't give the applicant an advantage over other applicants.
- DCITHS staff are not able to provide advice on content or choices required within an application.

Privacy Notice

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DCITHS are collecting your personal information for the following purposes:

- To assess your application against the eligibility criteria for the - Uptown Grant Program Round 3;
- If your application is deemed eligible, for DCITHS to subsequently administer the Program;
- For DCITHS to publish your personal information in a way it deems necessary in order to publicise your connection to the Program; and
- For DCITHS to monitor and evaluate the Program.

DCITHS will not use your personal information for any other purposes. Providing your personal information to DCITHS is voluntary, however DCITHS may not be able to assess your suitability for the Program if you choose not to provide it.

DCITHS will not disclose your personal information to anybody else unless you have given your consent, or DCITHS is required or authorised to by law, such as by court order or under the *Government Information Public Access Act 2009* (NSW) (GIPA Act).

You have the right to access your personal information and/or correct your personal information held by DCITHS without excessive delay or expense.

If you would like to know more about how DCITHS meets its regulatory obligations in collecting, using, sharing, and storing personal information, you can read the Department's complete Privacy Policy [here](#).

If you have any questions about this Privacy Notice, or you would like to access or correct your personal information, please contact the Department on the details below:

Legal Officer (Privacy) Department of Creative Industries, Tourism, Hospitality and Sport
GPO Box 5341 Sydney NSW 2000 information@dciths.nsw.gov.au

Do you wish to receive updates from DCITHS in relation to funding opportunities, events or initiatives? *

- Yes No

Use of Information

The applicant acknowledges and agrees that:

- Subject to privacy legislation, if DCITHS assesses your application as successful, the information contained in this application form may be used for media and communication purposes by DCITHS and/or the NSW Government.

Declaration

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

- I have the authority to complete and submit this application on the entity's behalf.

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- 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.
- I acknowledge funding will not be released if the entity has outstanding acquittals for this or other projects/programs across DCITHS.
- I acknowledge DCITHS 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.

Authorisation

I agree *

Yes

Name of authorised person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.