

West Darling Arts 2025 CASP

Form Preview

Making an Application

Objective

The aim of the [West Darling Arts Country Arts Support Program \(CASP\)](#) is to support community arts and cultural development in regional NSW through small grants.

Overview

CASP is an annual small grants program funded by Create NSW and managed by Regional Arts Development Organisations. It is guided by Create NSW's Arts and Cultural Funding Program's three major objectives:

- Grow creative leadership and programming excellence in NSW
- Strengthen NSW arts and cultural activity that drives community and social benefits
- Showcase NSW as a leader for strategic arts and cultural governance and strong financial management

Closing date

Applications close: **5PM CST, Friday 29 November 2024.**

Funding Amount

Up to \$5000 for Organisations Up to \$1000 for Individuals

Timing

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

Contact and Support

Refer to [2025 CASP Funding Guidelines](#) for more details or contact a staff member between 9am and 4pm Monday to Friday to discuss your application:

Telephone: **08 8087 9035 or 0487 903 507** Email: rado@westdarlingarts.com.au

Accessibility

If you require any assistance completing this form please contact us between 9am and 4pm Monday to Friday.

Telephone: **08 8087 9035 or 0487 903 507**

Email: rado@westdarlingarts.com.au

Eligibility

* indicates a required field

Local Government Areas (LGA) covered by [West Darling Arts](#) are Broken Hill City Council, Central Darling Shire Council, Unincorporated Far West Region, Wentworth Shire Council.

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Applicant LGA *

- ☐ Broken Hill City Council
- ☐ Central Darling Shire Council
- ☐ Unincorporated Far West
- ☐ Wentworth Shire Council
- ☐ Other

Please select your LGA based on your street address i.e. principal place of residence/business. If the LGA is not in this list, your area is not eligible to apply for CASP funding.

Unable to continue

Based on your response to the Eligibility *Applicant LGA* you are ineligible to apply. Contact a staff member to discuss your application between 9am and 4pm Monday to Friday:

Telephone: **08 8087 9035 or 0487 903 507**

Email: rado@westdarlingarts.com.au

It is an eligibility requirement that you discuss your project with West Darling Arts Inc.

Have you discussed your project with West Darling Arts? *

- ☐ Yes
- ☐ No

Unable to continue

Based on your response to the Eligibility *Have you discussed your project with West Darling Arts?* you are ineligible to apply. Contact a staff member to discuss your application between 9am and 4pm Monday to Friday:

Telephone: **08 8087 9035 or 0487 903 507**

Email: rado@westdarlingarts.com.au

ELIGIBLE APPLICANT TYPES

Are you applying as:

- ☐ Local Government Authority located in NSW
- ☐ Collective with a nominated Funds Administrator
- ☐ Group
- ☐ Individual
- ☐ Not for profit incorporated body
- ☐ Other

Notes: 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'.

Unable to continue

Based on your response to the Eligibility *You are applying as:* you are ineligible to apply.

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Contact a staff member if you need to discuss your eligibility between 9am and 4pm Monday to Friday:

Telephone: **08 8087 9035 or 0487 903 507**

Email: rado@westdarlingarts.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

Note: Select 'Yes' to continue.

Unable to continue

Based on your response to *Would you like to proceed to complete your application?* you have chosen not to proceed with an application.

Applicant Details

* indicates a required field

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

You have indicated that you are applying as a **Group, Collective, Not for Profit incorporated body** or **Local Government Authority**. Please 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 based in NSW'.

If applying as a Local Government Authority, the Council's name and contact details should be provided as the Name of Applicant Group/Organisation.

If a Council facility (museum, gallery etc) or group is managing the project this information should be included in About Your Organisation.

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If the ABN you're providing is for a Local Government Authority that Council should be shown as the Applicant, and Council's address and contact details provided here. Where applicable, other application contact details can be entered below.

Applicant *

☐ Individual

☐ Organisation

Organisation Name

Title

First Name

Last Name

IF YOU ARE APPLYING AS A GROUP: Select 'Organisation' and in 'organisation name' enter your group name (if you have one) or the names of the members.

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 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 **all** your group members.

Professional name (if applicable)

Street Address *

Address

Suburb State Postcode

Postal Address *

Address

Suburb State Postcode

Phone *

Email *

Website

Legal status of your organisation or group

What is your organisation's legal status? *

☐ Not for profit incorporated body ☐ Local government authority ☐ Collective
Other

Please select one

About Your Organisation/Group

Please provide a short description and history of your group / organisation, including examples of similar projects you have managed (if applicable). *

Word count:

Must be no more than 300 words.

When to provide your ABN:

If you are a Group, Not For Profit or Local Government Authority you must include your ABN at application.

If you are applying as an Individual and your application is for purchase of materials etc - you are not required to submit an ABN at time of application. However, if your application is successful you will require an ABN to receive funding.

If you are an Individual and your application is for a project, you must enter your ABN.

Applicant 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	

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If the ABN you're providing is for a Local Government Authority that Council should be shown as the Applicant, and Council's address and contact details provided above. Where applicable, other application contact details can be entered below.

If you have current Public Liability Insurance, please upload a Certificate of Currency (minimum \$10 million)

Attach a file:

Organisations, Groups or Collectives will be required to provide a Certificate of Currency prior to receiving funding. Individuals may need Public Liability Insurance depending on their project, please discuss this with West Darling Arts.

Applicant Contact Person

Contact Name *

Title

First Name

Last Name

Position *

Phone Number (BH) *

Mobile Number

Email *

Have you or your organisation/group previously applied for the Country Arts Support Program (CASP)? *

☐ Yes

☐ No

Do you need to have your funds administered? *

☐ Yes

☐ No

If you are a Group or Collective which does not have an ABN you DO need a funds administrator. If you are an Individual (applying for up to \$1,000) you do NOT need a funds administrator.

Do you know who the administrator will be? *

☐ Yes

☐ No

To discuss fund administration requirements please contact West Darling Arts:

Phone: **08 8087 9035 or 0487 903 507**

Email: rado@westdarlingarts.com.au

Nominated Funds Administrator - for Groups and Collectives

* indicates a required field

If your organisation type is a collective (groups/ensembles and unincorporated associations) you must nominate a legally constituted body (with both an ABN and public liability insurance) to administer your grant if one is awarded.

Please complete the following information and get a signed letter from the nominated Funds Administrator which you will be required to upload.

Name of Nominated Funds Administrator *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Funds Administrator 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	

Please upload the Public Liability Insurance Certificate of Currency (minimum \$10 million) of your nominated Funds Administrator *

Attach a file:

Signed Letter from your nominated Funds Administrator confirming engagement *

Attach a file:

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Street Address *

Address

Suburb

State

Postcode

Postal Address *

Address

Suburb

State

Postcode

Phone Number (BH) *

Email *

Website

Funds Administrator Contact Person Details

Name *

Title

First Name

Last Name

Position *

Phone Number (BH) *

Mobile Phone Number

Email *

About your Project

* indicates a required field

Project Title *

Must be no more than 10 words.

Brief description of the Project / Activity *

Word count:

Must be no more than 50 words.

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Please provide a short, one or two sentence description of your project. Be sure to include the 'Who', 'What', 'Where' and 'When'.

Where: In what town/locality will the activity take place? *

Enter one or more towns/localities

Project Start Date *

Must be a date and between 1/2/2025 and 31/12/2025.

Project End Date *

Must be a date and between 1/2/2025 and 31/12/2025.

Select the primary artform of your activity:

Select the secondary artform that best defines your primary artform:

Is your project involving Aboriginal cultural elements, community or heritage?

☐ Yes ☐ No

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](#)

Tell us about your project / activity in more detail - what you plan to do and why?

*

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.

Describe the short-term and long-term benefits of this project for you and/or the community/communities involved. *

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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.

Name	Email/Phone Number	Relationship to Project

Number of Artists

How many PAID artists will be employed on the project? *

Enter 0 if none

How many UNPAID artists will be involved in the project? *

Enter 0 if none

Does your project involve working with children under the age of 18 years? *

☐ Yes ☐ No

Details can be found on the Office of 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 involved in the project, paid and unpaid - do not refer to attachments. To add another artist click on ADD MORE.

Artist Name *

Name of artist involved in the project

Brief Role Description *

Word count:

Must be no more than 50 words

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Relevant Experience *

Word count:

CV extract outlining their relevant experience. Must be no more than 100 words

Details of Artists Involved (Complete where the project involves working with children under the age of 18 years)

Provide details for each artist involved in the project, paid and unpaid - do not refer to attachments. To add another artist click on ADD MORE.

Artist Name *

Name of artist involved in the project

Working with Children Check Number *

Details can be found on the Office of the Children's Guardian website: <https://ocg.nsw.gov.au/>

Brief Role Description *

Word count:

Must be no more than 50 words

Relevant Experience *

Word count:

Budget for your Project

* indicates a required field

Budget

Your Income should equal your Expenditure . Refer to **FAQs** for more details

Total Cost of the Project (total expenditure including both CASH and IN KIND) *

\$

Must be a whole dollar amount

Total Amount Requested from CASP (excl GST). *

\$

Must be a whole dollar amount and not exceed the limit for your Region.

Income

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Income (excluding the CASP requested amount)

\$

Must be a dollar amount.

CASP Expenses

Please provide details of what the CASP funds will be used for. Remember that CASP should mainly go towards Artist/Artsworker fees and expenses.

Refer to the [2025 CASP Funding Guidelines](#) for details of expenses that CASP will not fund.

The total of these amounts must be the same as **Total Amount Requested from CASP** and must not exceed the limit for your Region: - up to \$5000 for organisations - up to \$1000 for individuals

Add **0** for any that are not relevant.

Fees and Allowances - Artists *

\$

Must be a dollar amount.

Fees and Allowances - Arts Workers *

\$

Must be a dollar amount.

Total Artist Fees and Allowances *

\$

This number/amount is calculated.

Artist Fees and Allowances - Details

Can also include travel, accommodation expenses and living allowances

Total Production Costs *

\$

Must be a dollar amount.

Production Costs - Details

Can include materials, venue hire, equipment hire, costumes, fees for production staff (eg stage managers, lighting and sound technicians, set construction workers)

Administration - Amount *

\$

Must be a whole dollar amount exclusive of GST

Administration Expenses - Details

Can include general printing and stationery, audit fees, insurance, telephone, fax and other office expenses, travel (other than artists), auspice fee, fees for administrator / coordinator

Marketing - Amount *

\$

Must be a whole dollar amount exclusive of GST

Marketing Costs - Details

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Can include costs of printing promotional material, media advertising, video production, fees for marketing or promotional officer

TOTAL EXPENSES

\$

This number/amount is calculated.

Funds Allocation - this should equal \$0 *

\$

This number/amount is calculated.

Outline how you have arrived at those figures *

Word count:

Must be no more than 300 words.

Are you expecting to make a profit as a result of your activity? *

☐ Yes

☐ No

☐ Unsure

It is okay to make a profit, we are simply interested to see how CASP creates and supports opportunities for our creative community.

What is your expected profit? *

\$

Must be a dollar amount.

What is the source of the income? *

eg. ticket sales, sale of work

If you do make a profit, what will you do with it? *

Budget Information (IN KIND SUPPORT)

In Kind Support

Non cash items donated to your project. You will only be able to provide **estimates** of their value but they are important to include as it shows the 'real cost' of your project.

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Estimated number of volunteers

Estimated total number of volunteer hours

(all volunteers combined)

Estimated value of volunteer time

This amount is calculated.

Local Government - goods, services that council provides without a fee

eg venue, rubbish service, admin support, excluding GST

Local Business - goods, services that local business provide without a fee

eg paints, materials, advertising, excluding GST

Other community groups - goods, services that other groups provide without a fee

Total In Kind Support

This amount is calculated.

Attachments and Support Material

* indicates a required field

Attachments - Applicant Financial Information

This information is not required from Local Government Authorities or collectives

Applicant organisation's financial report *

Attach a file:

Please provide the most recent financial reports you have, preferably the latest audited financial statements

Attachments - Funds Administrator's Financial Information

Funds Administrator's financial report *

Attach a file:

Please provide the most recent financial reports you have, preferably the latest audited financial statements

Letters of Support

If you have any letters of support you may upload them here.

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Attached Letters of Support here

Attach a file:

Zip files cannot be accepted. Files must not exceed 25MB.

For proposals involving Aboriginal people or communities

You are **required** to provide at least one referee from the relevant Aboriginal communities and/or organisations who are prepared to speak to your experience and or your proposal.

Name	Phone Number	Relationship to Project
	Must be an Australian phone number.	

Samples of Work

You may choose **ONE** of the following support material options to support your application. Please indicate by selecting the relevant TYPE below.

- Up to 5 pages of written material (e.g. excerpts of published writing, press coverage or research), OR
- Up to 5 photographs, OR
- A link to video footage of work, hosted on YouTube/Vimeo/DropBox - Provide URL and passwords to view video on external website.

Type	Relevance to the Project

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

Attach written material or photographs here *

Attach a file:

Files must not exceed 25MB

Link/URL *

Password

If the material is not password protected, write "None"

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Description *

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, collective or organisation, 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 **4pm** on the advertised closing date.
- **Investigation:** West Darling 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. West Darling Arts does not check, amend or update applications. Applications cannot be modified after being submitted.
- **Support:** West Darling Arts staff are available 9am-4pm 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:** West Darling 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 West Darling Arts for the purpose of promoting this grant, acquittal and annual reporting in the 12 months following the completion of this project.

Do you understand and acknowledge these conditions? *

☐ Yes

☐ No

Full Name *

Typing your name will be taken to be as binding as a signature.

Title/Position *

General Manager, Chair, Executive Officer etc.

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Date *

Please keep a saved copy of your application form and any related material for your records

A PDF of your submitted application form will be emailed to the registered email address of the person submitting this application.

Please keep a copy of the PDF and related material that you attached/uploaded to the application in a common area within your organisation. If your application is successful, you will need to refer to it during your acquittal process when the project is completed.