

## Making an Application

### Overview

The **Country Arts Support Program (CASP)** is an annual small grants program funded by [Create NSW](#) and guided by their Cultural Funding Program's three major objectives which are to:

- 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

CASP is managed by 15 Regional Arts Development Organisations across NSW.

### Closing Date

Applications close: **Sunday 27th October 2024 11:59pm AEST.**

### Funding Amount

Grants of up to **\$3,000.**

### Timing

Projects are to take place between **1st January 2025** and **1st December 2025.**

### Contact and Support

Refer to the [Western Riverina Arts 2024 CASP Guidelines](#) for more details or contact a staff member if you need any advice between 10am and 4pm Monday to Thursday:

Telephone: **0428 882 059** Email: **rado@westrivarts.com.au**

## Accessibility

If you are an applicant with disability and you require this information in a format which is accessible to you, contact us between 10am and 4pm Monday to Thursday.

Telephone: **0428 882 059**

Email: **rado@westrivarts.com.au**

## Eligibility

\* indicates a required field

**Local Government Areas covered by [Western Riverina Arts](#):** Griffith City Council, Leeton Shire Council, Murrumbidgee Council, Narrandera Shire Council

# CASP 2024 - Western Riverina Arts

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### Applicant LGA \*

- Griffith City Council
- Leeton Shire Council
- Murrumbidgee Council
- Narrandera 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.

Refer to [Western Riverina Arts 2024 CASP Guidelines](#) for more details or contact a staff member if you need any advice between 10am and 4pm Monday to Thursday:

Telephone: **0428 882 059**

Email: **rado@westrivarts.com.au**

It is an eligibility requirement that you discuss your project with Western Riverina Arts.

Contact a staff member between 10am and 4pm Monday to Thursday:

Telephone: **0428 882 059**

Email: **rado@westrivarts.com.au**

### Have you discussed your project with Western Riverina Arts and confirmed your application is for an eligible activity? \*

- Yes
- No

### Unable to Continue

Refer to [Western Riverina Arts 2024 CASP Guidelines](#) for more details or contact a staff member if you need any advice between 10am and 4pm Monday to Thursday:

Telephone: **0428 882 059**

Email: **rado@westrivarts.com.au**

### Eligible Applicants

To be eligible for a **Western Riverina Arts 2024 CASP** grant, the applicant will need to meet the following criteria:

- Group/Collective (with a *Nominated Funds Administrator*)
- A Local Government Authority (*Griffith, Leeton, Murrumbidgee, Narrandera*)
- A Not for profit Incorporated Organisation (*in the Local Government Area boundaries of Griffith, Leeton, Murrumbidgee, Narrandera*)

To receive CASP grant funds, the applicant must have an ABN or have a demonstrated relationship with a *Nominated Funds Administrator* that will auspice grant funds.

A *Nominated Funds Administrator* is an administrative body or third party that can receive and administer funds on your behalf. You may be asked for a fee for this service and it

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is recommended that you include that fee in your project budget. The *Nominated Funds Administrator* must be either a government body or a not for profit organisation based anywhere in NSW. **For Groups/Collectives the Grants Administrator does not need to be in place at the time of this application, but will need to be confirmed and appointed at the time of contracting should the grant should it be awarded.**

### Are you applying as:

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

### Unable to Continue

Refer to [Western Riverina Arts 2024 CASP Guidelines](#) for more details or contact a staff member if you need any advice between 10am and 4pm Monday to Thursday.

Telephone: **0428 882 059**

Email: **rado@westrivarts.com.au**

### Able to Continue

Based on your responses to the above Eligibility Criteria you can now proceed and complete your application. Confirmation of eligibility will be determined upon submission of your application.

### Would you like to proceed to complete your application?

- Yes
- No

### Unable to Continue

Refer to [Western Riverina Arts 2024 CASP Guidelines](#) for more details or contact a staff member if you need any advice between 10am and 4pm Monday to Thursday:

Telephone: **0428 882 059**

Email: **rado@westrivarts.com.au**

## Applicant Details

\* indicates a required field

You have indicated that you are applying as a **Group**. Please fill out the questions below. **Note:** To receive CASP grant funds, a **Group/Collective** must have a *Nominated Funds Administrator* (please see 'Eligibility'). It does not need to be in place at the time of this application, but will need to be confirmed and appointed at the time of contracting should the grant be awarded.

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If applying as a **Local Government Authority**, the Council's name and contact details should be provided as the *Applicant*.

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

If the ABN provided is for a Local Government Authority then that Council should be shown as the *Applicant*, and Council's address and contact details provided.

### Applicant \*

Organisation Name

### Street Address \*

Address

  

Suburb

State

Postcode

### Postal Address \*

Address

  

Suburb

State

Postcode

Applicant organisation's principal place of business.  
MUST be in regional NSW.

### Phone \*

### Email \*

### Website

## About the Applicant

**Please provide a short description and history of your group or organisation including examples of similar projects managed (if applicable). \***

Word count:

Must be no more than 250 words.

Must be no more than 250 words

### Applicant Organisation's ABN \*

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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	

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.

**Please upload Public Liability Insurance Certificate of Currency (minimum \$10 million) \***

Attach a file:

### Applicant Contact Person

**Contact Name \***

Title

First Name

Last Name

**Position \***

**Phone Number \***

**Mobile Number**

**Email \***

### Funds Administrator

**Have you already engaged your funds administrator? \***

- Yes  
 No, I will confirm details if successful

# CASP 2024 - Western Riverina Arts

## Form Preview

If your application is successful, you will be required to consult Western Riverina Arts first. After this you will be required to provide the name, ABN, address and contact details of your Funds Administrator prior to contracting and release of funds.

### Nominated Funds Administrator (Auspice)

\* indicates a required field

To receive CASP grant funds, the applicant must have an ABN or have a demonstrated relationship with a *Nominated Funds Administrator*.

A *Nominated Funds Administrator* is an administrative body or third party that can receive and administer funds on behalf the applicant without an ABN. There may be a fee for this service that should be included in the project budget. *The Nominated Funds Administrator* must be either a government body, or a not for profit organisation based anywhere in NSW.

If applicable, a *Nominated Funds Administrator* must be in place before any grant is contracted and before any funds are issued. Not having one at the time of application will not affect how your project is assessed.

If you already have a *Nominated Funds Administrator*, please include their name and ABN.

### Funds Administrator Details

**Name \*** Organisation Name

**Street Address \*** Address

**Postal Address \*** Address

**Phone Number \***   
Must be an Australian phone number.

**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	

Must be an ABN.

## Funds Administrator Contact Person Details

**Name \***

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

**Position \***

**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

## Public Liability Insurance

To receive CASP grant funds, the applicant will need to have Public Liability Insurance for the period of the project up to \$10million. A certificate of currency will need to be supplied at the time of contracting if the funds are awarded. A *Nominated Funds Administrator* may also provide this insurance for you as part of their service. For further information on Public Liability Insurance please contact a staff member at Western Riverina Arts if you need any advice between 10am and 4pm Monday to Thursday:

Telephone: 0428 882 059

Email: [rado@westrivarts.com.au](mailto:rado@westrivarts.com.au).

### About your Project

\* indicates a required field

#### Project Title \*

Must be no more than 10 words.

#### Brief Project Description \*

Word count:

Must be no more than 50 words.

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

#### In what town or locality will the project take place? \*

Enter one or more towns/localities

#### Project Start Date \*

Must be a date and no earlier than 1/1/2025.

#### Project End Date \*

Must be a date and no later than 31/12/2025.

#### Select the Primary Artform \*

#### Select the Secondary Artform (if applicable)

#### Does your project involve Indigenous 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](#)

**Project outline. Describe what you plan to do and why (do not refer to attachments). \***



# CASP 2024 - Western Riverina Arts

## Form Preview

Word count:  
Must be no more than 300 words.

**If applicable, please outline any consultation you have had with your community.**

Word count:  
Must be no more than 150 words.

**How will the project be managed? Please include a brief project plan and timeline.**

Word count:  
Must be no more than 150 words.  
For further inform

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

Word count:  
Must be no more than 300 words.

## Project Details

\* indicates a required field

### Project Partners

**Are there any other groups, organisations or individuals (e.g. an artist) involved as partners in the project? \***

Yes  No

**Please list all project partners and explain what their involvement is. \***

Word count:  
Must be no more than 300 words.

**Attach letters of support from project partners. \***

Attach a file:

# CASP 2024 - Western Riverina Arts

## Form Preview

### Number of Artists

How many PAID artists will be employed on the project?

How many UNPAID artists will be involved in the project?

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

Yes

No

Details of Artists involved. Complete if 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 \***

**Brief Role Description \***

Word count:

Must be no more than 50 words

**Relevant Experience \***

Word count:

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

Details of Artists involved. Complete where the project involves working with children under the age of 18 years.

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

**Artist Name \***

Name of artist involved in the project

**Working with Children  
Check Number \***

Details can be found on the Office of the Children's Guardian website: [www.kidsguardian.nsw.gov.au](http://www.kidsguardian.nsw.gov.au)

**Brief Role Description \***

# CASP 2024 - Western Riverina Arts

## Form Preview

Word count:  
Must be no more than 50 words

### Relevant Experience \*

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

## Project Budget

\* indicates a required field

### Funding Request

When completing the Budget below, the Project Income must equal the Project Expenditure, i.e. **your budget must break-even for this project.**

#### Total Amount Requested from CASP (excl GST). \*

\$

Must be a whole dollar amount and not exceed \$3,000.

#### Total Cost of the Project \*

\$

Must be a whole dollar amount (no cents).

This is how much money the project will cost altogether and includes the amount requested in this application.

#### Percentage of Total Financial Support you are Requesting in this Application

This number/amount is calculated.

### Project Income

Funding or support that you may obtain to deliver this CASP project. It can be estimated and can include potential/unconfirmed support.

**Add \$0 (zero) for any that are not relevant. All costs are to be in whole numbers only.**

#### CASP Funding (this application) \*

\$

Must be a dollar amount.

#### Other Government Funding

\$

Must be a dollar amount.

Alternatively, insert '0'

# CASP 2024 - Western Riverina Arts

## Form Preview

### Total Government Funding

\$

This number/amount is calculated.

### Earned Income (Performance / Exhibition / Core Activity)

\$

Must be a dollar amount.

Alternatively, insert '0'

### Donations and Sponsorship

\$

Must be a dollar amount.

Alternatively, insert '0'

### Inkind Support

\$

Must be a dollar amount.

Alternatively, insert '0'

### Other Income

\$

Must be a dollar amount.

Alternatively, insert '0'

### Total Project Income

\$

This number/amount is calculated.

## Project Expenditure

What you need to spend to complete this CASP project.

**Add \$0 (zero) for any that are not relevant. All costs are to be in whole numbers only.**

#### Fees and Allowances - Artists

\$

Must be a dollar amount.

Alternatively, insert '0'

#### Fees and Allowances - Arts Workers

\$

Must be a dollar amount.

Alternatively, insert '0'

#### Total Artist Fees and Allowances \*

\$

This number/amount is calculated.

#### Artist Fees and Allowances - Details

Can also include travel, accommodation expenses and living allowances

# CASP 2024 - Western Riverina Arts

## Form Preview

### Total Production Costs

\$

Must be a dollar amount.  
Alternatively, insert '0'

### 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.  
Alternatively, insert '0'

### 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.  
Alternatively, insert '0'

### Marketing Costs - Details

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

### All Other Expenses

\$

Must be a dollar amount.  
Alternatively, insert '0'

### Other Expenses - Details

Can include any other costs which do not fit into any of the above expenditure descriptions

### Total Expenditure

\$

This number/amount is calculated.

## Results

**IMPORTANT: The budget income and expenditure must balance at NIL (\$0.00).**

**Break-Even - this should equal \$0 \***

\$

This number/amount is calculated.

### Additional Budget Comments

Word count:

Must be no more than 300 words.

### Support Material

\* indicates a required field

#### Letters of Support - Other

If you have any additional letters of support (other than Partners) you may upload them here.

##### **Attached Letters of Support here**

Attach a file:

#### Letters of Support - Indigenous

You are **required** to provide at least one letter of support from relevant First Nations community members or organisations who are prepared to speak to your experience and/or to your proposal.

##### **Attached Letters of Support here \***

Attach a file:

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

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

##### **Attach written material or photographs here \***

Attach a file:

# CASP 2024 - Western Riverina Arts

## Form Preview

**Link/URL \***

**Password**

**Description \***

## Declaration

\* indicates a required field

### Declaration

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/organisation, I have the authority to complete and submit this application on the group/organisation'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 11:59pm on the advertised closing date.
- **Investigation:** Western Riverina 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. Western Riverina Arts does not check, amend or update applications. Applications cannot be modified after being submitted.
- **Support:** Western Riverina Arts 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:** Western Riverina 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 Western Riverina 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 \***

# CASP 2024 - Western Riverina Arts

## Form Preview

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

**Title/Position \***

General Manager, Chair, Executive Officer etc.

**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.