2024/25 Arts and Culture Application Form
Form Preview

About the grant

The Northern Grampians Shire Council's Grants Programs provide local groups, organisations, and businesses with the opportunity to work collaboratively with the council to undertake projects that uplift our community's economic wellbeing and quality of life.

Council's Arts and Culture Grants Program is to support locally based projects that can involve, promote, strengthen, and celebrate arts and culture within the shire.

Council is seeking applications from the community not-for-profit organisations and groups that align with the objectives of the Arts and Culture Strategy to create:

- An inclusive creative community through participation.
- A well respected, connected arts community by raising the profile.
- Activated town centres and rural communities through celebrating place.

Grants of up to $5000 are available.

The 2024/25 Arts and Culture Grants will support projects/initiatives that:

In alignment with the Arts and Culture Strategy and Public Art Guidelines 2024 objectives, projects, and initiatives must focus on one of the following priority areas.

- The provision of workshops and activities that provide opportunities for community members to connect and participate in arts and culture.
- Design and/or delivers smaller scale public art murals to activate public spaces.
- Activities that help raise the profile of arts and culture in the shire.

Detailed information about the grant can be accessed here.

We wish you all the best with your application.

Eligibility

* indicates a required field

General questions

The following questions are to ensure that you have met the key eligibility criteria before you start the application.

Have you or another person from your group or organisation spoken to a Community Development Officer about your grant application? *

○ Yes
○ No

Is your group / organisation a registered entity with an Australian Business Number?

○ Yes
○ No

If you answered no to this question you will need to provide the details of an Auspice group/ organisation and provide evidence of an agreement signed by both parties.

Is your group/organisation based in Northern Grampians Shire?

○ Yes
○ No

If your group/organisation is not based in the Northern Grampians Shire please explain how residents in the Northern Grampians Shire will benefit from your project/initiative.

The project will commence after the release of grant funds.

○ Yes
○ No

The project is not eligible for other spheres of funding eg Government departments or other organisations.

○ Yes
○ No

Previous grants

Has the group/organisation you are representing received a grant from the council in the past 12 months? *

○ Yes
○ No

Has the group/organisation you are representing been an auspice organisation for another community group to receive a grant from the council in the past 12 months?

○ Yes
○ No

If you have answered yes to either of the above questions please provide information on the type of grant, what the funds were used for, amount received and if relevant the name of the group being auspiced.

Grant types: Minor grant, Community Event Grant, Sponsorships, Contributions, Community Grant, Arts and Culture Grant, Tourism, Business Growth.

Liability Insurance

Please attach evidence of public liability insurance or a plan for obtaining the insurance. If there is an Auspice arrangement the Auspice organisation will need to provide liability insurance.

Attach a file:

If the group/organisation does not have liability insurance please explain why.

Group/Organisation details

* indicates a required field

What is the name of the group/organisation applying? *
Organisation Name

Please select the type of group/organisation applying for a grant
○ An Incorporated not-for-profit organisation.
○ A Charity registered with the Australian Charities and Not For Profit Commission.
○ An Australian public company limited by guarantee whose rules demonstrate a not-for-profit purpose.
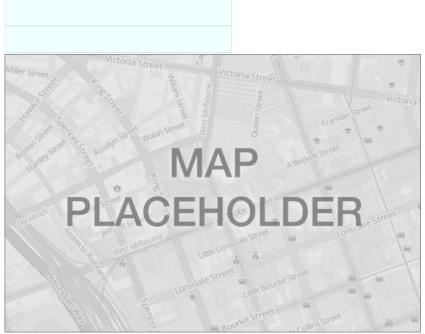○ None of the above.
○ Other.

Please provide your Australian Business Number if your group/organisation has one.

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.

Business Address *
Address

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

Mailing Address *
Address

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

Applicant details

Name of person applying

Title	First Name	Last Name

Applicant Position

Applicant Primary Email

Must be an email address.

Applicant Primary Phone Number

Must be an Australian phone number.

Preferred method of communication *

○ Email
○ Phone

Project contact details

Only complete this section if your project contact is different from the applicant details above.

Project Contact

Title	First Name	Last Name

Project Contact Primary Phone Number *

Must be an Australian phone number.

Project Contact Primary Email *

Must be an email address.

Preferred method of communication
○ Email
○ Phone

Auspice information

Are you entering into an auspice agreement with another group/organisation. *
○ Yes
○ No

Auspice organisation details

What is the name of the auspice group/organisation ?
Organisation Name

Type of group/organisation
○ An Incorporated not-for-profit organisation
○ A Charity registered with the Australian Charities and Not For Profit Commission
○ An Australian public company limited by guarantee whose rules demonstrate a not-for-profit purpose
○ None of the above

Auspice group/organisation Australian Business Number (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.

Contact person from the Auspice group/organisation.

Title	First Name	Last Name

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Please upload your auspice agreement
Attach a file:

Project summary

* indicates a required field

Project Name

Please provide a short description of your project / program.(If your project is a public art project please provide location, size, medium, artist (if known) and subject.

Remember you are explaining your project/program to someone that has no prior knowledge of what you are wanting to do.

Who are the primary beneficiaries of this project/program? *

No more than 5 choices may be selected.
Please choose only the group/s that are at the very core of this project/program

Project Address
Address

Project start date

Must be a date.

Project end date

Must be a date.

Detailed project information

Project/initiative purpose

Your project/initiative needs to strongly align with one of the following priorities.

Which of the grant priorities will the project/initiative most strongly align with?
☐ 1. The provision of workshops and activities that provide opportunities for community members to connect and participate in arts and culture.
☐ 2. Design and/or delivers smaller scale public art murals to activate public spaces.
☐ 3. Activities that help raise the profile of arts and culture in the shire.
Select all that apply

Please provide supporting information on how your project/initiative relates to the selected grant priority.

Only one priority is required however if you choose more than one please have an explanation for each priority.

If you have selected grant priority 2 do you understand that the final design of your artwork must go through the Public Art Review process?
☐ Yes
☐ No

If you have selected grant priority 2 do you have landowner/building owner permission.

☐ Yes
☐ No

Please upload evidence of landowner/building owner permission.

Attach a file:

Project Collaboration details

Please name and describe the role of any individuals/organisations/groups/businesses who will be contributing in some way to this project:

Name of individual/organisation/group/ business	Describe their role

Project barriers or risk

Outline any barriers or risks for successful implementation of the project and how you plan to prevent or limit these:

Note: If you believe there are more than 2 risks or barriers to successful implementation of your project, please use the "Add more" button below to add rows.

Risk/barrier	Solution

Purpose of funding

What will you do with the funding? This is an overview of what you plan to do with the funding. Your response to this question should be a high-level summary only.

For example: Improve signage, hold a painting workshop, build skills of local artists, commission an artist to design or paint a mural.

Project Planning

Why does this work need to be done?

Describe the specific issue or need you want to address (200 words recommended)

What major milestones you need to complete to implement your project/initiative?

Briefly list (bullet points) the specific activities/tasks that you need to complete, such as; developing and distributing flyers, securing a musician, commissioning an artist (200 words recommended).

Project/initiative outcomes

Outcomes are what you hope to achieve by implementing your project/initiative. The outcomes need to relate back to the Council priority/priorities you have selected.

What are the expected short or medium term outcomes of the project/initiative.

Using dot points describe up to three things you want the project/initiative to achieve. If you selected workshops, outcomes could include; participants will have an improved or a new skill.

How will you know if the outcomes have been achieved?

Using dot points describe how you will know if the changes have been achieved e.g. A feedback form to assess the level of skill achieved will be provided to participants

Group/organisation capability

Why is your group/organisation best placed to deliver this project/initiative.

If your project is public art, do you have a design ready for your project?
☐ Yes
☐ No
When your artwork is ready to be submitted please speak to a Community Development Officer.

Budget

Total Amount Requested

$

Must be a dollar amount.
What is the total financial support you are requesting in this application?

Total Project Cost

$

Must be a dollar amount.

What is the total budgeted cost (dollars) of your event?

Income

List all incoming funds to support the implementation of the project/initiative including the NGSC Community Grant.   **$**

	$
	$
	$

Expenditure

List all items that you plan to purchase/ supply using the Community Grant.   **$**

	$
	$
	$

Quotes

Please upload quotes to support the expenditure amounts.
Attach a file:

Submission acknowledgement

Public Art Review Process

Grant applications that select grant priority number 2 - *Design and/or deliver smaller scale public art, including murals to activate public spaces* must submit their final design for review via the Public Art Review Form. (This is separate from the grant application process).

This can also be found on the Arts and Culture Grant Program website page, along with the Public Art Guidelines 2024 with details of the review process and assessment criteria.

Privacy Collection Statement

Personal information requested on this form will only be used by council to carry out its functions and activities and will not be disclosed without your consent except where authorised by law.

If you do not provide all or part of the personal information required we may not be able to process your request in an effective and efficient manner. You have the right to seek access to and correction of your personal information.

I acknowledge that

○   I have read and understood the Privacy Collection Statement and consent to my personal information being used for the purpose specified.

Submission Statement

This request can only be made by the named applicant.

If you are submitting this application on behalf of another person or entity you must be duly authorised to do so.

By submitting this application you are confirming that you are authorised to do so and declare that the information is correct to the best of your knowledge.

I acknowledge that
○   I have read, understood and confirm I am complying with the above Submission Statement