Regional Arts Development Fund - Rapid Response (Out of Round) Application

Form Preview

Rapid Response (Out-of-Round) Application

* indicates a required field

Before completing this application form, please read the RADF Guidelines

Incomplete applications will not be considered.

If you have any questions in regards to the eligibility criteria, please contact the Education & Engagement Officer through email gragm@gladstone.qld.gov.au or phone 4976 6766

Eligibility

This *Rapid Response* grant is for individual artists or arts workers applying for support to develop their professional skills or career.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant.Examples of eligible opportunities include:

- Training or short courses
- Mentorships with experienced artists or industry professionals
- Artist residencies
- Workshops (skills-based or creative development)
- Conferences or forums
- Other activities that directly build professional practice

Please note: This form is **not** for funding projects, public events, or community programs.

Does your project align with any of the examples shown above?

○ Yes ○ No

If you answered 'No'- please do not continue with the application

Privacy Statement

Gladstone Regional Council is collecting your personal information for the purposes of processing your request and undertaking associated Council functions and services. Council is authorised to collect this information in accordance with the Local Government Act 2009 and associated laws. Your personal information will not be disclosed to third parties without your consent, or if required to do so by law. Your personal information is only accessed by persons authorised to do so.

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By submitting this application, you consent to Council publishing your name, the opportunity description and Council's funding contribution. We may also use your details for promoting Council's funding program.

By submitting this application, do you agree to the terms of the Privacy Statement? *

☐ Yes

Applicant Information

* indicates a required field

Applicant Details

Applicant *

○ Individual ○ Organisation

Organisation Name

Title First Name Last Name

Make sure you provide the same name that is listed in official documentation.

Primary Contact (if organisation)

Applicant primary address

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Are you an Australian citizen or permanent resident? *

☐ Yes ☐ No

Do you live in the Gladstone region? *

☐ Yes ☐ No

Opportunity Details

* indicates a required field

Name of Development Opportunity *

Word count:
Must be no more than 25 words.
Provide a name for your program/development opportunity. Your title should be short but descriptive

Provider Name *

Provide the name of the organisation/ facilitator running the program

Brief description of activity *

Word count:
Must be no more than 150 words.
Include a brief summary of what and who the development activity is for (e.g. training, residency, mentorships, course, workshop) and what effects you expect to result from the activity (outcomes).

Start Date

Must be a date.

End Date

Must be a date.

How will this opportunity support your artistic or professional growth? *

Word count:
Must be no more than 300 words.

How will the Gladstone community benefit from your participation in this opportunity? *

Word count:
Must be no more than 300 words.

Budget Information

* indicates a required field

Previous Funding History

Have you received a previous RADF or Gladstone Regional Council grant? *
○ Yes ○ No

If yes, have all previous grants been acquitted?
☐ Yes
☐ No

Council Funding Information

Rapid Response applications are capped at $2000.

Please note: GST is not applicable on grant funding

Total Amount Requested *

What is the total financial support you are requesting in this application?

Total Project/Program Cost *

Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

Project Budget (Income)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.

Description of Income/Co-Funding

Income Amount

Total RADF Funding Requested

$1440

Workshop attendance fees

$300

Artist in Residency Fee

$300

Income description	Income Amount ($)	Notes
	Enter the total amount expected to be received. Must be a dollar amount.	

Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below.

Provide clear descriptions for each expenditure item. See example below:

Description of Expense

Cost of Expenditure Item

RADF Funding Requested

Artist Fee for workshop

$720

$720

Artist Travel Allowance

$100

$100

Hire of venue

$150

$150

Supplies and materials

$470

$470

Insurance

$100

$0

Workshop Assisants

$500

$0

Expenditure description	RADF allocation to expense item	Expenditure Amount

		Must be a dollar amount.

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Please attach quotes for those expenditure items
Attach a file:

Support Material & Declaration

* indicates a required field

Support Material

Upload any additional supporting information relevant to your project *
Attach a file:

Eg: Support letter, CVs, workshop flyers, evidence of engagement for your project etc

Declaration

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if approved for this grant, I will be required to accept the terms and conditions of the grant as outlined in the Funding Agreement.

I agree * ☐ Yes

Name of authorised person * Title First Name Last Name

Organisation

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.