

Artist Development Grant - 2020 Application Form

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the Town of Port Hedland - **Community Grants Program** and specifically the **Artist Development Grant**. Please find Community Grants program Information booklet click here --> [APPLICANT MUST READ - Town of Port Hedland Community Information Booklet](#)

Incomplete applications and/or applications received after the closing date will not be considered.

The below section "**Confirmation of Eligibility**" of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying if you're proposed project initiative or idea unsuitable for this grant.

The Town's Community Engagement Team is ready to answer any questions you may have in relation to your application.

If you have any questions in regards to these eligibility criteria, please contact grants@porthedland.wa.gov.au.

Confirmation of Eligibility

I confirm that the applicant...

- has read and understands this grant's program [guidelines](#)
- is able to demonstrate alignment between their project and the aims of this program
- has a demonstrated history of professional or emerging arts practice
- is a resident of Port Hedland LGA or offering a project of demonstrable and significant benefit to the residents
- does not owe any reports or money to the Town of Port Hedland as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not seeking capital funding, funds for retrospective costs, undertaking profit making venture or initiative or representing a political party.

Please select below: *

☐ Yes

☐ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

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We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to the [Town of Port Hedland Privacy Policy](#)

Individual or Group Application

The maximum amount for one individual applying for this grant is \$1,000.

If two or more individuals undertaking the same activity wish to apply, the maximum amount of this grant is \$2,000.

How many individuals are applying for this grant? *

- ☐ 1 applicant
- ☐ 2 applicants
- ☐ 3 applicants
- ☐ 4 applicants
- ☐ More than 4 applicants

Applicant Details

Applicant name *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are you 18 or older? *

- ☐ Yes
- ☐ No

Parent/Guardian (if applicant under 18)

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Complete this section if applicant is under the age of 18

Applicant Primary Address *

Address

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

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

Applicant Postal Address *

Address

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

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

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Primary contact person *

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

This is the person we will correspond with about this grant. This could be the applicant, the parent or guardian or the key contact when there are multiple applicants.

Primary phone number *

Must be an Australian phone number.

Back-up phone number

Must be an Australian phone number.

Primary contact person's email address *

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

Applicant 2 Details

Name

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

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Applicant 3 Details

Name

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

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

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Applicant 4 Details

Name

Title

First Name

Last Name

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

More than 4 Applicants

Name and contact details of all applicants

Event / Activity Details

* indicates a required field

About your event or project

The Artist Development Grant aims to support artists (visual, literary and performance) in their professional and creative development.

The objectives of this grant include:

- To provide assistance to artists (visual, literary and performance) in achieving their potential through professional and creative development
- To recognise individual creative achievements of Port Hedland residents
- To provide opportunities for creative participation and the celebration of local stories
- To strengthen the sustainability and capacity of Port Hedland's cultural and creative industries.

Event, Activity or Project title: *

Provide a name for the event/activity/initiative. Your title should be short but descriptive

Anticipated start date**Anticipated end date**

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If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

Please provide a short summary of your activity and how this grant can support it: *

Word count:

Must be at least 10 words.

Be descriptive, but succinct. Include a brief summary of the event, project or activity including the location and number of participants, what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Alignment - How will this activity meet the objectives of this grant (see above) *

Word count:

Must be at least 5 words.

Please consult the program guidelines for more information.

What are the primary areas of focus for this project/program?

You may select up to five items. You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees).

Budget

* indicates a required field

The maximum amount for one individual applying for this grant is \$1,000.

If two or more individuals undertaking the same activity wish to apply, the maximum amount of this grant is \$2,000.

Total Amount Requested:

Must be a dollar amount.

Please read the above criteria for this grant.

Total Activity Cost:

Must be a dollar amount.

Budget Breakdown

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This grant will cover the following costs:

- Equipment and materials as necessary to complete project
- Travel, accommodation and fees to participate in an arts event or program.
- Freight cost

This grant will **not** cover:

- Meals and incidentals
- Participation in commercial based events
- Participation in school, university or touring events.

How to complete this section:

Please outline all the costs for your event, activity or project. Examples of expenses could include 'equipment and materials', 'travel costs', 'freight costs'.

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

Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

For expense items over \$500, one written estimate, advertised price or written quote will need to be provided in the file upload area below the tables.

Two written quotes are required for items over \$5,000.

BUDGET - Income Description Table

If this is a big event or program budget and you have other income streams for the one project, please list the income streams that you're expecting in the table below:

Please list this ToPH Grant in the first entry line to look similar to the following:

Town Artist Development Grant -> ToPH Grant -> Unconfirmed -> \$1000.00 -> Awaiting to hear outcome from this application.

Income Description:	Income Type:	Confirmed Funding?	Income Amount: (\$)	Notes of Item:
			\$	
Do you have any other income for this project?	What's the nature of this Income?	Is it confirmed yet?	Must be a dollar amount.	Please include info about each item

BUDGET - Expenditure Description

Please list all items you require this grant to cover in the table below:

Expenditure Description	Expenditure Amount (\$)	Notes of item:
	\$	

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e.g New Professional Paintbrushes from Art store	e.g \$299.00	e.g - paintbrushes to assist in creating my art for gallery submission

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.

Grant Payment Conditions

Applications must be lodged at least one week prior to event, competition or activity and if all eligibility criteria is met, conditional approval will be granted within two weeks of receiving the completed application.

Applicants requiring the grant prior to the event, competition or activity must apply four weeks before the event and provide evidence of expected costs.

Grants awarded will be paid after you have submitted your acquittal and receipts as evidence of your expenses. If your application is successful, are you happy to receive the grant after you have submitted your acquittal? *

- ☐ Yes, I'm happy to wait until after the event to receive the money.
- ☐ No, I would prefer to receive the money before the event.

Do you require the money before the event?

To receive the money before the event you need to provide evidence of expected costs. You will then need to provide corresponding receipts during the acquittal stage.

Quotes are required for:

Any Expenses listed above that is valued over \$500 - one written quote is required

Please attach quotes for those expenditure (cost) items over {{ \$500 }}:

Attach a file:

For expense items over \$500, one written estimate, advertised price or written quote will need to be provided for finance purposes. Two written quotes are required for cost items that are valued over \$5,000. Please note only 5 total attachments can be uploaded for this application.

EXTRA UPLOAD AREA: If you have more than 5 files or any other supportive evidence (Photo of your Art, Poster, etc.) please upload here:

Attach a file:

Demonstration of Arts Practice

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* indicates a required field

To be eligible for this grant, you must have a demonstrated history of professional or emerging arts practice. You can provide this evidence in a number of ways, please select the ways you can provide this evidence. *

- ☐ Referee contact details
- ☐ Portfolio
- ☐ Website link
- ☐ Certificates or records of achievements
- ☐ List of achievements

At least 1 choice must be selected.

Referee contact details

Referee 1

Title First Name Last Name

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Referee 1 Relationship

--

Referee 1 Primary Address

Address

Referee 1 Primary Phone Number

--

Must be an Australian phone number.

Referee 1 Primary Email

--

Must be an email address.

Referee 1 Other Phone Number

--

Must be an Australian phone number.

Portfolio of work

Please upload your portfolio of work or provide a link to your website.

Upload document

Attach a file:

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Website link

Certificates or records of achievements

Please upload any certificates or records of achievements.

Upload document

Attach a file:

List of achievements

Please describe your achievements to show a history of arts practice or emerging arts practice

Word count:

Previous support

** indicates a required field*

Previous support

Have you previously received a grant from the Town of Port Hedland? *

- ☐ Yes
☐ No

Details of Previous Support

What year did you last receive support? *

What was the name of the activity, event or project? *

Did you complete and submit the required acquittal form? *

- ☐ Yes
☐ No
☐ I don't remember

Bank Details

** indicates a required field*

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Bank Details for Payment

Provide banking details for funds to be deposited into, should your application be successful.

Applicant Primary Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Certification and Feedback

* indicates a required field

Certification

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

Successful applicants will be required to act as a Town of Port Hedland Ambassador at one event as selected by the recipient within 12 months of being awarded the grant. This could mean volunteering at a Town of Port Hedland event or activity. Our Community Engagement Team will work with successful applicants to find an appropriate opportunity.

The Town of Port Hedland will reimburse successful applicant on completion of the acquittal process when all receipts and evidence of participation have been supplied OR In the case of funds being provided prior to the event/activity, the applicant must complete the acquittal with corresponding receipts within 60 Days of event completion.

I agree *

☐ Yes

☐ No

Name of applicant (or parent/guardian if applicant is under the age of 18) *

Title

First Name

Last Name

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

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Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60 minutes

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.