

Arts Business Innovation Fund Full Application

Form Preview

Introduction

* indicates a required field

This is an initial request for finance. A full assessment will be undertaken for eligible applicants.

Please read the following before completing this form:

- [Arts Business Innovation Fund Guidelines](#)
- [Arts Business Innovation Fund FAQs](#)

You can view these documents on the Arts Queensland funding website at:
www.arts.qld.gov.au

Arts Queensland's Arts Acumen program offers a range of resources and information to support funding applications. Please see the [Arts Acumen](#) page for further information (visit www.arts.qld.gov.au and follow the prompts for Arts Acumen).

Approval is required prior to the commencement of the initiative. It is anticipated the Arts Business Innovation Fund (ABIF) process will take approximately 16 weeks from Pre-Qualification submission to notification of approval.

If you have any questions about this program, please call Arts Queensland on (07) 3034 4016 or toll free 1800 175 531.

Applicant details

Full registered organisation name *

Organisation Name

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	

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Main business location

Must be an ABN.

GST registered *

Yes

No

Street Address *

Address

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

Postal Address *

Address

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

Applicant Primary Website

Must be a URL.

Contact details

Contact *

Title

First Name

Last Name

Position *

Daytime phone number *

Must be an Australian phone number.

Mobile Phone Number

Must be an Australian phone number.

Email *

Must be an email address.

Select your State Electorate *

Search your address on the Electoral Commission Queensland website to find your electorate.

Select your Local Government Area (LGA) *

Search your location using the Queensland place names search website to find your Local Government Area (LGA).

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Initiative details

* indicates a required field

Please indicate the sources of your proposed funding package.

Briefly describe the purpose for which the funds would be used (400 words max).

*

Word count:

Must be no more than 400 words.

Funding request through ABIF

Government funding *

(must equal Loan)

No interest loan *

(must equal Grant)

Applicant's Matched funding breakdown

Philanthropic grant *

Detail

Balance sheet capital *

Detail

Community finance *

Detail

Other grants *

Detail

Totals

Grant request + No interest loan = Total funding request

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Total funding request must = Total matched funding breakdown

Total grant request	Total loan request	Total funding request *	Total matched funding breakdown *
<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text"/>
This number/amount is calculated.	This number/amount is calculated.	Total financial support you are requesting in this application?	

Credit history

List loans that your organisation currently has including loans associated with property, goods and equipment, overdraft facilities, credit cards and the financial institution those loans are currently held with.

Credit history

Finance type	<input type="text"/>
Institution	<input type="text"/>
Finance amount (\$)	<input type="text" value="\$"/>
Purpose	<input type="text"/>
Security	<input type="text"/>

Support material

* indicates a required field

Strategic plan

Please include the following documents in support of your application.

Supporting documents should be provided in PDF or Microsoft Office (2010/13) compatible files whenever possible. Files should not exceed 10mb in size when possible

Current three year strategic plan *

Attach a file:

Governance

- Governance structure

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- Skills of the board
- Board confirmation – letter from Chairperson as endorsement of this initiative

Governance upload *

Attach a file:

Business Case for the initiative, including

- Rationale for the initiative
- Value Statement – internal and external impact
- Implementation strategy including timeframes
- Relevant skills of staff
- Marketing and distribution plan
- Research including market and competitor analysis, technical information, intellectual property.
- Resource and skill analysis
- Risk analysis

Business case upload *

Attach a file:

Financial Documentation

- Three year audited accounts
- Organisational budget for the current year
- Profit and Loss – forecast as business as usual (over relevant number of years of initiative)
- Profit and Loss – forecast to include the implementation of the initiative including loan repayments (over relevant number of years)
- Matched funding – detail on how the matched funding has been identified and secured (proof of commitment for matched funding)

Financial documentation upload *

Attach a file:

Declarations

* indicates a required field

Have you, or your fellow authorised signatories, ever been a shareholder or officer of any company or other entity to which a Manager, Receiver and/or Liquidator has been appointed? * Yes No

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Is there any unsatisfied judgment entered in any court against you, or your fellow authorised signatories, or any company or other entity of which you or your fellow authorised signatories are or were a shareholder or officer? * Yes No

Have you or your fellow authorised signatories ever been declared to be Bankrupt or entered into a scheme of arrangement? * Yes No

Disclaimer

This application is an initial request for finance only and does not represent a commitment to approve either grant or loan components of this application. Applicants take full responsibility for the accuracy of all information provided and any assumptions made. A full loan assessment will be undertaken for eligible applicants. Loans captured under the provisions of the National Credit Code will not be approved.

Certification

I, the undersigned, certify that:

- I have read and will abide by the Arts Queensland Arts Business Innovation Fund Guidelines.
- The statements in this application are true and correct to the best of my knowledge, information and belief.
- I acknowledge that, if I am successful, information provided in this application will form part of my funding agreement and loan agreement with Foresters Community Finance, and I will be held accountable to deliverables outlined in this application.
- I consent that information provided in this application may be used for training, systems testing or process improvement purposes by Arts Queensland staff.
- I give permission for Arts Queensland to verify funding requested from other funding agencies in support of this initiative and to provide information in this application to those funding agencies for this purpose.
- I give permission for Arts Queensland to forward my information to the ABIF Consortium partners (Foresters, Positive Solutions and QUT CEA) for assessment purposes.
- I consent to the media and Queensland's State MP's being given information about the funded initiative and I understand I may be contacted directly by them.
- If this application is approved, I consent to the funded initiative and the amount of funding received being published on the Arts Queensland website and /or the Queensland Government Open Data Portal and Consortium / Funding partner platforms.
- The signature(s) below evidences that you have read and understood the [Foresters Group – APP Privacy and Credit Reporting Collections Statement](#) which outlines how Foresters Group will collect, deal with and exchange information with third parties. By submitting this application you expressly consent to Foresters Group obtaining your credit report containing your credit information in order to assess your commercial loan application.

The following for and on behalf of the Applicant, have the authority to complete the application on behalf of the organisation.

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Name in full *

Position *

Date *

Must be a date.

Name in full

Position

Date

Must be a date.