### Privacy and Eligibility

\* indicates a required field

### Privacy statement

By completing this application you understand and agree to the way in which Arts Queensland and its third party service providers collect and manage your personal information. For further Arts Queensland privacy information go to <a href="https://artsqueensland.smartygrants.com.au/">https://artsqueensland.smartygrants.com.au/</a>. For information about <a href="OurCommunity's privacy policy">OurCommunity's privacy policy</a> and terms of use.

### Eligibility

#### Please read the following to help in completing this form:

- Program Guidelines
- Touring Queensland Quick Response Fund FAQs
- Terms of Funding
- Important Information for Applicants
- Creative Together A 10-year Roadmap for arts, culture and creativity

For general advice on writing funding applications or to download our Funding Application Writing Toolkit visit <a href="https://www.arts.gld.gov.au/arts-acumen/apply-for-funding">www.arts.gld.gov.au/arts-acumen/apply-for-funding</a>.

The Creative Business Champions Hub provides free, expert, personalised online support to Queensland artists and arts workers. Covering a range of discipline areas, this service can help you develop arts business skills, competencies and networks to support business sustainability and growth. Find out more at: <a href="https://rasn.org.au/cbc/">https://rasn.org.au/cbc/</a>

To be eligible for Touring Queensland Quick Response funding applicants must satisfy a number of eligibility criteria. If you are unsure if you are eligible for funding you can contact Arts Queensland on 07 3034 4016 and ask to speak to the fund manager.

Please refer to the Touring Queensland Quick Response Fund (TQF Quick) guidelines for the full list of eligibility criteria.

| Are you or your organis    | ation based in Queensland? *                                |
|----------------------------|---|
| ○ Yes                      | ○ No  |
| Do you or your organisa    | tion have an Australian Business Number (ABN)? *            |
|                            | f age or if not has your application been co-signed by your |
| legal guardian? *<br>○ Yes | ○ No  |

| Have you or your organisat<br>○ Yes                              | ion received   | Arts Queensland funding before? *  ○ No   |
|--|----------------|---|
|  |                |   |
| Under what name? *   |                |   |
|  |                |   |
| previous Arts Queensland f                                       | unding? *      | the reporting requirements of any   |
| ○ Yes  | ○ No           | ○ N/A   |
| You or your organisation ho  ○ Yes                               | olds current p | public liability insurance?  ○ No   |
| Have you ever been employ  ○ Yes                                 | ed by Arts Q   | Queensland? *   |
| Employees of Arts Statutory Bodie                                |                | ortment of Communities, Housing and Digital Economy<br>Dicants' document before applying. |
| If yes, did your employmen  ○ Yes                                | t cease more   | e than six months before applying? *  O No  |
| Will your project begin after least 4 weeks from the date of Yes |                | D21 and before 31 December 2021 and at ion of this application? *  No                     |
| Have you satisfied the addi O Yes Link to the Guidelines         | tional eligibi | ility criteria as outlined in the guidelines? *  O No                                     |
| Your application is not save that you regularly save you         |                | click on the Save Button. Please ensure<br>1.   |
| Applicant Details  |                |   |
| * indicates a required field                                     |                |   |
| Applicant contact detail   | S              |   |
|  |                |   |
| Are you applying as an *   |                |   |

If you are applying as a Group/Collective/Artist Run Initiative and have an ABN registered in your Group/Collective/Arts Run Initiative name, select Organisation in the check box below.

If you do NOT have an ABN registered in your Group/Collective/Artist Run Initiative name, select Individual in the check box below and enter the contact details of the person with a registered ABN.

| Applicant Name *                                | <ul><li>Individu</li><li>Organisat</li></ul>                                     | ual<br>tion Name                   | O Org   | ganisati | ion |             |
|---|--|------------------------------------|---------|----------|-----|-------------|
|   |  |                                    |         |          |     |             |
|   | Title  | First Name                         |         | Last Na  | ame |             |
|   |  |                                    |         |          |     |             |
| What is the name of                             | Organisat  | ion Name                           |         |          |     |             |
| your Group/Collective/<br>Artist Run Initiative |  |                                    |         |          |     |             |
|   |  |                                    |         |          |     |             |
| Street address *                                | Address  |                                    |         |          |     |             |
|   |  |                                    |         |          |     |             |
|   |  | lress is not fou<br>the address in |         |          |     | y address - |
| Postal address *                                | Address  |                                    |         |          |     |             |
|   |  |                                    |         |          |     |             |
|   | Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. |                                    |         |          |     |             |
|   | If your add  | Iress is not fou<br>the address i  |         |          |     | y address - |
| Daytime contact number                          |  |                                    |         |          |     |             |
| *   | Please ent   | er area code                       |         |          |     |             |
| Mobile phone number                             |  |                                    |         |          |     |             |
|   | Must be ar   | n Australian ph                    | none nu | ımber.   |     |             |
| Applicant website                               | Must be a  | URL                                |         |          |     |             |
| Primary contact email *                         |  |                                    |         |          |     |             |
| <b>,</b>  | Must be ar   | n email addres                     | SS.     |          |     |             |

| For Organisations or Grou                                 | ps/Colle                            | ctives/Artist I  | Run Initiatives  |                                 |
|---|-------------------------------------|--|--|---------------------------------|
| Legal status (e.g. Incorp. assoc.) *                      |                                     |  |  |                                 |
| Contact person for this application *                     | Title                               | First Name   | Last Name  |                                 |
| Position in the organisation *                            |                                     |  |  |                                 |
| Office contact number *                                   |                                     | Australian phone ler area code                         | number.  |                                 |
| Contact email   | Must be an                          | email address.   |  |                                 |
| State Electorate and Loca                                 | l Govern                            | nment Area (I  | _GA)   |                                 |
| Select your State Electorate.                             | *                                   | Search your addr<br>Queensland web                     | ress on the <u>Electoral</u><br>site to find your elect  | Commission corate.              |
| Select your Local Government (LGA). *                     | : Area                              |  | ress on the <u>Electoral</u><br>site to find your Loca   |                                 |
| For presenter/venue conse                                 | ortiums                             |  |  |                                 |
| How many presenters/<br>venues are in your<br>consortium? |                                     |  |  |                                 |
|   | that they<br>their list<br>given in | support this a<br>ed activities an<br>this applicatior | mation from eac<br>application and co<br>d budgeted cont<br>n. Confirmation n<br>e supporting ma | ommit to<br>ribution<br>nust be |
| Organisation  | Organisat                           | ion Name   |  |                                 |
| Contact name  |                                     |  |  |                                 |

| Contact phone |                                     |
|---------------|-------------------------------------|
|               | Must be an Australian phone number. |
| Contact email |                                     |
|               | Must be an email address.           |
| Organisation  | Organisation Name                   |
|               |                                     |
| Contact name  |                                     |
| Contact phone |                                     |
|               | Must be an Australian phone number. |
| Contact email |                                     |
|               | Must be an email address.           |
| Organisation  | Organisation Name                   |
|               |                                     |
| Contact name  |                                     |
| Contact phone |                                     |
|               | Must be an Australian phone number. |
| Contact email |                                     |
|               | Must be an email address.           |
| Organisation  | Organisation Name                   |
|               |                                     |
| Contact name  |                                     |
| Contact phone |                                     |
|               | Must be an Australian phone number. |
| Contact email |                                     |
|               | Must be an email address.           |

| Organisation  | Organisation Name                   |  |  |
|---------------|-------------------------------------|--|--|
|               |                                     |  |  |
|               |                                     |  |  |
| Contact name  |                                     |  |  |
| Contact phone |                                     |  |  |
| Contact phone |                                     |  |  |
|               | Must be an Australian phone number. |  |  |
| Contact email |                                     |  |  |
|               | Must be an email address.           |  |  |
|               |                                     |  |  |
| Organisation  | Organisation Name                   |  |  |
|               |                                     |  |  |
|               |                                     |  |  |
| Contact name  |                                     |  |  |
|               |                                     |  |  |
| Contact phone |                                     |  |  |
|               | Must be an Australian phone number. |  |  |
| Contact email |                                     |  |  |
|               | Must be an email address.           |  |  |
|               |                                     |  |  |
| Organisation  | Organisation Name                   |  |  |
| <b>5</b> .    |                                     |  |  |
|               |                                     |  |  |
| Contact name  |                                     |  |  |
|               |                                     |  |  |
| Contact phone |                                     |  |  |
|               | Must be an Australian phone number. |  |  |
| Contact email |                                     |  |  |
|               | Must be an email address.           |  |  |
|               |                                     |  |  |
| Organisation  | Organisation Name                   |  |  |
| -             |                                     |  |  |
|               |                                     |  |  |
| Contact name  |                                     |  |  |

| Contact phone |                                     |
|---------------|-------------------------------------|
|               | Must be an Australian phone number. |
| Contact email |                                     |
|               | Must be an email address.           |
| Organisation  | Organisation Name                   |
| Organisation  | Organisation Name                   |
| Contact name  |                                     |
| Contact name  |                                     |
| Contact phone |                                     |
|               | Must be an Australian phone number. |
| Contact email |                                     |
|               | Must be an email address.           |
| Our richtion  | Owner insting Name                  |
| Organisation  | Organisation Name                   |
| Combont warms |                                     |
| Contact name  |                                     |
| Contact phone |                                     |
|               | Must be an Australian phone number. |
| Contact email |                                     |
|               | Must be an email address.           |
| Our richtion  | Owner insting Name                  |
| Organisation  | Organisation Name                   |
| Combo at ways |                                     |
| Contact name  |                                     |
| Contact phone |                                     |
|               | Must be an Australian phone number. |
| Contact email |                                     |
|               | Must be an email address            |

| Organisation                                      | Organisation Name   |                                  |  |  |
|---|---|----------------------------------|--|--|
|   |   |                                  |  |  |
| Contact name                                      |   |                                  |  |  |
| Contact name                                      |   |                                  |  |  |
| Contact phone                                     |   |                                  |  |  |
| •   | Must be an Australian phone nu  | umber.                           |  |  |
| Contrat amail                                     |   |                                  |  |  |
| Contact email                                     | March has a second of a dalays a  |                                  |  |  |
|   | Must be an email address.   |                                  |  |  |
| Australian Business Numb                          | oer (ABN) details   |                                  |  |  |
| ABN must be registered in th                      | e same name as the applic   | cant/lead applicant name -       |  |  |
| funding cannot be provided t                      |   |                                  |  |  |
| Applicant/Lead Applicant                          |   |                                  |  |  |
| ABN *   | The ABN provided will be us   | ed 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   | 3                                |  |  |
|   | 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.   |                                  |  |  |
| GST Registered *                                  | ○ Yes   | ○ No                             |  |  |
| Operating entity                                  | ○ For profit  | <ul><li>Not for profit</li></ul> |  |  |
| Trading name or professional name (if different)? |   |                                  |  |  |

Statistical information

Information in this section is not used to assess your application. Information you provide will be aggregated and used to review access to Arts Queensland funding programs. If you are an individual applicant, do you personally identify as belonging to any of the groups below? If you are a group or applying as an organisation, does your group/ organisation primarily exist for any of the groups below? (Tick only those that apply) Do you or your group/ ☐ Aboriginal peoples ☐ People from culturally organisation identify and linguistically diverse with any of the groups backgrounds below? □ Torres Strait Islander □ Older people (over 55 peoples vears of age) □ Australian South Sea  $\square$  Youth (12 - 25 years of Islander peoples age) ☐ Regional Queenslanders ☐ Children (0-11 years) ☐ People with disability □ LGBTIQ+ Gender \* Male Gender diverse Female Prefer not to disclose Your application is not saved until you click on the Save Button. Please ensure that you regularly save your application. Project/Program Summary \* indicates a required field What is the main art form area of your project / program for assessment purposes? (please select one only) Art form \* Classical Music Theatre Visual arts, craft and Contemporary Music desian Community Engagement O Writing Other Circus and cabaret applicants should tick Theatre. Cultural heritage applicants should tick Other and enter cultural heritage in the Other art form field. Other art form (please specify) Project/Program summary

Title of project/program

| Brief project description *  |   |  |
|--|---|--|
|  | Word count:   |  |
|  | Provide a short description of yo   | our project (Maximum 50 words)   |
| How many people in the touring party? *  | Must be a number. For extensions of exhibition tour engagement activity include on the activity in the new locations  | ly those employed to delivering  |
| How many days of the tour or other funded activity will be spent in regional Queensland? * | Must be a number.   |  |
| AQ funding request *   | \$  |  |
|  | This field will populate once you   | ı have completed your budget.  |
|  | , , , , , , , , , , , , , , , , , , ,   |  |
| Project start date *   |   |  |
|  | Must be a date and between 8/3  | 3/2021 and 31/12/2021.   |
| Duelest and date *   |   |  |
| Project end date *   |   |  |
|  |   |  |
| How many Queensland artists/arts workers are involved in the project/program? *            |   |  |
|  | Only complete the section be <b>specifically and directly</b> to more of these groups.  |  |
| Is your project aimed at specific communities as participants and/or                       | ☐ Aboriginal peoples  | ☐ People from culturally and linguistically diverse backgrounds  |
| audiences?   | <ul> <li>□ Torres Strait Islander peoples</li> <li>□ Australian South Sea Islander peoples</li> <li>□ Regional Queenslanders</li> <li>□ People with disability</li> </ul> | ☐ Older people (over 55 years of age) ☐ Youth (12 - 25 years of age) ☐ Children (0-11 years) ☐ LGBTIQ+ |

### COVID Safe plan

All businesses, including arts businesses, should have an up to date Work Health and Safety (WHS) plan in place, including strategies to manage COVID-19. You may also choose to

| operate in line with an operating under their   |                               |                          | ,   | •                           |                               | •     |
|---|-------------------------------|--------------------------|---|-----------------------------|-------------------------------|-------|
| Are you operating u   | nder:                         |                          | strategies t  | o manage CC<br>oved COVID S | Safe industry<br>ir own WHS p | plan  |
| Please attach your of Attach a file:  | certificate of o              | complia                  | nce if part   | t of an Indus               | stry Plan.                    |       |
| Multiple documents can  | be included in on             | e file.                  |   |                             |                               |       |
| Locations   |                               |                          |   |                             |                               |       |
| * indicates a required  | field                         |                          |   |                             |                               |       |
| Locations   |                               |                          |   |                             |                               |       |
| Select the number of I locations please conta  Please note: If you or you MUST delete the | ct the TQF Quidenter data for | k Mana<br><b>a locat</b> | ger on 07 3<br>t <b>ion and th</b>                  | 034 4016.<br>nen want to    |                               |       |
| Number of Location  | s *                           |                          |   |                             |                               |       |
| Location 1  |                               |                          |   |                             |                               |       |
| Select the first location then type in the name For definitions of the a                  | of the town. Th               | nen sele                 | ct the <b>activ</b>                                 | <b>rity types</b> at        | this location.                |       |
| Location 1 *  Other:  |                               |                          | Activity types*  Performances Exhibitions Workshops |                             |                               |       |
|   | No. of activi                 | ties                     | No. of pa   | articipants                 | No. of atte                   | าdees |
| Performances  |                               |                          |   |                             |                               |       |

| Exhibitions                                 |                                   |   |                                   |
|---|-----------------------------------|---|-----------------------------------|
|   |                                   |   |                                   |
| Workshops                                   |                                   |   |                                   |
|   |                                   |   |                                   |
| Location 1 - Totals                         | This was book and a second in     | This was been deared as                                       | This was been a second in         |
|   | This number/amount is calculated. | This number/amount is calculated.                             | This number/amount is calculated. |
| Location 2                                  |                                   |   |                                   |
|   |                                   | list. If your location is usen select the <b>activity t</b> y |                                   |
| Location 2 *                                |                                   | Activity types *  Performances                                |                                   |
| Other:                                      |                                   | ☐ Exhibitions ☐ Workshops                                     |                                   |
|   |                                   |   |                                   |
|   | No. of activities                 | No. of participants   | No. of attendees                  |
|   |                                   |   |                                   |
|   |                                   |   |                                   |
| Performances                                |                                   |   |                                   |
| Performances                                |                                   |   |                                   |
| Performances  Exhibitions                   |                                   |   |                                   |
|   |                                   |   |                                   |
|   |                                   |   |                                   |
| Exhibitions                                 |                                   |   |                                   |
| Exhibitions                                 |                                   |   |                                   |
| Exhibitions<br>Workshops                    | This number/amount is             | This number/amount is   | This number/amount is             |
| Exhibitions  Workshops  Location 2 - Totals | This number/amount is calculated. | This number/amount is calculated.                             | This number/amount is calculated. |
| Exhibitions<br>Workshops                    |                                   |   |                                   |
| Exhibitions  Workshops  Location 2 - Totals |                                   |   |                                   |

|                     | No. of activities                 | No. of participants                      | No. of attendees                  |
|---------------------|-----------------------------------|--|-----------------------------------|
|                     |                                   |  |                                   |
| Performances        |                                   |  |                                   |
|                     |                                   |  |                                   |
| Exhibitions         |                                   |  |                                   |
|                     |                                   |  |                                   |
| Workshops           |                                   |  |                                   |
|                     |                                   |  |                                   |
| Location 3 - Totals |                                   |  |                                   |
|                     | This number/amount is calculated. | This number/amount is calculated.        | This number/amount is calculated. |
| Location 4          |                                   |  |                                   |
| Location 4 *        |                                   | Activity types *                         |                                   |
| Other:              |                                   | ☐ Performances ☐ Exhibitions ☐ Workshops |                                   |
|                     |                                   |  |                                   |
|                     |                                   |  |                                   |
|                     | No. of activities                 | No. of participants                      | No. of attendees                  |
|                     |                                   |  |                                   |
| Performances        |                                   |  |                                   |
|                     |                                   |  |                                   |
| Exhibitions         |                                   |  |                                   |
|                     |                                   |  |                                   |
| Workshops           |                                   |  |                                   |
|                     |                                   |  |                                   |
| Location 4 - Totals | Th's and have                     | This could be of a country in            | This                              |
|                     | This number/amount is calculated. | This number/amount is calculated.        | This number/amount is calculated. |
| Location 5          |                                   |  |                                   |
| Location 5 *        |                                   | Activity types *  Performances           |                                   |

| Other:              |                       | ☐ Exhibitions ☐ Workshops                  |                       |
|---------------------|-----------------------|--|-----------------------|
|                     |                       |  |                       |
|                     | No. of activities     | No. of participants                        | No. of attendees      |
| <b>.</b>            |                       |  |                       |
| Performances        |                       |  |                       |
| Exhibitions         |                       |  |                       |
| Workshops           |                       |  |                       |
| Location 5 - Totals | This number/amount is | This number/amount is                      | This number/amount is |
| Location 6          | calculated.           | calculated.                                | calculated.           |
| Location 6 *        |                       | Activity types *  Performances Exhibitions |                       |
| Other:              |                       | □ Workshops                                |                       |
|                     | No. of activities     | No. of participants                        | No. of attendees      |
| Performances        |                       |  |                       |
| Exhibitions         |                       |  |                       |
|                     |                       |  |                       |
| Workshops           |                       |  |                       |
| Location 6 - Totals |                       |  |                       |

|                     | This number/amount is calculated. | This number/amount is calculated.                    | This number/amount is calculated. |
|---------------------|-----------------------------------|--|-----------------------------------|
| Location 7          |                                   |  |                                   |
| Location 7 * Other: |                                   | Activity types * Performances Exhibitions Workshops  |                                   |
|                     | No. of activities                 | No. of participants                                  | No. of attendees                  |
| Performances        |                                   |  |                                   |
| Exhibitions         |                                   |  |                                   |
| Workshops           |                                   |  |                                   |
| Location 7 - Totals | This number/amount is calculated. | This number/amount is calculated.                    | This number/amount is calculated. |
| Location 8          |                                   |  |                                   |
| Location 8 * Other: |                                   | Activity types *  Performances Exhibitions Workshops |                                   |
|                     | No. of activities                 | No. of participants                                  | No. of attendees                  |
| Performances        |                                   |  |                                   |
| Exhibitions         |                                   |  |                                   |

| Workshops           |                                   |                                   |                                   |
|---------------------|-----------------------------------|-----------------------------------|-----------------------------------|
|                     |                                   |                                   |                                   |
| Location 8 - Totals |                                   |                                   |                                   |
|                     | This number/amount is calculated. | This number/amount is calculated. | This number/amount is calculated. |
| Location 9          |                                   |                                   |                                   |
| Location 9 *        |                                   | Activity types *  Performances    |                                   |
| Other:              |                                   | Exhibitions Workshops             |                                   |
|                     |                                   |                                   |                                   |
|                     | No. of activities                 | No. of participants               | No. of attendees                  |
| Doufoumouses        |                                   |                                   |                                   |
| Performances        |                                   |                                   |                                   |
| Fullishin a         |                                   |                                   |                                   |
| Exhibitions         |                                   |                                   |                                   |
|                     |                                   |                                   |                                   |
| Workshops           |                                   |                                   |                                   |
|                     |                                   |                                   |                                   |
| Location 9 - Totals |                                   |                                   |                                   |
|                     | This number/amount is calculated. | This number/amount is calculated. | This number/amount is calculated. |
| Location 10         |                                   |                                   |                                   |
| Location 10 *       |                                   | Activity types *  Performances    |                                   |
| Other:              |                                   | □ Exhibitions □ Workshops         |                                   |
|                     |                                   |                                   |                                   |
|                     | No. of activities                 | No. of participants               | No of attendees                   |
|                     | 140. Of activities                | 140. or participants              | ito. of attendees                 |
| Doufousers          |                                   |                                   |                                   |
| Performances        |                                   |                                   |                                   |

| Exhibitions  |  |  |                                   |  |  |
|--|--|--|-----------------------------------|--|--|
|  |  |  |                                   |  |  |
| Workshops  |  |  |                                   |  |  |
| •  |  |  |                                   |  |  |
|  |  |  |                                   |  |  |
| <b>Location 10 - Totals</b>                          |  |  |                                   |  |  |
|  | This number/amount is                        | This number/amount is                                      | This number/amount is             |  |  |
|  | calculated.                                  | calculated.  | calculated.                       |  |  |
| Overall Totals                                       |  |  |                                   |  |  |
|  | Total number of activities                   | Total number of participants                               | Total Number of attendees         |  |  |
|  | (performances, workshops, exhibitions, etc)? | · ·  |                                   |  |  |
|  |  | This number/amount is calculated.                          | This number/amount is calculated. |  |  |
|  | This number/amount is calculated.            | calculated.  | calculated.                       |  |  |
|  |  |  |                                   |  |  |
| Project / Program                                    | n Proposal Detail                            | c  |                                   |  |  |
|  | •  |  |                                   |  |  |
| * indicates a required f                             | ield   |  |                                   |  |  |
| Project / Program Proposal                           |  |  |                                   |  |  |
| Please provide a concis                              | se outline of your projec                    | ct/program by completi                                     | ng the sections below             |  |  |
| to address the assessm                               | nent criteria and the ob                     | jectives of the <b>Touring</b><br>words in total for the t | Queensland Quick                  |  |  |
| •  |  | he information you prov                                    |                                   |  |  |
|  |  | Funding Agreement with                                     |                                   |  |  |
| will only be permitted t<br>relevant activities here | • •  | erform Funded Activitie                                    | s, so you must list all           |  |  |
| Assessment criteria                                  | •  |  |                                   |  |  |
|  | e assessed on how well                       | it meets the following a                                   | assessment criteria -             |  |  |
|  |  | ability ( <b>see guidelines</b>                            |                                   |  |  |
|  |  | essment criteria, dov                                      | nload the Arts                    |  |  |
| Acumen Selection Co                                  | riteria Tooikit.                             |  |                                   |  |  |
| Proposal details *                                   |  |  |                                   |  |  |
|  |  |  |                                   |  |  |
|  |  |  |                                   |  |  |
| Word count:  |  |  |                                   |  |  |
| word count:  |  |  |                                   |  |  |

List the key dates \*

| \         | . 1. |  |  |
|-----------|------|--|--|
| Word cour | ודי  |  |  |

### Communications, Marketing and Promotion

Give details about how you will market or promote your activity or support the marketing and promotion of your activity to:

- meet income, attendance and participation targets, or
- ensure community awareness of the activity.

You can attach marketing support materials or examples at item 9 in the Support Material section.

| *           |  |  |
|-------------|--|--|
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
|             |  |  |
| Word count: |  |  |

Must be no more than 300 words.

### Budget - Income and Expenses

\* indicates a required field

Please complete the budget using the template below to account for all project costs.

- Step 1 complete the **expenditure** required to do your project
- Step 2 identify all **income** sources (cash and in-kind, confirmed or unconfirmed)
- Step 3 the difference is the **AQ funding request**

Step 4 - indicate how much of the Arts Queensland funding will be used for each expenditure item in the AQ breakdown column.

#### **Budget tips:**

- The budget must balance (total income = total expenditure)
- Ensure that your budget estimates are as accurate as possible.
- Use whole dollar amounts, do not use commas.
- For income and expenditure definitions please refer to the data dictionary.
- For general advice on developing a budget, download the Arts Acumen Budget Preparation Toolkit.
- GST:

If you **are not GST registered:** amounts should **include GST** as this is part of the cost of the project.

If you **are GST registered:** Arts Queensland will pay the funds plus GST; amounts should therefore be **exclusive of GST**.

Your application is not saved until you click the save button; please regularly save your application.

### Expenditure

Check the guidelines to ensure you are only allocating Arts Queensland funding to eligible costs. Contact Arts Queensland if you are unsure about any item.

Enter expenditure items below and indicate if they are cash or in-kind.

calculated.

### A. Salaries, fees and allowances

Wages or fees for people involved in the project e.g. performers, artists, collaborators, workshop leaders, technical crew, cultural consultants. Include superannuation and workcover costs here. Individuals should include fees paid to themselves.

| Salaries, fees and allowances items | Cash / In-kind / Botl | AQ breakdown<br>amount (\$) |                       |
|-------------------------------------|-----------------------|-----------------------------|-----------------------|
|                                     |                       | \$                          | \$                    |
|                                     |                       |                             |                       |
|                                     |                       |                             |                       |
|                                     |                       |                             |                       |
|                                     | A. Salaries, Fees and | allowances total            | A. AQ total amount    |
|                                     | \$                    |                             | \$                    |
|                                     | This number/an        | nount is                    | This number/amount is |

#### **B.** Activity costs

Activity costs including venue hire, equipment hire, freight, materials, costumes/set, exhibition costs, cleaning or security, travel costs for project staff. Cost of sales for retail or food and /drink or producing recordings or publications. Evaluation costs. Insurance or licences costs related to the project. Educational resources and accessibility costs. Digital delivery costs.

| Activity cost items | Cash / In-kind / Both Amount (\$) |    | AQ breakdown amount (\$) |
|---------------------|-----------------------------------|----|--------------------------|
|                     |                                   | \$ | \$                       |
|                     |                                   |    |                          |
|                     |                                   |    |                          |

B. Activity costs total

B. AQ total amount

calculated.

|   | \$<br>This number/amou<br>calculated.                          | s<br>nt is This nu<br>calculat | mber/amount is<br>red.                 |
|---|--|--------------------------------|--|
| C. Marketing Promot   | ion and documentatio   | n costs                        |  |
|   | n and printing of posters,<br>aphy and filming; costs as       |                                |  |
| Marketing<br>Promotion and<br>documentation cost<br>items               | Cash / In-kind / Both A  | mount (\$)                     | AQ breakdown amount (\$)               |
|   | \$   |                                | \$                                     |
|   |  |                                |  |
|   |  |                                |  |
| Finance or accounting of costs for core staff here  Administration cost | ying, internet and telepho<br>costs associated with the        | project. Organisation          | ns should include travel  AQ breakdown |
| items   | \$   |                                | amount (\$)                            |
|   |  |                                |  |
|   |  |                                |  |
| Tabal assessed?   | <b>D. Administration total</b> \$ This number/amou calculated. | \$                             | mber/amount is sed.                    |
| Total expenditure   |  |                                |  |
|   | \$ This number/amou calculated.                                | \$ This nu calculat            | mber/amount is                         |

#### Income

#### E. Earned income

Money you earn from supplying goods or services e.g. ticket sales, workshops fees, income from selling artistic product, merchandise, or food/drink.

| Earned income items | Confirmed funding? | Cash/In-kind | Amount (\$) |
|---------------------|--------------------|--------------|-------------|
|                     |                    |              | \$          |
|                     |                    |              |             |
|                     |                    |              |             |

E. Earned income total

4

This number/amount is calculated.

### F. Income from Queensland Government

Income from other Qld Govt sources not including this application e.g. Community Benefit Fund, or Tourism and Events Queensland.

| Income from Qld Government items | Confirmed funding? | Cash/In-kind | Amount (\$) |
|----------------------------------|--------------------|--------------|-------------|
|                                  |                    |              | \$          |
|                                  |                    |              |             |
|                                  |                    |              |             |

F. QLD Gov income total

\$

This number/amount is calculated.

### G. Sponsorships / Fundraising / Foundations

Include donations, fundraising income, cash or in-kind sponsorship/ support from businesses or partners, money from non-government grant programs e.g. Tim Fairfax Family Foundation.

| Sponsorships / Fundraising / Foundations items | Confirmed funding? | Cash/In-kind | Amount (\$) |
|--|--------------------|--------------|-------------|
|  |                    |              | \$          |
|  |                    |              |             |

|  |                           |                 | G. Sponsorship / Fundraising / Foundation total |
|--|---------------------------|-----------------|---|
|  |                           |                 | \$  |
|  |                           |                 | This number/amount is calculated.               |
|  |                           |                 | carcaracea.                                     |
|  |                           |                 |   |
| I. Other income                                |                           | !' DADE' E      |   |
| ncome from Local Gov<br>Australia Council) and |                           | ding RADF), Fe  | deral funding (including                        |
| tastrana coarren, ana                          | any other meetine.        |                 |   |
| Other income items                             | Confirmed funding?        | Cash/In-kind    | Amount (\$)                                     |
|  |                           |                 | \$  |
|  |                           |                 |   |
|  |                           |                 |   |
|  | l .                       | JI              |   |
|  |                           |                 |   |
|  |                           |                 | H. Other income total \$                        |
|  |                           |                 | This number/amount is                           |
|  |                           |                 | calculated.                                     |
|  |                           |                 |   |
| . Your contribution                            |                           |                 |   |
| Cash or in-kind contrib                        | ution from you or your    | organisation ar | nd from artistic collaborators                  |
| nclude the value of vo                         | lunteer time in this sect | tion.           |   |
| our contribution                               | Confirmed funding?        | Cash/In-kind    | Amount (\$)                                     |
|  |                           |                 | \$  |
|  | -                         | -               |   |
|  |                           |                 |   |
|  |                           |                 |   |
|  |                           |                 |   |
|  |                           |                 | I. Your contribution total                      |
|  |                           |                 | \$  |
|  |                           |                 | This number/amount is                           |
|  |                           |                 | calculated.                                     |
| Budget check                                   |                           |                 |   |
| Judget Check                                   |                           |                 |   |
|  |                           |                 |   |
| otal expenditure (A+B+C+D)                     | Total income (E+F+G+      | H+I)            | AQ funding request (expenditure minus income)   |
| 5  | \$                        |                 | \$  |
|  |                           |                 | Expenditure minus income                        |

| This number/amount is calculated. | This number/am<br>calculated.<br>Income not inclu<br>requested amou     | ding AQ                          | \$ This are expended The above are not expended. | mount is from your diture budget.  The two fields must be equival please adjust your beated difference between the fields.      | oudget.  |
|-----------------------------------|---|----------------------------------|--|---|--|
| Totals                            |   |                                  |  |   |  |
| Total expenditure                 | Total income  | Final AQ funding requ            | est  | AQ funding request as   |  |
| This number/amount is             | This number/amount is   | \$ This number/amore calculated. | ount is  | percentage of total inc   | :ome   |
| calculated.                       | calculated. Includes AQ funding request                                 | calculated.                      |  | If after entering budget data at Requires Valid message appear click on the Sax Progress Button recalculate, this remove the me | Format<br>Format<br>ars,<br>ve<br>n to<br>s should |
| If applicable, plea               | se provide quotes   | for significa                    | nt bu  | udget items   |  |
| Attach a file:                    |   |                                  |  |   |  |
| A maximum of 5 files ma           | y be attached.  |                                  |  |   |  |
| Notes to budget                   |   |                                  |  |   |  |
| calculated in your be             | nformation that will a<br>udget. Include the na<br>any funding you have | me of the fun                    | ding p   | program and   | oudget.  |
|                                   |   |                                  |  |   |  |
| Have you applied fo<br>O Yes      | r Australia Council fu  | inding for this                  | proje  | ct/program? *   |  |
| If no, please outline             | your reasons for not  | applying. *                      |  |   |  |
|                                   |   |                                  |  |   |  |

### Support material

\* indicates a required field

### Mandatory support material

Please note: Maximum 50MB of support material allowed.

- Letters of support must include an original signature or contact details of the author.
- All support material must be clearly labelled to ensure it is easy for the assessors to locate, open and read.
- Excessive support material will not be read by assessors and as such excluded from assessment.
- For audit purposes, Arts Queensland is required to retain a copy of the support material supplied by applicants.

| IF YOU ARE UPLOADING MULTI<br>YOUR PROGRESS AFTER ATTAC               | IPLE FILES IT IS RECOMMENDED THAT YOU SAVE CHING 3 FILES.  |
|---|--|
| interest from potential clients                                       | support from presenting partners and evidence of and other stakeholders (e.g. venues, organisations, nstrates demand for your activity * |
|   |  |
| A maximum of 3 files may be attached Recommended no more than 5mb per |  |
|   | the quality of the proposed activity (examples of you or your organisation, reviews or testimonials) *                                   |
| Account a me.   |  |
| A maximum of 3 files may be attached                                  | d.   |
| Links to support material for a                                       | assessors:   |
| Link 1  |  |
|   |  |
| Must be a URL.  |  |
| Link 2  |  |
|   |  |
| Must be a URL.  |  |
| Link 3  |  |
|   |  |
| Must be a URL.  |  |

3. Certificate of public liability insurance that meets the requirements of the activity and its venues (minimum 10 million

| Attach a file:  |   |
|---|---|
|   |   |
|   |   |
|   | members of the group must sign a letter<br>olvement and support for the nominated     |
| A minimum of 1 file must be attached.   |   |
| If relevant to your proposal the foll   | owing items are mandatory   |
| 5. For applications involving Aboriginal approvide evidence you have followed requand confirmation of involvement from thorganisations.  Attach a file:           | uired protocols to obtain support   |
|   |   |
| A maximum of 3 files may be attached.   |   |
| of involvement from the relevant commu<br>Attach a file:  | hildren or young people, please provide<br>otocols to obtain support and confirmation |
| A maximum of 3 files may be attached.   |   |
| 7. For applications on behalf of a consorthat they support this application and cobudgeted contribution given in this application a file:                         | ommit to their listed activities and  |
| A maximum of 3 files may be attached.<br>Multiple documents can be included in one file.  |   |
| 8. All personnel working in schools or kill Cards. Attach evidence of Blue Cards for document certifying that all relevant peractivity commences.  Attach a file: | all relevant personnel or attach a  |
| A maximum of 3 files may be attached.   |   |

9. Attach any other support material that may strengthen your application such as marketing materials or plans, workshop plans, quotes for significant expenses, additional budget information.

| Attach a file:                         |  |
|--|--|
|  |  |
| A maximum of 3 files may be attached.  |  |
| Recommended no more than 2mb per file. |  |

### Certification

\* indicates a required field

### All applicants

- I, the undersigned, certify that:
  - I have read and I/my organisation will abide by the Touring Queensland Quick Response Fund Guidelines.
  - The statements in this application are true and correct to the best of my knowledge, information and belief.
  - The supporting material is my own work or the work of the artists named in this application.
  - I acknowledge that, if I am successful, information provided in this application will form part of my funding agreement with Arts Queensland and I will be held accountable to deliverables outlined in this application.
  - I have read, and my organisation is able to comply with, all of the requirements of the Terms of Funding.
  - I understand that if the application for funding is approved my organisation will be required to enter into a funding agreement that will be made up of the Letter of Offer, the Schedules and the Terms of Funding.
  - 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 project 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 most appropriate industry experts or Government representative.
  - If this application is approved, I consent to the media and Queensland's State MPs being given information about the funded project and I understand I may be contacted directly by them.
  - I consent to information about the funded project and the amount of funding received being published on Arts Queensland's website and/or the Queensland Government Open Data Portal.

| I agree to the above * | ○ Yes  | ○ No   |
|------------------------|--|--|
|                        | initiatives/conso<br>the person who<br>organisation to | ns groups/collectives/artist run<br>ortiums, the person signing is<br>is authorised on behalf of the<br>sign the contract and the Statutory<br>warrants they have authority to |

artist run initiative/consortium.

sign on behalf of the organisation group/collective/

| Name *   | Title                          | First Name  | Last Name           |             |
|--|--------------------------------|---|---------------------|-------------|
| Position   |                                |   |                     |             |
| Date *   | Must be a                      | date  |                     |             |
| Arts Queensland ENews  |                                |   |                     |             |
| Would you like to receive Arts Qu<br>Name, Last Name, Postcode and<br>in accordance with our Terms and | Email and                      | your responses be   | elow to our Vision6 | email clien |
| *  | -                              | to receive Arts Qu<br>ot wish to receive  |                     | eNews       |
| I want to receive emails about   | ☐ Fundi<br>☐ Arts s<br>☐ New I | ts Queensland ene<br>ng opportunities<br>ector news<br>Performing Arts The<br>ear Roadmap |                     |             |
| I am interested in<br>hearing about (select all<br>that apply)   | □ Dance                        | s and physical thea<br>e<br>Nations Arts<br>ture<br>cre                                   | atre                |             |
| *  | informati                      | eent to Arts Queens<br>on for communicat<br>Ferms and Condition                           | tion purposes in a  |             |
|  | Terms a privacy#               | nd Conditions: <u>h</u><br>email  | ittps://www.arts.q  | d.gov.au/   |
| Feedback   |                                |   |                     |             |
| You are now coming to the end of click the <b>SUBMIT</b> button please t                               |                                |   |                     |             |
| 1. Did you engage with a Crea<br>Business Advisor (CBA) through  |                                | ○ Yes   | ○ No                |             |

| RASN program in the development of this application or the initiative desig   | gn expert, personalis<br>artists and arts we<br>discipline areas, the<br>arts business skills | ness Champions Hub provides free, ed online support to Queensland orkers. Covering a range of nis service can help you develop s, competencies and networks to sustainability and growth. Find out asn.org.au/cbc/ |  |
|---|---|--|--|
| 2. How did you find out about the fungrant program?   | od/   | <ul><li>Word of mouth</li></ul>  |  |
| Other, please list  |   |  |  |
| 3. Did you contact Arts Queensland before or during the application process?  | ○ Yes   | ○ No   |  |
| What advice/support were you seekir   | clarification on  | with completing the ements application form  |  |
| Other, please list  |   |  |  |
| 4. As part of Arts Queensland's Arts Acumen, there are free (optional) resources available to support you in applying for arts funding and submitting applications. Are you awa of these resources? | ○ Yes   | ○ No   |  |
| Did you make use of these resources support you in writing your application   |   | ○ No   |  |
| Which resources did you use?  | ☐ Grant writing   | <ul><li>Evaluation and reporting resources</li></ul>   |  |

|   | □ Dudget to all the □ Draw we were to   |
|---|---|
|   | ☐ Budget toolkit ☐ Procurement resources  |
|   | ☐ Budget completion ☐ Other   |
|   | guide<br>Business planning  |
|   | 3   |
|   |   |
| Other, please list  |   |
|   |   |
| What were the reasons?                                      | ☐ The resources ☐ Did not require additional support in writing my application looking for. ☐ Did not require additional support in writing my application and/or have experience in applying for grant funding |
|   | ☐ Difficult to ☐ Other understand / apply the information/resources   |
| Other, please list  |   |
|   |   |
|   |   |
|   |   |
| Please indicate how you found<br>○ Very easy ○ Easy         | the online application process:  ○ Neither ○ Difficult ○ Very difficult   |
| Did you contact Arts Queensla                               | nd before or during the application process?  |
| ○ Yes   | ○ No  |
| Please provide us with any improcess/form that you think we | provements and/or additions to the application e need to consider:  |
|   |   |
| No more than 100 words.                                     |   |
| Do you have any other feedbacapplying to?                   | ck to Arts Queensland on the program you are  |
|   |   |
| Contact Us  |   |

**Arts Queensland** 

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metro)