**ARTS LEVERAGE FUND - 2016 Application Form**

Please read the *Arts Leverage Fund 2015 Guidelines*, the *Arts Investment – Important Information for Applicants 2014 and the Arts and Cultural Investment Framework* as they will help you to complete this form. You can find them on the Arts Queensland website at: [www.arts.qld.gov.au](http://www.arts.qld.gov.au)

**NOTE: Only submit this form if your organisation has received a Pre-Approval letter from Arts Queensland.**

|  |
| --- |
| **Section 1: Organisation Summary** |

**1.1 Organisation details**

|  |  |  |
| --- | --- | --- |
| Full name of organisation |  | |
| Organisation trading name (if different) |  | |
| Street address |  | |
| Postal address (if different) |  | |
| ABN |  | |
| Are you GST registered? Yes or No |  |
| Legal status of organisation |  | |

**1.2 Contact details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title (Mr/Mrs/Ms/Miss/Dr) | |  | | |
| Name of contact person | |  | | |
| Position of contact person | |  | | |
| Business hours phone / mobile | |  | | |
| Email | |  | | |
| What is your preferred contact method?: Email or post | |  |

|  |
| --- |
| **Section 2: About the Matched Funds** |

**NOTES: Use whole dollars only. All figures in this document must be exclusive of GST.**

**2.1 Pre-Approval** Please refer to your letter of pre-approval *(use whole dollars only)*

|  |  |  |
| --- | --- | --- |
|  | **YEAR OF CLAIM** | **Calendar Year:**  **OR Financial Year:** |
| A | Pre-approved fundraising baseline | $ |
| B | Pre-approved ceiling (maximum matched funds) | $ |
| C | Pre-approved fundraising target | $ |

**2.2 Amount of Matched Funds** *(use whole dollars only)*

|  |  |  |
| --- | --- | --- |
| D | Total private sector cash sponsorship income  (all sponsors) | $ |
| E | Total private sector cash philanthropic income  (all donors) | $ |
| F | Total fundraising result for the year including all sponsors and donors | (D + E) $ |
| **G** | **Request for Matched Funds (must not exceed B)** | **(F - A) $** |

|  |
| --- |
| **Section 3: About the Sponsorship Activity** |

**3.1 Contact details of sponsorship partner #1**

If there is more than one sponsorship partner, please complete **Appendix A**.

|  |  |
| --- | --- |
| Title (Mr/Mrs/Ms/Miss/Dr) |  |
| Name of contact person |  |
| Position of contact person |  |
| Business hours phone |  |
| Mobile phone |  |
| Email |  |

**3.2 Business details of sponsorship partner #1**

|  |  |  |
| --- | --- | --- |
| Full name of organisation |  | |
| Organisation trading name or parent company (if different) |  | |
| Street address |  | |
| Postal address (if different) |  | |
| ABN |  | |
| Are they GST registered? Yes or No |  |
| Legal status of business |  | |
| Nature of business (industry) |  | |
| Name of CEO |  | |
| Number of staff |  | |
| Website |  | |

**3.3 Amount of private sector funds raised from sponsorship partner #1**

|  |  |
| --- | --- |
| Cash sponsorship: *(use whole dollars only)* | $ |

**3.4 Sponsorship details – sponsorship partner #1**

|  |  |
| --- | --- |
| Details of sponsored activity:  (100 words max) |  |
| Why this sponsorship is a good fit:  (e.g. alignment of values, shared goals) |  |
| Start date: |  |
| End date: |  |
| Location of project/program:  (Please include town, city, country) |  |

**3.5 What are the business outcomes that the sponsor is seeking to achieve? (tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Marketing |  | Staff engagement |
|  | Branding |  | Community engagement |
|  | PR/Image enhancement |  | Corporate Social Responsibility (CSR) |
|  | Entertaining |  | Other (Please specify): |

**3.6 Details of business benefits**

|  |  |
| --- | --- |
| What benefits will the business receive in return for the sponsorship? |  |

|  |
| --- |
| **Section 4: About the Philanthropic Activity** |

If this section is not relevant please type N/A and go to Section 5.

**4.1 Amount of private sector funds raised from all donors**

|  |  |
| --- | --- |
| Total cash donations: *(use whole dollars only)* | $ |

**4.2 Philanthropic details**

|  |  |
| --- | --- |
| Details of supported activity:  (100 words max) |  |
| Outline your giving plan or approach to philanthropy:  (e.g. Annual appeal, fundraising events, social media.) |  |
| Start date: |  |
| End date: |  |
| Location of project/program:  (Please include town, city, country) |  |
| Who will benefit? (target audience, including number of people) |  |

**4.3 Donation details**

All matched funding donations over $10,000 and any donors who have donated over $10,000 in a 12 month period must be itemised in a separate statement, as per the following example:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***EXAMPLE ONLY*** | | | | |
| ***DONOR NAME*** | ***CONTACT DETAILS*** | ***DATE BANKED*** | ***DONOR TYPE*** | ***AMOUNT*** |
| *Mr John Smith* | *John Smith*  *(07) 5555 5555*  *0400 111 111*  *john.smith@email.com* | *10 January 2015* | *Individual* | *$10,000* |
| *The Family Trust* | *Jane Adams*  *President*  *(07) 4444 4444*  *Jane.adams@tfs.com* | *11 February 2015* | *Trust* | *$30,000* |
| *Anonymous donor* | *-* | *9 December 2015* | *Individual* | *$11,000* |
| ***Total donations under $10,000*** | *-* | *January 2015 – December 2015* | *Various* | *$22,340* |
|  |  |  | ***TOTAL DONATIONS*** | ***$73,340*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ALL DONORS** | | | | | |
| **DONOR NAME** | **CONTACT DETAILS** | **DATE BANKED** | **DONOR TYPE** | **AMOUNT** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total donations under $10,000** | Not required |  |  |  |
|  |  |  | **TOTAL DONATIONS** | **$** |

|  |
| --- |
| **Section 5: Application of Matched Funding** |

If this section is not relevant please type N/A and go to Section 5.

**5.2 (a) For Major Performing Arts Organisations only:**

Please demonstrate how the Matched Funding will be used to achieve the four key criteria for Major Performing Arts Companies (as outlined by Arts Queensland) in the box provided below.

The criteria are:

1. Quality of the artistic vision and evidence of positive cultural leadership
2. Quality of the consumer experience and the breadth and depth of engagement with audiences and communities
3. Cultural, social and economic outcomes through productive partnerships which benefit Queenslanders
4. Effective management and governance capabilities, supported by financial and entrepreneurial capacity

|  |  |
| --- | --- |
|  | |
| **Please attach a copy of your current Development Plan** | attached |
| **Please attach a full revised annual operating budget for your organisation highlighting the Matched Funding you are seeking in the income category of the balance sheet.** | attached |

**5.2 (b) For all other arts organisations only:**

**What expenditure will the Matched Funds be applied to?**

Please demonstrate how the additional Matched Funding will contribute to the delivery of your organisation’s programming and activity (tick all boxes that apply and indicate matched funding amount to be committed to each item):

|  |  |  |
| --- | --- | --- |
| **Quality** | | **Matched Funding Amount ($)** |
| * A high standard of artistic and cultural products and/or services |  |  |
| * Artistic and/or cultural risk-taking and program innovation |  |  |
| * New work development |  |  |
| * Personnel with the expertise to deliver the programs’ objectives |  |  |
| **Reach** | | **Matched Funding Amount ($)** |
| * Growth in participant or audience numbers or public outcomes |  |  |
| * Increased geographic spread of service delivery or programs of activity |  |  |
| * Communication and marketing to target audiences |  |  |
| **Impact** | | **Matched Funding Amount ($)** |
| * Cultural, social or economic outcomes |  |  |
| * Impact of Queensland government investment and value for money |  |  |
| * Revenue generation (e.g. from ticket sales, hospitality or merchandise or other activities) |  |  |
| **Viability** | | **Matched Funding Amount ($)** |
| * Financial sustainability |  |  |
| * Effective use of resources and appropriate budget |  |  |
| * Strong governance and management of the organisation and its operations |  |  |
| * Enterprising, entrepreneurial and innovative approaches to business |  |  |
| * Investment leveraged from other sources |  |  |
| **TOTAL** | | **$** |

|  |
| --- |
| **Section 6: Proof of Deposit** |

**6.1 Proof of deposit of funds received from business partner (sponsor) or donor:**

Scanned proof of deposit of funds into the arts organisation’s bank account is required. Proof must include **all** of the following or it will not be accepted:

Business name or donor’s name

Arts organisation name

Date

Itemised amount

|  |  |
| --- | --- |
| **Section 7: Support Material** | |
| Before completing this section, please read the **Arts Leverage Fund 2015** guidelines. | |
|  | Have you included a copy of your audited financial statements for the previous 2 years? |
|  | Have you included a signed sponsorship contract or donor pledge with the application, for each sponsor/donor? |
|  | Have you included proof of deposit of funds in your organisation’s account? |
|  | If you are a Major Performing Arts Organisation, have you included a copy of your current Development Plan? |
|  | If you are a Major Performing Arts Organisation, have you included a full revised annual operating budget for your organisation highlighting the Matched Funding you are seeking in the income category of the balance sheet? |
| **Please note:**   * Arts Queensland reserves the right to request additional documentation to verify the authenticity of the payment before issuing Matched Funds. * Each additional sponsorship contract must be separately itemised in Appendix A. | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 8: Certification** | | | | | |
| **8.1 All applicants** | | | | | |
| **I, the undersigned, certify that:** | | | | | |
| * I have authority to sign this application on behalf of my organisation. * I have read and my organisation will abide by the Arts Leverage Fund 2015 guidelines. * The statements in this application and supporting material are true and correct to the best of my knowledge, information and belief. * 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 amount of funding received being published on Arts Queensland’s website and/or the Queensland Government Open Data Portal. | | | | | |
|  | | | | | |
| **Signature:** | **** |  | | **Date:** | DD/**MM**/YYYY |
|  | | | | | |
| **Name in full:** | |  | | | |
| **Position in group or organisation** (if applicable)**:** | | |  | | |

|  |
| --- |
| **Section 9 & 10: Appendix A - Additional Sponsorship Activity details** |
| Only complete this section if there is additional sponsorship activity. |

**Additional Sponsor #2**

**9.1 Contact details of sponsorship partner #2**

Please complete for each additional sponsor.

|  |  |
| --- | --- |
| Title (Mr/Mrs/Ms/Miss/Dr) |  |
| Name of contact person |  |
| Position of contact person |  |
| Business hours phone |  |
| Mobile phone |  |
| Email |  |

**9.2 Business details of sponsorship partner #2**

|  |  |  |
| --- | --- | --- |
| Full name of organisation |  | |
| Organisation trading name or parent company (if different) |  | |
| Street address |  | |
| Postal address (if different) |  | |
| ABN |  | |
| Are they GST registered? Yes or No |  |
| Legal status of business |  | |
| Nature of business (industry) |  | |
| Name of CEO |  | |
| Number of staff |  | |
| Website |  | |

**9.3 Amount of private sector funds raised from sponsorship partner #2**

|  |  |
| --- | --- |
| Total cash sponsorship: *(use whole dollars only)* | $ |

**9.4 Sponsorship details of sponsorship partner #2**

|  |  |
| --- | --- |
| Details of sponsored activity:  (100 words max) |  |
| Why this sponsorship is a good fit:  (e.g. alignment of values, shared goals) |  |
| Start date: |  |
| End date: |  |
| Location of project/program:  (Please include town, city, country) |  |

**9.5 What are the business outcomes that the sponsor is seeking to achieve? (tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Marketing |  | Staff engagement |
|  | Branding |  | Community engagement |
|  | PR/Image enhancement |  | Corporate Social Responsibility (CSR) |
|  | Entertaining |  | Other (Please specify): |

**9.6 Details of business benefits**

|  |  |
| --- | --- |
| What benefits will the business receive in return for the sponsorship? |  |

**Additional Sponsor #3**

**10.1 Contact details of sponsorship partner #3**

Please complete for each additional sponsor.

|  |  |
| --- | --- |
| Title (Mr/Mrs/Ms/Miss/Dr) |  |
| Name of contact person |  |
| Position of contact person |  |
| Business hours phone |  |
| Mobile phone |  |
| Email |  |

**10.2 Business details of sponsorship partner #3**

|  |  |  |
| --- | --- | --- |
| Full name of organisation |  | |
| Organisation trading name or parent company (if different) |  | |
| Street address |  | |
| Postal address (if different) |  | |
| ABN |  | |
| Are they GST registered? Yes or No |  |
| Legal status of business |  | |
| Nature of business (industry) |  | |
| Name of CEO |  | |
| Number of staff |  | |
| Website |  | |

**10.3 Amount of private sector funds raised from sponsorship partner #3**

|  |  |
| --- | --- |
| Total cash sponsorship:  *(use whole dollars only)* | $ |

**10.4 Sponsorship details #3**

|  |  |
| --- | --- |
| Details of sponsored activity:  (100 words max) |  |
| Why this sponsorship is a good fit:  (e.g. alignment of values, shared goals) |  |
| Start date: |  |
| End date: |  |
| Location of project/program:  (Please include town, city, country) |  |

**10.5 What are the business outcomes that the sponsor is seeking to achieve? (tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Marketing |  | Staff engagement |
|  | Branding |  | Community engagement |
|  | PR/Image enhancement |  | Corporate Social Responsibility (CSR) |
|  | Entertaining |  | Other (Please specify): |

**10.6 Details of business benefits**

|  |  |
| --- | --- |
| What benefits will the business receive in return for the sponsorship? |  |