Eligibility

* indicates a required field

Project Name

Name of project or program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the program guidelines: **{{ insert hyperlink }}**.

Incomplete applications will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

Please save your progress as you navigate the form.

If you have any questions in regards to these eligibility criteria, please contact **fiona.symonds@kingston.vic.gov.au**.

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- your project relates to the performing arts
- you are able to demonstrate alignment between your project and the aims of this program
- you are an independent artist, arts worker, collective of artists, or not-for-profit organisation
- you live or work in Kingston, **and/or** your organisation is located in Kingston, **and/or** your application can demonstrate significant benefit to the Kingston community
- you do not owe any reports or money to the City of Kingston as a result of outstanding debts or previous funding or grants

- you have, or agree to obtain, the appropriate type and level of insurance for the activities that are the subject of this grant (at minimum, Public Liability insurance to the value of $20M).

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

☐   Yes

Contact Details

* indicates a required field

Privacy Notice

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 Information privacy - City of Kingston.

Applicant Details

Applicant *

◯ Individual   ◯ Organisation

Organisation Name

Title   First Name   Last Name

Make sure you provide the same name that is listed in official documentation. If you are applying on behalf of an unincorporated collective, please select 'Individual,' and provide details in Project Description.
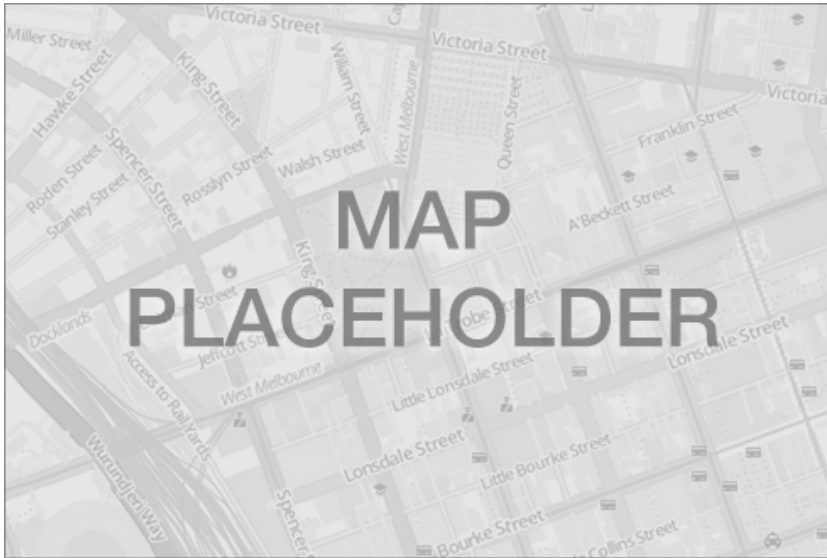
Applicant primary address

Address

Applicant postal address
Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Primary Contact Details

Primary contact *
Title   First Name   Last Name

This is the person we will correspond with about this grant.

Project role / position *

e.g., Playwright / Producer / Performer

Primary contact phone number *

Must be an Australian phone number.

Primary contact email address *

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

Connection to Kingston

Please outline your connection to the Kingston community (select all that apply) *
☐   I live in Kingston
☐   I work in Kingston
☐   My group or organisation is based in Kingston
☐   My project demonstrates connection with / benefit to the Kingston community

Organisation Details

* indicates a required field

Please describe your organisation's mission or objectives (300 word max) *

Word count:
Must be no more than 300 words.

What is your organisation's annual revenue? *
○   Less than $50,000
○ $50,000 or more, but less than $250,000
○ $250,000 or more, but less than $1 million
○ $1 million or more, but less than $10 million
○ $10 million or more, but less than $100 million
○ $100 million or more
Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: https://www.acnc.gov.au/tools/topic-guides/revenue

Does your organisation have an ABN? *
○   Yes   ○   No

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	
Main business location	

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement of Supplier Form. *
Attach a file:

Max 25mb per file uploaded

Project Details

* indicates a required field

Project title *

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

Anticipated start date *

Anticipated end date *

Activity type (please select all that apply) *
☐ Creation / development / presentation of new work
☐ Project / artform research and development
☐ Engagement of specialist practitioners
☐ Skills development (e.g. - workshops, classes or mentorships)
☐ Community engagement
☐ Other:

Please provide a short summary of your project *

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

What outcomes do you hope to achieve? *

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Who are the key participants in your project? *

Please outline key personnel, their relevant skills and experience, and whether their involvement in the project is confirmed.

How does your project demonstrate the selection criteria of quality, viability, and connection? (See guidelines for further information.) *

Please consult the program guidelines for more information about our program and organisational goals - see {{ Grantmakers: list program goals above this question, or insert website address here }}. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

What are the major steps / stages (i.e. milestones) involved in delivering your initiative?

Milestone	Start Date	End Date	Location	Notes
e.g. planning; major activities; evaluation	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	Address, suburb, town, and/or country permitted.	Add explanatory notes if required, or write 'N/A'.

Project Outcomes

* indicates a required field

Beneficiaries

Who are the primary beneficiaries of this project? *

Please list any other beneficiaries.

Outcomes

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries of your project. Examples of outcomes include:

Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)

- Enhanced participant skills, knowledge or experience
- Development or presentation of new work
- Opportunities to showcase or generate interest in a work or practice
- Opportunity to build professional networks.

Immediate outcomes occur directly following an activity (e.g. within 1 month); medium-term outcomes are those that fall between the short and long-term outcomes (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

Your outcomes	How will you know if you have achieved these outcomes?
What changes do you expect will occur as a result of your project (e.g. Enhanced skill in an area of practice)? Please be brief. One per row.	

Project Budget

* indicates a required field

Total Amount Requested (maximum of $5,000) *

$

Must be a dollar amount and no more than 5000.
What is the total financial support you are requesting in this application?

Total Project/Program Cost *

$

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

Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

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

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

Income Description	Income Type	Confirmed Funding?	Income Amount	Notes
			$	

Expenditure Description	Expenditure Type	Expenditure Amount	Notes
		$	

Budget Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure
$	$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Please upload any documentation which supports your budget.

Attach a file:

You may wish to attach quotes or estimate calculations.

What other inputs will you need in order to successfully carry out this project? (Please include any in-kind venue hire requests here. Kingston Arts may provide access to the Kingston Arts Centre for up to 20 days, subject to availability.)

Input	Confirmed?
Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

Applicant Capacity

* indicates a required field

Now that we know about your project, we want to find out more about your ability to undertake the work you propose. Please provide some information about the resources you will employ, and your approach to this work. *

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project within the proposed timelines. Provide information also about any past work that may demonstrate your capacity to undertake this work, such as links to further explanatory material if available/relevant. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Please upload any relevant supporting materials here.
Attach a file:

You could include key artist bios or documentation of past projects, letters of support, etc.

Website 1

Must be a URL.

Website 2

Must be a URL.

Website 3

Must be a URL.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by the applicant or an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

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

I agree *   ☐ Yes

Name of authorised person *

Title   First Name   Last Name

Must be the applicant or an appropriately authorised person related to the project.

Position *

Role / position

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

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

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