

Audience Development Application 2024-25

Form Preview

About the grant

Instructions for Applicants

Applications must clearly address all the selection criteria.

Before you start your application, please review the:

- [Guidelines](#)
- Application form, including the submission material requirements
- Screen NSW [Terms of Trade](#)

If you have any questions, please contact us at industry@screen.nsw.gov.au

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

Application Number

This field is read only.

Grant Round Name

This field is read only.

The round this submission is in.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

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- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://www.dpc.nsw.gov.au/privacy>);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Eligibility

* indicates a required field

Eligibility Confirmation

Please see the full eligibility requirements in the Program Guidelines.

I confirm that the applicant and project is eligible according to the criteria outlined in the Program Guidelines *

Yes

Contact Details

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* indicates a required field

Organisation Details

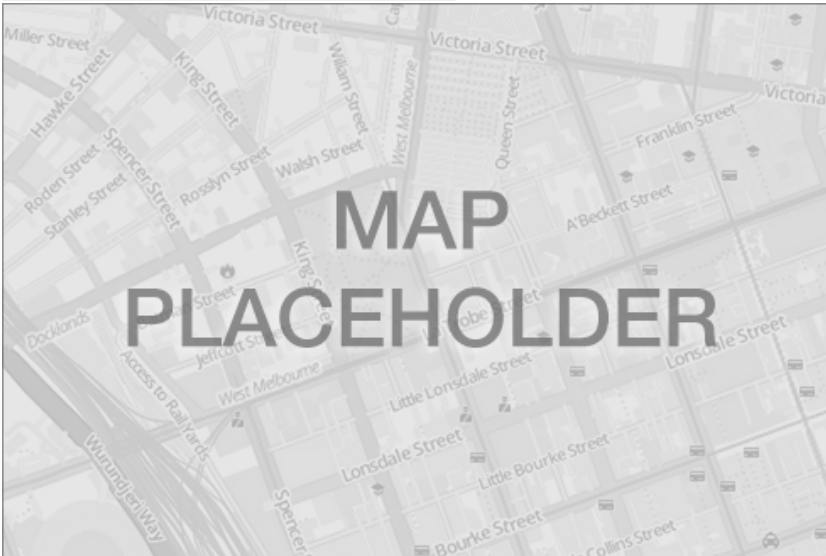
Organisation Name *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Primary Address

Address



Postal Address

Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

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Email Address *

Must be an email address.

Website

Must be a URL.

Does the applicant organisation have an Australian Business Number (ABN)? *

Yes No

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	

Must be an ABN.

Primary Contact Details

Primary Contact *

Title First Name Last Name

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

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.

Country code not required, area code for landlines is required.

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Primary Contact Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Primary Contact Priority Areas *

- First Nations
- Person with Culturally and Linguistically Diverse background (CALD)
- Person living with disability
- LGBTQIA+
- Western Sydney
- Regional NSW
- None of the above
- Prefer not to say

Please only provide this information with the consent of the individual, otherwise please choose 'prefer not to say'.

Primary Contact Gender Identity *

- Female Male Non-Binary Prefer not to answer Other:

Please only provide this information with the consent of the individual, otherwise please choose 'prefer not to answer'.

Auspice Organisation Information

Are you applying under the auspice of another organisation? *

- Yes No

Auspice *

Organisation Name

Auspice 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)

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DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Auspice Primary Address *

Address

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

Auspice Primary Phone Number *

Must be an Australian phone number.

Auspice Primary Email *

Must be an email address.

Auspice Primary Website

Must be a URL.

Application Details

* indicates a required field

Are you applying for Single or Multi Year funding? *

Single Year

Multi Year

Please check guidelines on eligibility for Multi Year funding.

There are two application tiers for Multi Year funding. Tier 1 for up to \$35,000/year and Tier 2 for \$35,000 - \$50,000/year. Please see the [guidelines](#) for further details.

Are you applying for Tier 1 or Tier 2 of Multi Year funding? *

Multi Year - Tier 1

Multi Year - Tier 2

Government Reporting

The below section is required for NSW Government reporting purposes. Please see below some clarifications on each question to help aid your answers.

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- **Title:** Title of your project
- **Brief Description:** Please include a brief summary of the organisation and program, written in an objective/third person POV. This description may be used in Screen NSW communications and media if the application is approved

Title *

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

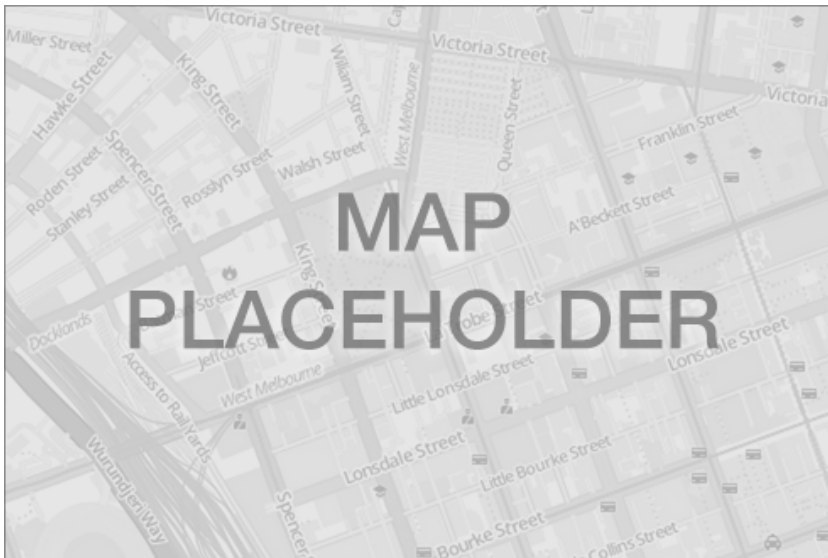
Anticipated end date *

Primary location of your initiative

Address

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Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

Where will the majority of your activities take place? *

Sydney Metro Western Sydney Regional NSW Outside NSW Outside Australia

No more than 2 choices may be selected.

How many attendees/participants do you expect at your event? *

Must be a number.

Has this project or organisation previously received funding from Screen NSW? *

Yes No

Please provide a top line summary of the application, including who will benefit from this initiative, what activities are planned, and what outcomes are expected from the activities. *

Word count:

Describe your project, including its rationale. *

Word count:

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Describe any partnership arrangements in place, or those you will seek. *

What is the demonstrated demand for your project and what strategies are in place to reach target industry or audience sectors? *

Word count:

Has the project been acquitted and final payments made? *

Yes

No

Engagement and Participation

What age group is the project targeted at? *

< 14 Years 14-17 years 18-24 years 25-34 years 35-49 years 50+ years

Please select all that apply.

Will your project enhance the meaningful inclusion of the following under represented groups, through the creation of content or delivery of an initiative or event? *

- First Nations
- Person with Culturally and Linguistically Diverse background (CALD)
- Person living with disability
- LGBTQIA+
- Western Sydney
- Regional NSW
- None of the above

Only tick boxes that are relevant to your event. Engagement with all priority areas is not compulsory and applicants should note that submissions are more competitive if claims of engagement are genuine and substantiated.

Describe how the project will meaningfully engage with the groups chosen above. *

Word count:

Must be no more than 400 words.

First Nations Content

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Does the project cover First Nations related themes or material?

- Yes No Not Applicable

Does the project have a First Nations consultant?

- Yes No

Does the project have a First Nations key project team member?

- Yes No

First Nations Consultant Name *

Project Location

Project Locations

Screen NSW is required to report on the geographical reach of the projects we fund. To support this reporting, we will need a snapshot of your intended project locations. We understand that sometimes locations change so we are asking you to respond based on where you intend to deliver your project at this stage. This means, event locations, screening locations, workshop venues, etc.

Please identify the town(s) or suburb(s) that you intend to deliver your project in, the expected number of venues, the name of the venues and the expected number of attendees.

Address	State Electorate	Local Government Area	Region	Estimated number of venues	Estimated number of attendees
Suburb/Town, State/Province, Postcode, and Country are required.	This field will auto-lookup, based on the provided address.	This field will auto-lookup, based on the provided address.		Must be a number.	Must be a number.

Total estimated number of venues

This number/amount is calculated.

Total estimated number of attendees

This number/amount is calculated.

Industry Development and Participation

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* indicates a required field

Specific Project Employment Outcomes

These responses are your intended or estimate employment outcomes only.

Estimate how many NSW full time/part time jobs your project will create? *

Must be a number.

How many jobs will this create in NSW?

Estimate how many NSW volunteer positions your project will create? *

Must be a number.

Budget

* indicates a required field

Total Amount Requested

*

What is the total financial support you are requesting under this grant?

Please select the relevant financial years for your multi-year funding application. *

2024/25 2025/26 2026/27

At least 2 choices must be selected.

I.e. if requesting 2 or 3 years of funding.

Multi-Year Funding Request

Amount Requested Year

1 *

Must be a dollar amount.

What is the amount of the total requested funds committed in the first year?

Amount Requested Year

2 *

Must be a dollar amount.

What is the amount of the total requested funds committed in the second year?

Amount Requested Year

3 *

Must be a dollar amount.

What is the amount of the total requested funds committed in the third year? If only requesting 2 years of funding please put '0'.

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Total Request *

This number/amount is calculated.
This must be the same as the 'Total Amount Requested' figure above.

Income Sources

Please input any income sources (excluding Screen NSW funding applied for in this application).

Funding Source Name	Amount (cash)	Amount (in kind)	Status	Source Type	Comments
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	Must be a dollar amount.	Must be a dollar amount.			

Total cash income

This number/amount is calculated.

Total in-kind income

This number/amount is calculated.

Please outline your income plans over your full multi-year funding period (if not yet all confirmed in the above table).

Budget Expenditure (Year 1)

Item	Applicant contribution	Any co-funding	Screen NSW	Item total
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	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.
Venue/equipment hire				
Content costs (e.g. speakers fees)				
Travel costs				
Other project costs				
Wages & salaries (incl. on costs)				
Admin expenses (incl. office rent,				

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public liability, phone, supplies)				
Other admin / overhead costs				
Marketing				

Applicant contribution total (year 1) 1)	Co-funding total (year 1)	Screen NSW total (year 1)	Budget total (year 1)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Budget Expenditure (Year 2)

Item	Applicant contribution	Any co-funding	Screen NSW	Item total
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.
Venue/equipment hire				
Content costs (e.g. speakers fees)				
Travel costs				
Other project costs				
Wages & salaries (incl. on costs)				
Admin expenses (incl. office rent, public liability, phone, supplies)				
Other admin / overhead costs				
Marketing				

Applicant contribution total (year 2) 2)	Co-funding total (year 2)	Screen NSW total (year 2)	Budget total (year 2)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Budget Expenditure (Year 3)

Item	Applicant contribution	Any co-funding	Screen NSW	Item total
------	------------------------	----------------	------------	------------

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	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.
Venue/equipment hire				
Content costs (e.g. speakers fees)				
Travel costs				
Other project costs				
Wages & salaries (incl. on costs)				
Admin expenses (incl. office rent, public liability, phone, supplies)				
Other admin / overhead costs				
Marketing				

Applicant contribution total (year 3)

This number/amount is calculated.

Co-funding total (year 3)

This number/amount is calculated.

Screen NSW total (year 3)

This number/amount is calculated.

Budget total (year 3)

This number/amount is calculated.

Multi-Year Tier 2 - Budget Upload

Please upload your full budget *

Attach a file:

Budget uploads (optional)

Previous year budget including actuals

Attach a file:

This is for applicants who have run the same or very similar program in the previous year.

Full current budget upload

Attach a file:

Milestones and Evaluation

* indicates a required field

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Please detail your project's key activities, milestones and dates. Please include key result areas, indicators and targets for the project. *

Marketing and Participants

* indicates a required field

Who are the intended audience/participants and why will they want to engage in this project? *

Word count:

Must be no more than 400 words.

What is your strategy to reach your target participants? Please include your marketing and publicity strategy. *

Word count:

Must be no more than 400 words.

Outline your communication strategies/channels to reach intended participants/attendees. Please include any partners that you will work with to support your project including marketing collateral, advertising, online, media/PR, cross promotions (e.g. through another event).

Organisational Capacity

* indicates a required field

Describe your organisation's history, experience and expertise and how it relates to your program of activities. *

Word count:

Must be no more than 400 words.

Key members

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Please provide the key members of the board/committee/governing body as related to this project.

Name	Role on board / committee / governing body	Short bio
		Must be no more than 150 words.

Previous NSW Government Funding

Please detail below any previous funding applications to Screen NSW or Create NSW for your organisation for at least the last 3 financial years.

Grant Program	Project Title	Date of Application	Outcome	Amount Received	Funding all acquitted
		Must be a date.		Must be a dollar amount.	

If you have any outstanding commitments (e.g. acquittal requirements) for any Screen NSW or Create NSW funding above, please detail here.

Supporting Documentation

* indicates a required field

Support material plays a vital role in how we understand and assess your application. Choose high-quality support material that is concise, current and directly relevant to your application.

Support material may include:

- A program of activities
- Relevant and recent examples of your artistic work (images, video, recordings, written material or links to websites)
- A brief biography or CV for any screen practitioners or key collaborators involved in the project (maximum one A4 page per person)
- Confirmation letters and/or letters of support related to your project (provided as one document), such as from partners, venues, key sector contacts or other funding agencies.

Make sure to submit your support material in the amount and format required, including:

- Combined files not exceeding 25MB
- Five minutes of video or audio recording

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- No zipped or compressed files
- Documents in PDF format where possible
- Links for externally hosted work only.

Multi-Year Funding Request Support Material

Please submit a two or three year business plan *

Attach a file:

Include your purpose/vision, annual overview of activities, goals and key performance indicators.

Program details *

Attach a file:

Detailed for first year - Overview for subsequent years (max three years)

Audited Financial Statement (the most recent annual report, including the most recent financial statement) *

Attach a file:

Required only if you are legally required to be audited.

Support Material Upload

File Name	Upload here
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

AV Material (if any)

AV Material Name	Please provide the link here	Does the link require a password?	Please enter the Password expiry date (if any)	Please enter the Password expiry date (if any)
e.g. Pitch Video, Teaser, etc.	Must be a URL.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Nations Support Material

Support material for proposals involving the First Nations arts and cultural sector and/or First Nations people, organisations and cultural material must include letters of support and

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confirmation of involvement from the relevant communities and/or organisations (see [NSW Aboriginal Arts and Cultural Protocols](#)).

Please upload relevant support material here *

Attach a file:

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Authorisation

I agree *

Yes

Name of authorised person *

Title

First Name

Last Name

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Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.

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

Email *

Must be an email address.

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.

How did you find 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.