

# Audience Development Program - Application Form 2026-27

## Form Preview

### About the grant

#### Instructions for Applicants

The Audience Development Program is funded and administered by Screen NSW, a division within the Department of Creative Industries, Tourism, Hospitality and Sport (Department).

Applications must clearly address all the selection criteria listed in the Program Guidelines.

Before you start your application, please review the:

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

If you have any questions, please contact the Industry & Audience Development team via email at [industry@screen.nsw.gov.au](mailto:industry@screen.nsw.gov.au).

Incomplete applications and/or applications received after the closing date will not be considered. Late applications due to technical difficulties will be reviewed and eligibility determined with absolute discretion by the Manager, Industry & Audience Development, Screen NSW.

#### 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
- It has read the Program Guidelines for the program and has fully informed itself of the relevant program requirements.

#### Use of Information

# Audience Development Program - Application Form 2026-27

## Form Preview

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

- If this application is successful, the relevant details of the application 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), even title, event 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)
- 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) (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](#)
- 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 refer to the full eligibility criteria in the [Program Guidelines](#).

**I confirm that this application is eligible according to the eligibility criteria outlined in the Program Guidelines: \***

Yes

### Contact Details

\* indicates a required field

### Organisation Details

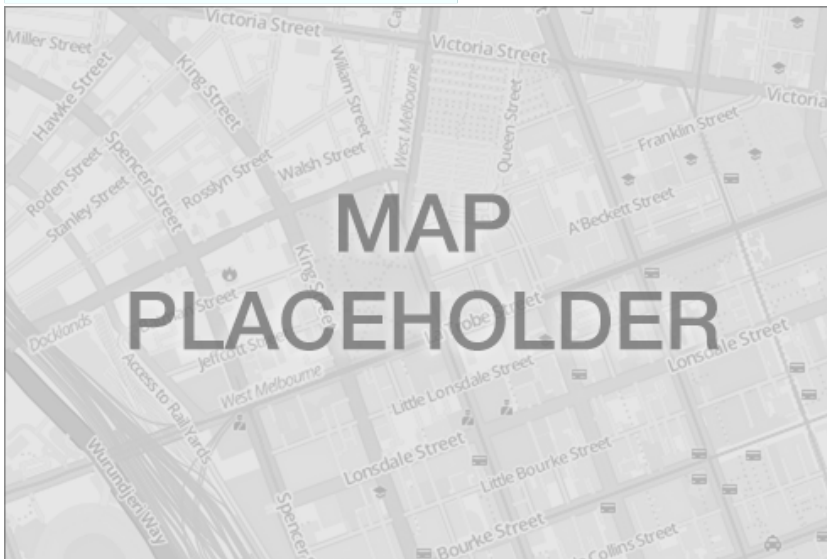
#### Organisation Name \*

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

# Audience Development Program - Application Form 2026-27

## Form Preview

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

### 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	<a href="#">More information</a>
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.

### Position \*

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

# Audience Development Program - Application Form 2026-27

## Form Preview

**Phone Number \***

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

**Email \***

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

## 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)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
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 \***

# Audience Development Program - Application Form 2026-27

## Form Preview

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 the Grant Guidelines for Multi-Year funding eligibility.

There are two application tiers for Multi-Year funding: Tier 1 for up to \$35,000/year and Tier 2 for \$35,001 - \$50,000/year.

### 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.

- **Title:** Title of your project
- **Brief Description:** Please include a brief summary of your organisation and event - this description may be used in Screen NSW communications and media if your application is successful.

### 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 \*

# Audience Development Program - Application Form 2026-27

## Form Preview

Word count:

Must be no more than 50 words.

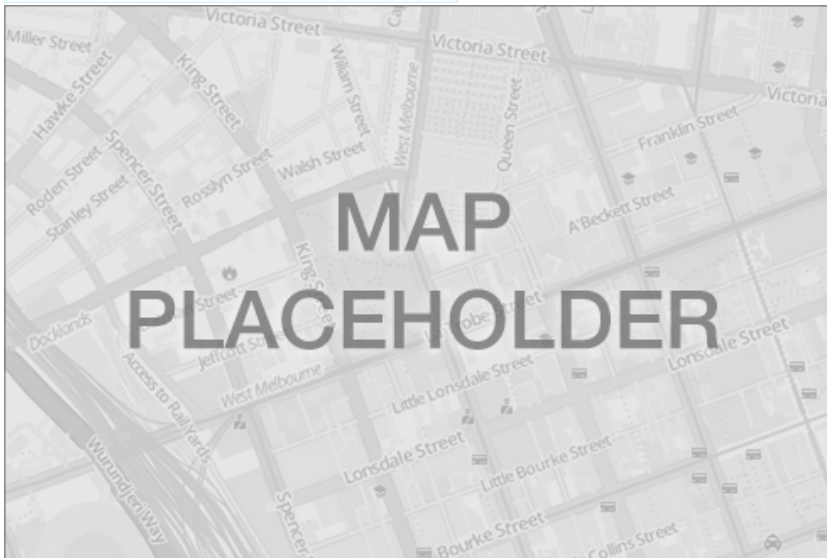
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

**Anticipated start date \***

**Anticipated end date \***

**Primary location of your initiative**

Address

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 event and related activities take place? \***

Sydney Metro  Western Sydney  Regional NSW  Outside NSW  Outside Australia

No more than 2 choices may be selected.

**How many attendees do you expect at your event? \***

Must be a number.

# Audience Development Program - Application Form 2026-27

## Form Preview

**Has your event or organisation previously received funding from Screen NSW? \***

Yes

No

**Please provide a top line summary of your event, including who will benefit, what activities are planned, and any expected outcomes. \***

Word count:

No more than 150 words.

**Describe your event, including its rationale and why it should be regarded as priority for funding. \***

Word count:

**Is there demonstrated demand for your event and does it fulfil any audience and/or industry needs? \***

Word count:

**Describe any partnership arrangements in place, or those you will seek, to deliver your event. \***

**How will Screen NSW funding be used to achieve the intended objectives and outcomes of your event? \***

## Engagement and Participation

**What audience age group is the event targeted toward? \***

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

Please select all that apply.

# Audience Development Program - Application Form 2026-27

## Form Preview

**Please identify whether your event will enhance the meaningful inclusion of NSW audiences and/or screen practitioners from any of the following NSW Government key 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

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.

**How will your event meaningfully engage with audiences and screen practitioners from any NSW Government key priority areas. \***

Word count:

Must be no more than 400 words.

## First Nations Content

**Will your event include First Nations content? \***

- Yes  No  Not Applicable

**Does your event have a First Nations consultant? \***

- Yes  No

**Does your event have a First Nations team member in a key role? \***

- Yes  No

**First Nations Consultant Name \***

## Event Location

### Event Locations

Screen NSW must report on the geographical reach of the projects we fund. To support this reporting, we require a snapshot of your intended event locations. We understand that sometimes locations change, so we are asking you to respond based on where you intend to deliver your event at this stage.

**Please identify the locations that you intend to deliver your event in, the estimated number of venues, and the estimated number of attendees.**

# Audience Development Program - Application Form 2026-27

## Form Preview

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

\* indicates a required field

### Event Employment Outcomes

These responses are the intended or estimated employment outcomes related your event.

**Estimate how many NSW full time/part time jobs your event will create: \***

Must be a number.

**Estimate how many NSW volunteer positions your event 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. \***

2025/26  2026/27  2027/28

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.

**Amount Requested - Year 2 \***

Must be a dollar amount.

**Amount Requested - Year 3 \***

Must be a dollar amount.

If only requesting 2 years of funding, please put '0'.

**Total Request \***

This number/amount is calculated.

This must be the same as the 'Total Amount Requested' figure above.

### Other Sources of Funding

Please list other sources of funding (both financial and in-kind support) available to deliver your event (excluding Screen NSW funding applied for in this application).

<b>Funder</b>	<b>Cash Amount</b>	<b>In Kind Amount</b>	<b>Status</b>	<b>Source Type</b>	<b>Comments</b>
---------------	--------------------	-----------------------	---------------	--------------------	-----------------

	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 the total requested Multi-Year funding period (if all funding is not yet confirmed in the above table).**

### Budget Expenditure (Year 1)

# Audience Development Program - Application Form 2026-27

## Form Preview

Item	Applicant Contribution	Co-Funding	Screen NSW	Item total
Modify items to your specific event.	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 event costs				
Wages & salaries (incl. on costs)				
Admin expenses (incl. office rent, public liability, phone, supplies)				
Other admin / overhead costs				
Marketing				

<b>Applicant Contribution Total (Year 1)</b>	<b>Co-Funding Total (Year 1)</b>	<b>Screen NSW Total (Year 1)</b>	<b>Budget Total (Year 1)</b>
<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	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 event costs				
Wages & salaries (incl. on costs)				
Admin expenses (incl. office rent, public liability, phone, supplies)				
Other admin / overhead costs				
Marketing				

# Audience Development Program - Application Form 2026-27

## Form Preview

--	--	--	--	--

<b>Applicant Contribution Total (Year 2)</b>	<b>Co-Funding Total (Year 2)</b>	<b>Screen NSW Total (Year 2)</b>	<b>Budget Total (Year 2)</b>
<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	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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Content costs (e.g. speakers fees)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other event costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wages & salaries (incl. on costs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Admin expenses (incl. office rent, public liability, phone, supplies)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other admin / overhead costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marketing	<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"/>

<b>Applicant Contribution Total (Year 3)</b>	<b>Co-Funding Total (Year 3)</b>	<b>Screen NSW Total (Year 3)</b>	<b>Budget Total (Year 3)</b>
<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.

### Multi-Year Applicants - Full Budget Upload

Multi-Year applicants must submit a detailed budget of proposed activities over the requested funding periods.

**Please upload your full budget: \***

Attach a file:

### Budget Uploads (Optional)

**Previous year budget including actuals:**

Attach a file:

Applicants who have run the same or very similar event in the previous year may choose to upload the relevant budget.

## Organisational Capacity

\* indicates a required field

**Outline the core business, aims, and objectives of your organisation. \***

Word count:

Must be no more than 250 words.

**Describe your organisation's history, experience, and expertise as it relates to your event. \***

Word count:

Must be no more than 400 words.

### Multi-Year Tier 1 Applicants - Organisational Capacity - Additional Criteria

Please outline your organisation's strong track record of outcomes in delivering similar events of scale.

\*

### Multi-Year Tier 2 Applicants - Organisational Capacity - Additional Criteria

Please outline your organisation's outstanding track record of outcomes in delivering similar events of scale and your proven impact on the NSW screen sector.

\*

### Key members

# Audience Development Program - Application Form 2026-27

## Form Preview

Please provide the key members of your organisation's board/committee/governing body relevant to your event.

Name	Role/Position	Short Bio
		Must be no more than 150 words.

### Previous Screen NSW Funding

Please detail below any of your organisation's previous funding applications to Screen NSW for the last 3 financial years.

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

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

### Marketing and Audiences

\* indicates a required field

**Who are your target audiences and why will they want to engage with your event? \***

Word count:  
Must be no more than 400 words.

**What strategies (including marketing and publicity) will you implement to reach your target audiences? \***

Word count:  
Must be no more than 400 words.

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

### **How do you intend to assess the success and impact of these strategies and integrate any learnings into future initiatives?**

We understand that methods used to measure success can be iterative and at this point we are only asking how you might assess the success of these strategies.

## Milestones and Outcomes

\* indicates a required field

### **Please detail the key activities, milestones and dates for your event. \***

### **Please detail the key result areas, indicators and targets for your event. \***

## Support Material

\* 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
- A budget
- Relevant and recent examples of delivering similar events
- A brief biography or CV for any screen practitioners or key collaborators involved in the event (maximum one A4 page per person)
- Confirmation letters and/or letters of support related to your event (provided as one document), such as from partners, venues, key sector contacts or other funding agencies.

Please submit your support material in the amount and format required, including:

- Combined files not exceeding 25MB
- Five minutes of video or audio recording
- No zipped or compressed files
- Documents in PDF format where possible
- Links for externally hosted work only.

# Audience Development Program - Application Form 2026-27

## Form Preview

### Support Material

Please upload all relevant support material below.

File Name	Upload here

### Multi-Year - Additional Support Materials

#### Business Plan \*

Attach a file:

Please upload a 2 or 3 year business plan that demonstrates the organisation's viability for total funding period, including other sources of funding.

#### Strategic Plan \*

Attach a file:

Please upload a strategic plan that includes the proposed event and related activities over all requested funding periods (detailed for Year 1, overview for subsequent years) and the organisation's mission and vision statements.

#### Financial Statement \*

Attach a file:

Please upload your organisation's most recent annual report, including the most recent financial statement. Please note that an audited financial statement should be submitted only if you are legally required to be audited.

### AV Material

AV Material Name	Link	Password Required?	Password	Password Expiry Date
e.g. Pitch Video, Teaser, etc.	Must be a URL.			

### First Nations Support Material

Support material for events involving the First Nations arts and cultural sector, people, organisations and cultural material must include letters of support and confirmation of

# Audience Development Program - Application Form 2026-27

## Form Preview

involvement from the relevant First Nations 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 Government 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
- All relevant conflicts of interest have been declared.

### Authorisation

**I agree \***

Yes

# Audience Development Program - Application Form 2026-27

## Form Preview

**Name of authorised person \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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.**