

Community Film Festival Opening Night Fund Application Form 24/25

Form Preview

Eligibility

* indicates a required field

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.

You must confirm you fulfil all the eligibility criteria below in order to access and complete the rest of the application form.

Application Number

This field is read only.

Grant Round Name

This field is read only.

The round this submission is in.

Please confirm you are an Australian-based organisation that is legally constituted and financially solvent *

☐ Yes ☐ No

To be eligible for funding, organisations must be legally constituted and financially solvent. Applicants must be an Australian organisation with an ABN.

Please confirm you are NOT one of the following: government departments and agencies, primary and secondary schools, tertiary institutions or TAFE colleges *

☐ Yes ☐ No

Government departments and agencies, primary and secondary schools, tertiary institutions and TAFE colleges are not eligible to apply for funding.

Is the film festival's annual total budget under \$1,500,000? *

☐ Yes ☐ No

Festivals with an annual budget of over \$1,500,000 are ineligible.

Does the film festival currently receive less than \$150,000 of annual NSW government funding? *

☐ Yes ☐ No

Festivals receiving NSW Government contribution of over \$150,000 are ineligible.

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Do screenings and screen culture account for at least 75% of the film festival? *

☐ Yes ☐ No

Multi-disciplinary or cultural festivals where screenings and screen culture account for less than 75% of programming activity are ineligible to apply.

The application must satisfy at least ONE of these categories to be successful in funding. Please select ALL that apply (as this will determine the questions shown to you later in the application). *

☐ The film festival has successfully received funding from Screen NSW or Create NSW in two of the last five years

☐ The film festival has been consistently delivered in the years leading up to the time of application, over the last six years, and at least twice in the last four years

☐ The organisation producing the event has a strong track record in delivering similar events and the proved ability to launch a new festival

At least 1 choice must be selected.

Eligibility Confirmation

Please see the full eligibility requirements in the [program guidelines](#). Applicants must also adhere to the general eligibility requirements under the Screen NSW [Terms of Trade](#).

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

☐ Yes

Unable to continue

Based on your response to the above eligibility question, you are unable to continue.

Refer to the [program guidelines](#) for more details or contact the Screen NSW staff at industry@screen.nsw.gov.au who are here to help.

Contact Details

* indicates a required field

Organisation Details

Organisation Name *

Organisation Name

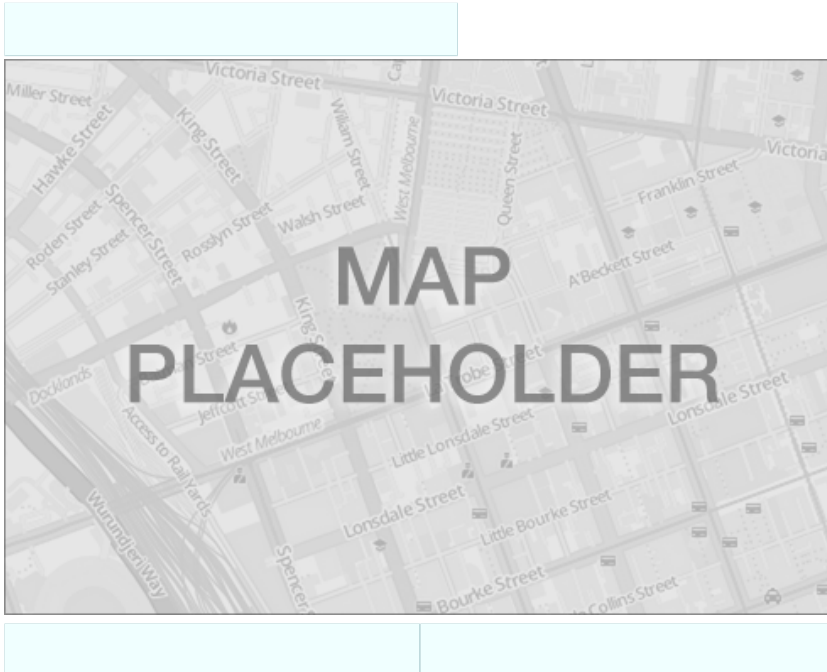
Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Primary Address

Address

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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.

Email Address *

Must be an email address.

Website

Must be a URL.

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

☐ Yes

☐ No

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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.

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+

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- ☐ 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)	
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.

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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

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:** Name of your Film Festival
- **Brief Description:** Please include a brief summary of the organisation and film festival, written in an objective/third person POV. This description may be used in Screen NSW communications and media if the application is approved.
- **Anticipated start date:** Film festival opening date
- **Anticipated end date:** Film festival closing date
- **Primary location of your initiative:** Location of your film festival opening night events. If multiple locations, please pick the most significant.

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 *

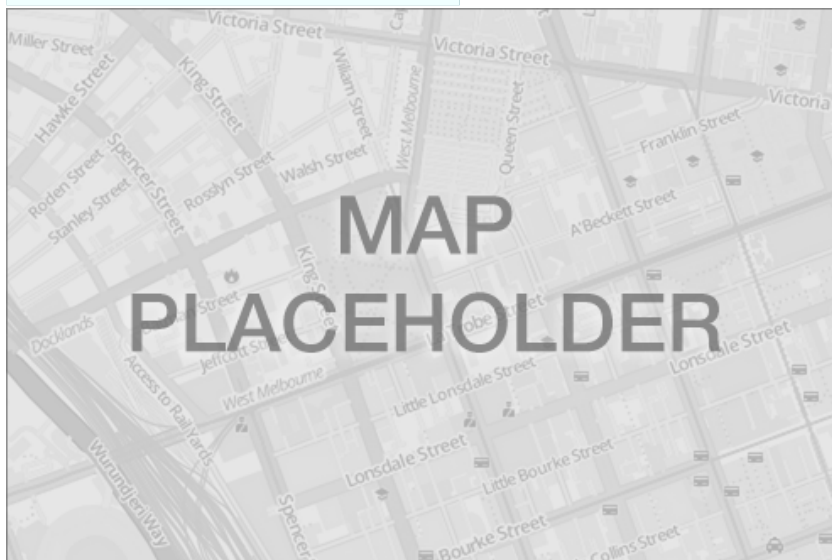
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Anticipated end date *

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.

The Festival

The questions below relate to your overall film festival, not only the opening night events.

Where will the majority of your film festival activities take place? *

☐ Sydney Metro ☐ Western Sydney ☐ Regional NSW ☐ Outside NSW ☐ Outside Australia

No more than 2 choices may be selected.

This is for the entire

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

Must be a number.

Please provide a summary of the festival including a short history (if applicable).

*

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Word count:

Must be no more than 250 words.

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

Word count:

Must be no more than 250 words.

The Opening Night

Anticipated Opening Night event date *

Must be a date.

Please provide a short summary of the Opening Night, including who will benefit from this initiative, what activities are planned, and what outcomes are expected from the activities. *

Word count:

Must be no more than 250 words.

Project Location

Opening Night Location(s)

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 or suburb that you intend to deliver the Opening Night event in, the expected number of venues, the name of the venue and the expected number of attendees.

Name of venue	Address	State Electorate	Local Government Area	Region	Estimated number of attendees
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Please put 'TBC' if not yet known.	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.

Total estimated number of attendees

This number/amount is calculated.

Organisational Capacity

* indicates a required field

Evidence demonstrating the film festival is established

Describe your organisation's history, experience and expertise and how it relates to your program of activities. If this organisation has produced similar events, please provide details. *

Word count:

Must be no more than 400 words.

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

☐ Yes

☐ No

In the eligibility section on Page 1 you selected: *"The film festival has successfully received funding from Screen NSW or Create NSW in two of the last five years."*

Please detail this funding below.

Please detail **successful** applications to Screen NSW or Create NSW for your organisation for at least the last 3 financial years.

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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.

Please provide evidence that the film festival has been consistently delivered in the years leading up to the time of application, over the last six years (e.g. press on the festival, annual reports, programs, financial reporting) and at least twice in the last four years. *

Word count:

Must be no more than 250 words.

Optional additional evidence upload

Attach a file:

Key members

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.

Audience Development, Engagement and Participation

* indicates a required field

Engagement and Participation

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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.

What is the community this film festival serves? How does this film festival fulfil a need in its community? *

Word count:

Must be no more than 250 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).

Will your film festival 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 film festival will meaningfully engage with the groups chosen above. *

Word count:

Must be no more than 200 words.

Optional - Upload here evidence of established community links and support for the film festival in the community, i.e.:

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- Letters of support from prominent members of the community
- Articles and coverage on the festival
- Festival programs
- Marketing and audience engagement reports.

Please upload here evidence of established community links / support (optional)

Attach a file:

Budget

* indicates a required field

The maximum grant amount is \$5,000 per applicant.

Total Amount Requested

*

\$

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

Total Projected Film Festival Budget *

Must be a dollar amount.

This is the total estimated amount your film festival will cost. This should include your budget for the opening night event(s).

Total Projected Opening Night Budget *

Must be a dollar amount.

This is the total estimated amount your opening night will cost.

Please see the [program guidelines](#) for funding details on what you can and cannot apply for.

What elements of the Opening Night are you applying for support for *

- ☐ Venue hire
- ☐ Interpreters (language and/or Auslan)
- ☐ Cost associated with hosting a Welcome to Country ceremony
- ☐ Marketing and promotional costs for the event
- ☐ Culturally appropriate hospitality (e.g. catering)
- ☐ Entertainment (e.g. artist costs such as band/musicians)
- ☐ Transportation costs
- ☐ Travel costs
- ☐ Equipment hire
- ☐ Documentation (photography or videography)

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☐ Other event costs related to an Opening Night celebration (please specify in the open answer box below)

Please provide an overview of your budget, including any sources of income or in-kind support, and how you would use the Screen NSW funding. *

Word count:

Must be no more than 300 words.

Budget uploads (optional)

Previous year budget including actuals (optional)

Attach a file:

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

Top-line Film Festival and/or Opening Night budget upload (optional)

Attach a file:

Additional Supporting Documentation (optional)

Support Material Upload (if any)

File Name

Upload here

AV Material (if any)

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

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Declaration and Authorisation

* indicates a required field

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:

- 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

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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.

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.