

Industry Development Program - Application Form 2026-27

Form Preview

About the grant

Instructions for Applicants

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

Applications must clearly address all the selection criteria outlined 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.

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

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), initiative title, initiative 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](#).

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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

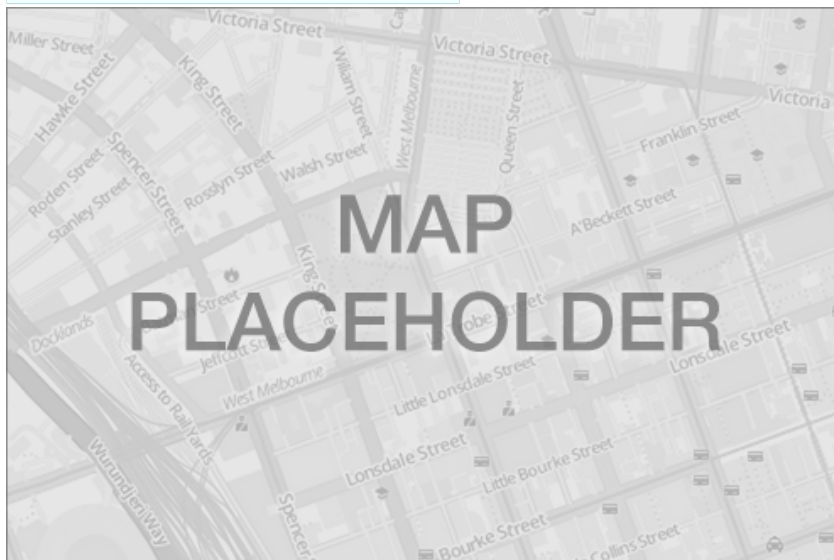
Organisation Name *

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 *

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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

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.

Applicant Organisation ACN or AIN *

Primary Contact Details

Person *

Title First Name Last Name

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

Position *

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

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Auspice Primary Address *

Address

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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

Select the option which best describes your initiative: *

Workshop Masterclass Forum/Industry Conference Talent/Project Development Lab Targeted Skills Development Initiative Digital Games Initiative
Other

Multi-Year Funding has two application tiers: Tier 1 for up to \$35,000/year and Tier 2 for \$35,001 - \$150,000/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 initiative
- **Brief Description:** Please include a brief summary of your organisation and initiative - this description may be used in Screen NSW communications and media if your application is successful.

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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.

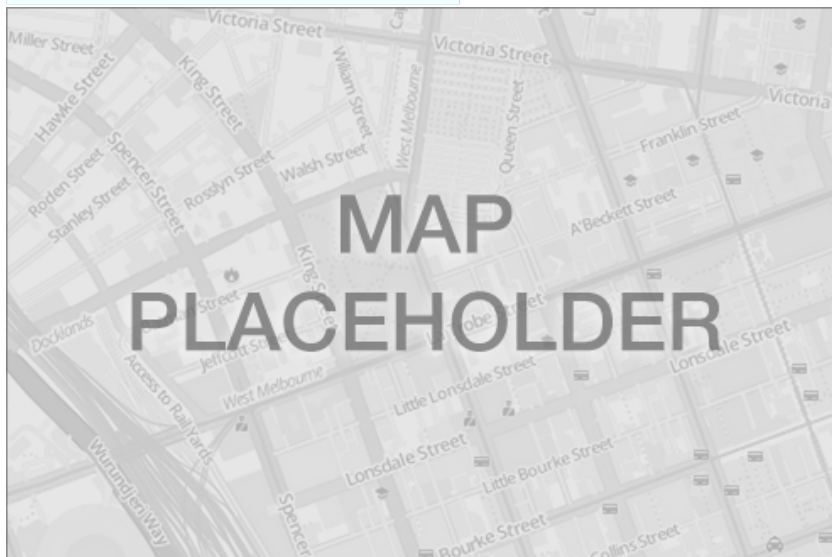
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Anticipated end date *

Primary location of your initiative

Address



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.

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Where will the majority of your initiative be delivered? *

Sydney Metro Western Sydney Regional NSW Outside NSW Outside Australia

No more than 2 choices may be selected.

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

Yes No

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

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

Word count:

Please include how the initiative will build the capacity of NSW screen practitioners.

Is there demonstrated demand for your initiative and does it fulfil any needs in the NSW screen industry? *

Word count:

Please include how your initiative will offer NSW screen practitioners opportunities for innovative upskilling and professional development opportunities.

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

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

Engagement and Participation

Which level of screen practitioner is your initiative targeted toward? *

Entry Level Emerging Mid Career Experienced

Other

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Please select all that apply.

Please identify whether your initiative will provide meaningful engagement and professional development opportunities for 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 initiative. 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 initiative provide meaningful engagement and professional development opportunities for screen practitioners from any NSW Government key priority areas? *

Word count:

Must be no more than 400 words.

First Nations Content

Will your initiative include First Nations screen practitioners, related themes or material? *

- Yes No Not Applicable

Does your initiative have a First Nations consultant? *

- Yes No

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

- Yes No

First Nations Consultant Name *

Initiative Location

Initiative Locations

Screen NSW must report on the geographical reach of the projects we fund. To support this reporting, we require a snapshot of the locations in which you intend to deliver your

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initiative. We understand that sometimes locations change, so we are asking you to respond based on where you intend to deliver your initiative at this stage.

Please identify the locations that you intend to deliver your initiative in, the estimated number of venues, and the estimated number of participants.

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

Initiative Employment Outcomes

These responses are the intended or estimated employment outcomes related to delivering your initiative (not any anticipated employment outcomes for practitioners participating in your initiative).

Estimate how many NSW full time/part time jobs will be created in delivering your initiative: *

Must be a number.

Estimate how many NSW volunteer positions will be created in delivering your initiative: *

Must be a number.

Budget

* indicates a required field

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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. *

2026/27 2027/28 2028/29
 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 initiative (excluding Screen NSW funding applied for in this application).

Funder	Cash Amount	In-Kind Amount	Status	Source Type	Comments
	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.

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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)

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

Applicant Contribution Total (Year 1)

This number/amount is calculated.

Co-Funding Total (Year 1)

This number/amount is calculated.

Screen NSW Total (Year 1)

This number/amount is calculated.

Budget Total (Year 1)

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)				

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Travel costs				
Other initiative 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)

This number/amount is calculated.

Co-Funding Total (Year 2)

This number/amount is calculated.

Screen NSW Total (Year 2)

This number/amount is calculated.

Budget Total (Year 2)

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				
Content costs (e.g. speakers fees)				
Travel costs				
Other initiative 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)
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.

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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 Upload (Optional)

Previous year budget including actuals:

Attach a file:

Applicants who have run the same or very similar initiative in the previous year may choose to upload a 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 experience and expertise as it relates to your initiative. *

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 initiatives of scale.

*

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

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

*

Key members

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

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 Participants

* indicates a required field

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Who are your target participants and why will they want to engage in this initiative? *

Word count:

Must be no more than 400 words.

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

Word count:

Must be no more than 400 words.

Outline your communication strategies/channels to reach your target participants, 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 initiative.

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 initiative. *

Please detail the key result areas, indicators and targets for your initiative. *

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.

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Support material may include:

- A program of activities
- A budget
- Relevant and recent examples of delivering similar initiatives
- A brief biography or CV for any screen practitioners or key collaborators involved in the initiative (maximum one A4 page per person)
- Confirmation letters and/or letters of support related to your initiative (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.

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 initiative 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 initiatives involving the First Nations arts and cultural sector, people, organisations and/or cultural material must include letters of support and confirmation of 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

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- 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

Name of authorised person *

Title First Name Last Name

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

Screen NSW Newsletter

Would you like to subscribe to the Screen NSW newsletter and keep up-to-date with opportunities, events and announcements? If so, please enter your preferred email address here.

Subscribing (or not subscribing) will have no impact on your application. By entering your email here, you agree to receive notifications and understand your information will only be used for the stated purpose. [Privacy Policy](#)

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?

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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.