

# Location Scouts & Inbounds Application 2024

## Form Preview

### About the grant

\* indicates a required field

### Instructions for Applicants

**Before submitting this application please read the [Program Guidelines](#) and contact:**

Matt Smith Production Attraction Manager (Acting) [matt.smith@screen.nsw.gov.au](mailto:matt.smith@screen.nsw.gov.au) +61 2 6588 7050

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

### Application Number

This field is read only.

### 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

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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 Confirmation

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

Yes

## Contact Details

\* indicates a required field

### Applicant Details

#### Applicant \*

Individual  Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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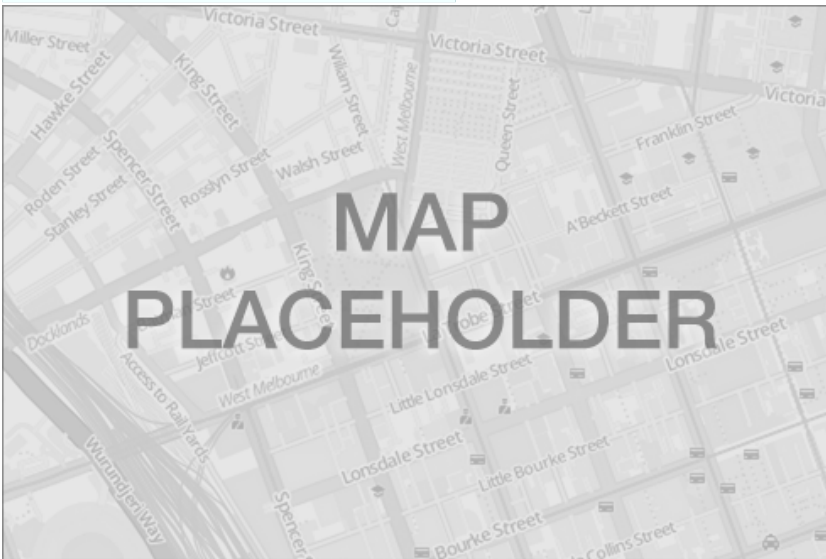
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For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

### Applicant Primary Address

Address

### Applicant Postal Address

Address

### Applicant Primary Phone Number \*

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

### Applicant Email Address \*

Must be an email address.

### Applicant Website

Must be a URL.

### Primary Contact Details

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### Primary Contact \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 \*

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

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

Yes  No

### Applicant Organisation 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.

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### Application Details

\* indicates a required field

*The 'Anticipated start date' and 'Anticipated end date' in this section refer to your inbound start and end dates (i.e. scouting, meetings, travel etc. conducted in NSW).*

#### **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 \***

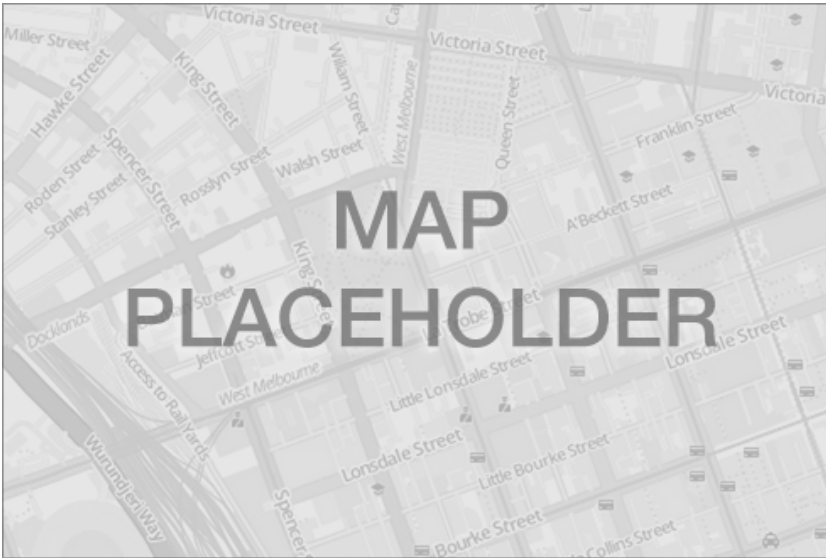
#### **Anticipated end date \***

#### **Primary location of your initiative**

Address

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Any, but at least one field is required.

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.

### Project Format

**Please select the option which best describes the project: \***

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Factual Series      | <input type="checkbox"/> Documentary Series | <input type="checkbox"/> Fiction Series              |
| <input type="checkbox"/> Factual One-off     | <input type="checkbox"/> Fiction Feature    | <input type="checkbox"/> Fiction Series (Short-form) |
| <input type="checkbox"/> Documentary Feature | <input type="checkbox"/> Fiction Telemovie  | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Documentary One-off |   |  |

### Proposed Timeline

Please use the date format DD/MM/YYYY. This is in relation to all work for the overall project, not only what is conducted in NSW.

**Inbound start date \***

Must be a date.

**Inbound completion date \***

Must be a date.

**Pre-production start date \***

Must be a date.

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**Production start date \***

Must be a date.

**Production completion date \***

Must be a date.

**Post-production/VFX start date \***

Must be a date.

**Post-production/VFX completion date \***

Must be a date.

### Project dates (NSW)

Please use the date format DD/MM/YYYY. This is in relation to any pre-production or production conducted in NSW.

**Project start date in NSW \***

Must be a date.  
An estimate is satisfactory.

**Project completion date in NSW \***

Must be a date.  
An estimate is satisfactory.

### Project Locations

Please specify project related locations (if known). Please provide at minimum one region and indicate if the location listed is to be included on the itinerary for this application.

Address	Region	Included in application itinerary
This can be a specific address, or otherwise a suburb, town or region.		

### Objectives

**Please provide a description of why the applicant proposes to scout potential locations in NSW, what assistance is sought from Screen NSW and what the applicant aims to achieve as a result. \***

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### Other Locations Being Considered

**Please provide details of other countries, territories or Australian States being considered. Include details on existing connections with other countries, states or territories. \***

### Budget

\* indicates a required field

#### Project Budget

**Studio (if applicable)**

**Estimated Budget \***

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

**Estimated expenditure in NSW \***

Must be a dollar amount.

#### Requested Assistance

**Location Manager services - # of days required \***

Must be a number.

**Travel - # of crew required to travel \***

Must be a number.

**Accommodation - # of nights required \***

Must be a dollar amount.

**Total Amount Requested \***

Must be a dollar amount.  
What is the total financial support you are requesting in this application?



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### Itemised Budget

Complete the following table with an itemised breakdown of the budget for the proposed location scouting.

Please include any additional budget items where Screen NSW funding is sought.

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.
Location Manager services				
Accommodation (# of crew x rate/ night)				
Travel - including domestic flights, car hire etc.				

### Budget comments (if any)

Is this project fully financed? \*

Yes

No

Please provide details on financing arrangements (e.g. Producer Offset, Location Offset, PDV Offset, Studio involvement, etc.)

### Co-funding Contributors

Please provide details of the co-contributor(s) for the inbound.

Co-funding source	Amount	Status
	Must be a dollar amount.	

### About the Team

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Please include information on key creatives and key cast (where known).

Role	First Name	Last Name	Residency	Other relevant information (e.g. IMDb link)
				If residency outside Australia, please provide country of residence.

## Supporting Documentation

Please provide detailed information about the project including synopsis, the latest draft of script, and any additional information about the key creatives (if applicable).

Document Name	Upload
Project Synopsis	
Latest Draft of Script	
Additional information about key creatives (if applicable)	

## 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;

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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; and
- 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.

## 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.**

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