### Overview

### Instructions for Applicants

Before completing this application form, you should have read the program guidelines.

# Application Number This field is read only.

### **Program Details**

The NSW Government is offering a 10 per cent rebate for eligible digital games. Games must have a Qualifying NSW Expenditure of at least \$500,000 to be eligible. An applicant must submit an application with Screen NSW prior to the commencement of any eligible work for which the Rebate is sought. This initiative complements the Australian Government's Digital Games Offset.

# This field is read only. The program 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 Screen NSW 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 Screen NSW 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

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partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;

- Screen NSW 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 Screen NSW 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:

- Screen NSW 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 Screen NSW in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: https://www.screen.nsw.gov.au/about-us/privacy-policy);
- the information it provides to Screen NSW 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 Screen NSW 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.

### **Applicant Details**

\* indicates a required field

### Organisation Details

Organisation Name * Organisation Name	
Please use the organisation's full name. Make sure documentation such as that with the ABR, ACNC o	e you provide the same name that is listed in officia r ATO.
<b>Primary Address</b> Address	

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# 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.

### **Applicant Contact**

Name \*

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.

### **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 \*

Must be an email address.

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

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### **Project**

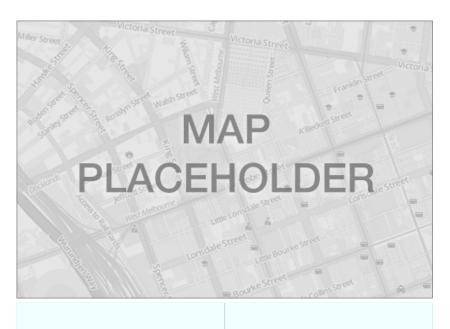
\* indicates a required field

### **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:** Title of your project
- **Brief Description:** This should be a one line synopsis of the project. Please disregard the 'hint' text.
- Anticipated start date: Start date of production in NSW for this application
- Anticipated end date: Completion date of production in NSW for this application
- **Primary location of your initiative**: The main production location. If you are unsure or it's not yet confirmed, please use your business address.

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 ber outcomes you expect from your activities.	efit from this initiative, what activities you will do and what
Anticipated start date *	
Anticipated end date *	
Primary location of your initiation Address	ve



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.

Former title/s (if applicabl	e)		
This project application is  New game  Major update of an existin			
Intended platform *			
Publisher(s) if known			
Is the project being develo  Yes  No	oped for public	c release? *	
Please attach developmen Attach a file:	t schedule *		
Estimated year in which ye	ou will submit	final claim for the Re	bate *
Estimated month in which	vou will subm	sit final claim for the I	Doboto

# NSW Digital Games Rebate 2024-25 Form Preview

Finance	
Is this project fully financed ○ Yes	? * ○ No
	nce (tick all that are relevant) *  ☐ Venture capital ☐ Other:
□ Platform □	☐ Applicant investment
Please attach a finance plan Attach a file:	*
<b>Please attach any relevant a</b> Attach a file:	greement(s) showing commercial attachment
B. I	
Budget	
* indicates a required field	
Estimated Qualifying NS	W Digital Games Expenditure (in AUD)
Please ensure the Estimated Que program guidelines.	alifying NSW Digital Games Expenditure adheres to the
to production of the launch vers activities that are usually under	ture must be on activities carried out in NSW related sion of the game. The pre-development stage, being taken with the aim of determining whether a digital game uded. Generally excluded activities include budgeting,
Estimated Qualifying NSW D	igital Games Expenditure (in AUD) *
Must be a dollar amount. Minimum \$500,000	
Please input below your expecte Total Estimated Qualifying Expe	ed rebate amount requested (this should be 10% of your enditure above).
Total Amount Requested *	\$ What is the total financial support you are requesting under thi grant?

# NSW Digital Games Rebate 2024-25 Form Preview

Please attach a budget with a column showing a breakdown of estimated NSW eligible spend * Attach a file:
Project Details: Spend, Employment, Benefits
* indicates a required field
Scope and expenditure
Please describe the development work undertaken to date e.g. concept development, prototype, vertical slice *
What is the total expenditure on the project to date *
Must be a dollar amount.
Please describe the work required to reach launch stage for a new game stage and/or completion of major update to an existing game *
ana, or compression or major aparage so an emouning game
Employment
Employment
Estimated number of staff to be employed in NSW on the project *
Must be a number.
Estimated games staff person-days to be worked in NSW on the project *
Must be a number.
Number of trainees to be engaged on the project *
Must be a number.
Please attach list of key personnel who will work on the project Attach a file:
Vendor details

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If you are engaging one or more NSW games development companies please list them here
Please attach any vendor quotes if relevant Attach a file:
Are any of the vendors providing reinvestment or a financial contribution of any kind towards the project's budget? *  O Yes O No
What is the value of the reinvestment or financial contribution from the vendor(s) *  Must be a dollar amount.
Please attach any reinvestment agreements * Attach a file:
Benefits to NSW Economy and Games Industries
Please summarise training, skills and career development opportunities provided by the project to established or emerging game developer practitioners in NSW *
Word count: Must be no more than 120 words.
Please summarise other benefits provided by the project to the NSW games industries, such as expansion of facilities, new capital expenditure, research and development or knowledge transfer *
Word count: Must be no more than 120 words.

### Reporting

Please note that Screen NSW requires applicants that are not the NSW game developer to secure an agreement with the NSW game developer that they will:

• provide figures at the time of acquittal on numbers employed/total person days on the project and training opportunities provided

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• respond to a Screen NSW annual survey of game developer companies for two years after the games project is completed.

I agree to provide this information or secure the above agreement with the NSW

game developer vendor *  O Yes
Other Incentives or Funding
* indicates a required field
Are you applying for the Federal Digital games tax offset (DGTO) in relation to this project? *  O Yes  No
Are you applying to other Australian states or territories for funding or incentives for this project? *  O Yes O No
Please provide details *
Was the availability of the NSW 10% digital games rebate a factor in your decision to proceed with this project in NSW? *  ○ Yes ○ No
Was the work for this project footloose? i.e. Were you considering doing any of this work in other jurisdictions? *  O Yes O No NOTE: Projects that are not footloose are still eligible for the Rebate
If yes, which other jurisdictions were you considering? *

### **Declaration and Authorisation**

<sup>\*</sup> indicates a required field

# NSW Digital Games Rebate 2024-25 Form Preview

### Declaration

By submitting this application form I hereby declare that:

- I have read the Guidelines relating to this program.
- I certify that, to the best of my knowledge, all the information in this submission is correct and has been approved by the board of directors or equivalent body, and that I have the delegated authority to sign this submission and that no other applicants will make submissions for this project.
- I acknowledge that Screen NSW has the right to withdraw the offer of funding or demand the return of any funds already paid if it is discovered that any of the information provided is false.
- I acknowledge and agree that the NSW Government may make public statements relating to the location of the project in NSW and the estimated number of jobs created by the project as per this registration.

### Authorisation

I agree *	□ Yes			
Name of authorised person *	Title  Must be a sauthorised	First Name senior staff member, volunteer	Last Name board member or	appropriately
Position *	Position he	ld in applicant organ	nisation (e.g. CEO, 1	reasurer)
Phone number *	We may co	Australian phone nuntact you to verify the licant organisation		is authorised
Email *	Must he an	email address		