Eligibility

* indicates a required field

Instructions for Applicants

Before you start your application for Production Finance (and Regional Filming Fund, if applicable), please:

- Review the guidelines Production Finance & Regional Filming Fund
- Review our <u>Terms of Trade</u>
- Review this application form
- Contact a Screen NSW Investment Manager to discuss your project prior to submitting your application to ensure you understand the guidelines, application form, application process and closing date. Incomplete applications and/or applications received after the closing date will not be considered.

If you have any questions, please contact us at investment@screen.nsw.gov.au.

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

| Application Number | | |
|---|------------------------------------|----------------------------------|
| | | |
| This field is read only. | | |
| Grant Round Name | | |
| | | |
| This field is read only. The round this submission i | s in. | |
| | | |
| Project Title * | | |
| | | |
| Former Titles | | |
| rormer fittes | | |
| | | |
| | | |
| | | ger to discuss your project prio |
| | plication. Please indicate wh | |
| Amelia Rowe | Lauren Edwards | Ryan Penning |
| Daniel Krige | Lynda Carruthers | Rosie Braye |
| Hayley Johnson | Richard Cohen | Other: |
| | | |
| Please contact investment | <u> </u> | ure of who to contact about your |

project. For contact details, please see the Screen NSW About Us page on our website

| What funding program(s) are you applying for in this form? * O Production Finance |
|--|
| both Regional Filming Fund and Production Finance |
| Applicant Eligibility |
| You must be one of the following: * An Australian company based in NSW and actively operating in NSW for at least six months prior to the funding application, meeting at least a minimum level of NSW spend of 50% of total production costs An Australian company not based in NSW in a genuine co-production arrangement with a NSW production company and/or the project is created by a NSW creative or is substantially driven by NSW key creatives Be a non-NSW based Australian Company, meeting at least a minimum level of NSW spend of 80% of total production costs You do not fulfil the 50/80% requirement above however meet one of the following: The eligible NSW Spend is at least \$5 million, (2) The below-the-line eligible NSW post-production spend is at least \$3 million, or (3) The producer intends to conduct 100% of the project's post-production in NSW with NSW-based post-production personnel Please note, if you are a non-NSW based company, strong consideration will be given to the level of spend in NSW (and must at least meet the minimum expenditure threshold of 80%) and number of NSW key creatives. Where rounds are competitive, preference will usually be given to NSW applicants. Please ensure you speak to an Investment Manager before applying. |
| Please select which applies. You do not fulfil the 50/80% requirement above however meet at least one of the following: * The eligible NSW Spend is at least \$5 million The below-the-line eligible NSW post-production spend is at least \$3 million The producer intends to conduct 100% of the project's post-production in NSW with NSW-based post-production personnel At least 1 choice must be selected. Please see definition of 100% Post Production requirements and Allowable Post Exclusions in the Screen NSW Glossary to confirm your eligibility. Please detail how you fulfil the allowable circumstances where the 50/80% requirement above does not apply. * |
| You must also fulfil all of the following eligibility criteria * ☐ Have a production budget of less than \$20,000,000 ☐ Have at least one NSW based Key Creative ☐ Be compliant with our Terms of Trade ☐ Maintain ownership or control of the rights necessary (or have shared ownership and/ or joint control of copyright under a co-production arrangement) to carry out the project that is the subject of the application (including having ownership or control of any relevant copyright and appropriate clearances from all significant participants) At least 4 choices must be selected. |

| Project Eligibility | | |
|--|---|--|
| Has this project been subm funding program before? * ○ Yes | oitted to any Screen NSW de | velopment or production |
| Previous Screen NSW F | unding | |
| | numbers, outcome and funding cluding development and produ | • |
| Application Number | Outcome | Amount Received |
| You can find this in your SmartyGrants portal | | lf declined, type \$0. Must be a dollar amount. |
| | | \$ |
| Finance? *Yes - it has been declined tNo - it has only been declined | ined two or more times for S two or more times ned once or never declined (with r applied for funding for this pro | hdrawn or pending outcome) |
| Please contact us at <u>investment</u> answer the question below. | nt@screen.nsw.gov.au before s | ubmitting your application and |
| substantially reworked and | declined, please detail how I improved since your last fun narket interest and project t | unding submission in terms |
| Word count: If your project was withdrawn pre- | viously for this program, you may p | out N/A. |
| Unable to Continue | | |
| As per the <u>Terms of Trade</u> , submit another application | if your project has been ded for the same project. | clined twice you cannot |
| Please contact us at <u>investment</u> | <u>nt@screen.nsw.gov.au</u> if you ha | ive any questions. |
| Offset Certificate or official co- Be fully financed at the time | Content (SAC). SAC is evidence | e contribution from Screen |

Commonwealth agencies).

| □ Be substantially ready to go into production and (with the exception of Creative Interactive Online Screen content) and have marketplace commitments and accord with Screen Australia's appropriate presales or licence fees. □ Not have commenced official pre-production before the date of application. Screen NSW does not fund retrospectively. Documentary projects with time critical filming issues may still be considered – applicants must contact the Screen Investment team before applying to confirm this exception. Post-production only applications are exempt from this requirement and should tick this box. □ With the exception of development expenditure, only expenditure incurred after the Application has been submitted will be recognised as eligible for funding. □ Reflect diversity in the creative team, relevant to the content genre, format, platform, storylines, characters, and target audience. □ Fulfil necessary requirements for Authenticity At least 7 choices must be selected. You must be able to fulfil all of the above project eligibility criteria. For more details on the SAC test see here. For Screen NSW's Guide to Understanding Diversity and Creating Authentic Screen Content, see here. Please confirm the project will comply with the production attachment |
|--|
| requirements in our Terms of Trade and is appropriately accounted for in the |
| budget: * O Yes |
| Please see the <u>Terms of Trade</u> for details. |
| The project must be compliant with one of the following Eligible Project formats: * Features - fiction Documentary (documentary television, features or online and series with a total minimum duration of a commercial half hour) that meet the definition of a 'documentary program' under the Australian Communications and Media Authority (ACMA) Documentary guidelines Series - television drama and narrative comedy, including miniseries Animation series Creative Interactive online screen content Digital - Series, interactive or XR intended for public access on a screen-based device |
| Is this application for production or post production? * |
| ☐ Production ☐ Post Production At least 1 choice must be selected. |
| Please note that where an application is made for PDV Rebate and Production Finance concurrently, a budgeted expense can only be claimed under one program or the other but not both simultaneously. |
| Post Production Only Funding |
| Please confirm the project has: * O Completed principal photography and you are able to demonstrate a post-production path to delivery and audience if the application |
| Please provide details about the current stage of your project. * |
| |
| Regional Filming Fund |

The <u>Regional Filming Fund</u> offsets costs associated with shooting in regional areas of NSW. Regional NSW is defined as all areas in NSW outside the Sydney Metro area (excluding the ACT). Please find the LGA map here.

Assessment Criteria Your application will be competitively assessed against the following criteria:

- The level, nature and quality of the proposed NSW and Regional Spend
- The track record, including the financial track record, and experience of the applicant and any Key Creatives
- The quality of the creative materials
- The potential of the project to reach its target market/s

Screen NSW may also take into account the diversity of productions and regions supported under the program.

Please see the full Regional Filming Fund guidelines for further details.

| Please confirm the following: * |
|--|
| ☐ At least one of the Key Creatives is NSW-based |
| ☐ The production company is registered in NSW and has its principal place of business in |
| NSW or for production companies that are not based in NSW, the production has an eligible |
| NSW Spend of at least \$5 million |
| ☐ At least 50% of the total budget is be expended in NSW |
| ☐ Production is fully financed at the time of application, with the exception of contributions |
| being sought from Screen NSW and other state, federal or international agencies (Note: we |
| will only consider an application where those agencies have confirmed their contribution |
| or if the application has been submitted to a funding round running concurrently with the |
| Screen NSW round) |
| ☐ If a feature film, distribution must be in place |
| ☐ If a television drama, narrative comedy or factual/documentary programs, financial |
| commitment from a broadcaster, subscription service or distributor must be in place |
| At least 5 choices must be selected. |
| |
| Please confirm the following: * |
| The production will film on location in Regional NSW for a minimum of five shooting days |
| in a single Local Government Area (LGA) |
| Please find the LGA map here |
| Trease that the ESA map <u>nere</u> |
| Please provide a Regional NSW LGA that you will be shooting in * |
| riease provide a Regional NSW LOA that you will be shooting in |
| |
| Further locations details are requested later in the application form. |
| |
| Number of shooting days in this LGA * |
| |
| |
| Must be a number and at least 5. |
| |

Project Details

* indicates a required field

Synopsis - One Sentence *

| Word count: Please provide a short statement | capturing the core story of t | he project. |
|--|--|---|
| Synopsis - One Paragraph | * | |
| | | |
| Word count: | | |
| Project Length | | |
| Duration * | | |
| For one-off productions this is the episode. | e total duration of your projec | ct. For series, this is the duration of each |
| Number of episodes * | | |
| Genre and Platform | | |
| What is the project's prima O Cinema O Television O - Free-to-air - Pa | Television O VR/AR/XR O | Video Other: |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (VC | OD) / (VOD) / Iline Online |
| | Co | ntent Content ovider - Provider - |
| | Fre | |
| | | |
| Release platform name * | | |
| e.g., broadcaster name, website | name ann name streamer n | ame |
| e.g., broadcaster flame, website | iame, app name, screamer n | anie. |
| Please select the option w | hich best describes the | project. * |
| ☐ Factual Series | ☐ Fiction Telemovie | ☐ Virtual/Augmented/Mixed Reality (Fiction - Series) |
| ☐ Factual One-off | ☐ Fiction Series | ☐ Virtual/Augmented/Mixed Reality (Documentary - One Off) |
| □ Documentary Feature | ☐ Fiction Series (Short-f | · · · · · · · · · · · · · · · · · · · |
| ☐ Fiction Feature | ☐ Virtual/Augmented/Mi Reality (Fiction - One Off | xed |

No more than 1 choice may be selected. Genre * ☐ Romantic Comedy ☐ Mystery □ Action Adventure ☐ Contemporary and Social Issues including social history □ Comedy □ Thriller ☐ Science Fiction ☐ History and Identity □ Drama ☐ Western ☐ Family ☐ Science and **Environment** ☐ Arts and Culture ☐ Horror □ Crime ☐ Other: ☐ Musical Shoot Format and Gauge * Other: ○ 35mm \bigcirc HD **Production Timeline** * indicates a required field **Proposed Production Schedule** Pre Production Start * Pre Production End * No. of Weeks - Pre Production * No. of Pre-Production Days * Must be a date. Must be a date. Must be a number. Must be a number. Shoot Start * Shoot End * No. of Weeks - Shoot * No. of Shoot Days * Must be a number. Must be a date. Must be a date. Must be a number. Post Production Start * Post Production End * No. of Weeks - Post Production * Must be a date. Must be a date. Must be a number. Number of Weeks Picture Edit in Number of Weeks Sound Post in Proposed Delivery Date * Must be a date. An estimate is satisfactory.

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** 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 ADN grantided will be used to be dealers the following information. Clinic leads up about the |
| 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 <u>More information</u> |
| ACNC Registration |
| Tax Concessions |
| Main business location |
| Must be an ABN. |
| |
| Applicant Organisation ACN or AIN * |
| |
| Deline and Combook Debails |
| 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 r | | |
|--|---|--------------------------------|
| Country code not required, ar | ea code for landlines is required. | |
| Primary Contact Other F | Phone Number | |
| | | |
| Must be an Australian phone r Country code not required, ar | number. ea code for landlines is required. | |
| Primary Contact Email * | | |
| | | |
| Must be an email address. This is the address we will use | e to correspond with you about this g | grant. |
| Contracting Entity | | |
| | | |
| ABN * | | |
| | | |
| The ABN provided will be u check that you have entered | sed to look up the following infor ed the ABN correctly. | rmation. Click Lookup above to |
| Information from the Australi | an 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 Company - Or | ganisation Name * | |
| The ABN entity name must be | e identical to this applicant company | name. |
| Principal place of busine Address | ess (must not be a PO Box) * | |
| | | |
| | | |

| Postal Address * Address | | |
|--|---------------------|-----------------------|
| | | |
| | | |
| Company Mobile * | | |
| Must be an Australian phone number. | | |
| Company Landline | | |
| Must be an Australian phone number. | | |
| Company Email * | | |
| | | |
| Must be an email address. | | |
| Accounts Email * | | |
| Must be an email address. | | |
| Company Website | | |
| | | |
| Must be a URL. | | |
| | | |
| Is the Contracting Entity above an SPV (S ○ Yes | Special Purpose Veh | nicle)? * |
| No, and you do not intend to form an SPVNo, but you intend to form an SPV to be the | | |
| Parent Company | | |
| | | |
| Parent Company Name * | | |
| | | |
| Parent Company ABN * | | |
| . a. c | | |
| The ABN provided will be used to look up the to check that you have entered the ABN correctly | | Click Lookup above to |
| 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. | |
| Parent Company phone numb | per * |
| | |
| | |
| Parent Company email * | |
| | |
| | |
| Co-Production | |
| * indicates a required field | |
| | |
| Please see the Screen Australia o | guidelines for official co-production. |
| Is the project an Official Co-P | roduction? * |
| ☐ Yes ☐ No | roduction: |
| No more than 1 choice may be selec | eted. |
| | |
| Name of Co-production Comp | pany * |
| | |
| | |
| Has this application been app Australia? * | proved for official co-production status by Screen |
| ○ Yes | ○ No |
| | |
| If yes, which country / countr | ies? * |
| ,, , , | |
| | |
| | |
| Please upload a Screen Austr status of the project * | ralia Report or notes on the official co-production |
| Attach a file: | |
| | |

Project Team

* indicates a required field

Producer(s)

| First Name * | Residency * ○ NSW ○ ACT ○ NT ○ QLD ○ S | SA O VIC O TAS O WA O Outside Australia |
|--|--|--|
| Last Name * Email * | Priority Areas * First Nations Person with Culturally and Linguist Person living with disability LGBTQIA+ Western Sydney Regional NSW None of the above Prefer not to say Please only provide this in | |
| Phone * | | otherwise please choose |
| Website | | -Binary O Prefer not O Other: to answer |
| Bio * | Please only provide this in consent of the individual, choose 'prefer not to ans describe, please use the | otherwise please wer.' If you prefer to self- |
| Word count: Must be no more than 200 words. | | |
| CV upload * Attach a file: | | |
| Writer(s) | | |
| First Name * | Residency * ○ NSW ○ ACT ○ NT ○ QLD ○ S | SA O VIC O TAS O WA O Outside Australia |
| Last Name * | Priority Areas * First Nations Person with Culturally and Linguis' Person living with disability LGBTQIA+ Western Sydney | tically Diverse background (CALD) |
| Email * Phone * | □ Regional NSW □ None of the above □ Prefer not to say Please only provide this i | nformation with the otherwise please choose |
| | 'prefer not to say'. Gender Identity * | |
| Website | - | |

| | Female | ○ Male | Non-Binary | | Other: |
|--|---|-------------------------------------|------------------------------|--|--------------------------|
| | | | | to answer | |
| Bio * | Please only provide this information with the consent of the individual, otherwise please | | | | se |
| | | | to answer.' e the open | | |
| Word count: Must be no more than 200 words. | | | | | |
| CV upload * Attach a file: | | | | | |
| | | | | | |
| Director(s) | | | | | |
| First Name * | Residency * | CT O NT O | QLD O SA O | VIC O TAS (| O WA O Outside Australia |
| Last Name * | | ns | d Linguistically Di | verse backgrou | ind (CALD) |
| Email * | ☐ LGBTQIA+☐ Western S☐ Regional M☐ None of th☐ Prefer not | sydney NSW ne above to say | this inform | ation with | the |
| Phone * | consent o | | idual, other | | |
| Website | Gender Iden ○ Female | tity * | ○ Non-Binary | Prefer not to answer | Other: |
| | Please or | nly provide | this inform | ation with | the |
| Bio * | consent of choose 'p | of the indivorefer not t | /idual, othe to answer.' | rwise plea: If you pref | se er to self- |
| | describe, | please us | e the open | пеіа ортіоі | n. |
| Word count: Must be no more than 200 words. | | | | | |
| CV upload * Attach a file: | | | | | |
| | | | | | |
| Additional Key Personnel | | | | | |

Are there any additional personnel working on this project, such as other confirmed Key Creatives and Heads of Department? *

○ Yes

○ No

Please list any additional personnel, such as other confirmed Key Creatives and Heads of Department.

Click 'Add More' to enter multiple additional personnel.

| First Name * | Residency * NSW ACT NT QLD SA VIC TAS WA Outside Australia | | | | |
|--|---|--|--|--|--|
| Last Name * | Key Priority Areas * First Nations Person with Culturally and Linguistically Diverse background (CALD) Person living with disability | | | | |
| Role * | □ LGBTQIA+ □ Western Sydney □ Regional NSW □ None of the above □ Prefer not to say Please only provide this information with the | | | | |
| Email * | consent of the individual, otherwise please choose 'prefer not to say'. | | | | |
| Website / IMDb link | Gender Identity * O Female O Male O Non-Binary O Prefer not to answer | | | | |
| Bio * | Please only provide this information with the consent of the individual, otherwise please choose 'prefer not to answer.' If you prefer to self- | | | | |
| | describe, please use the open field option. | | | | |
| Word count: Must be no more than 200 words. | | | | | |
| CV upload * Attach a file: | | | | | |
| | | | | | |

Key Cast or Principal Participants

These are key cast consulted and have indicated involvement, their status may be either proposed or confirmed. We are aware some key cast are unknown at this point of application process.

Click 'Add More' to enter multiple cast members.

| First Name | | Residency NSW O ACT O NT O QLD O SA O VIC O TAS O WA O Outside Australia |
|-----------------------------------|-------------|---|
| Last Name | | Key Priority Areas ☐ First Nations ☐ Person with Culturally and Linguistically Diverse background (CALD) ☐ Person living with disability ☐ LGBTQIA+ |
| Character | | □ Western Sydney □ Regional NSW □ None of the above □ Prefer not to say Please only provide this information with the |
| Proposed or confirmed ○ Proposed | ○ Confirmed | consent of the individual, otherwise please choose 'prefer not to say'. |
| Bio | | Gender O Female O Male O Non-Binary O Prefer not to answer O Other: |

Must be no more than 200 words. consent of the individual, otherwise please choose 'prefer not to answer.' If you prefer to selfdescribe, please use the open field option. Please provide any relevant cast deal memos/agreements here (where finance is cast dependent) Attach a file: **Audience** * indicates a required field Audience Please outline your target audience and how you intend to reach them. * Word count: Target Audience - Age * \Box < 14 Years ☐ 18-24 years ☐ 35-49 years ☐ 14-17 years ☐ 25-34 years \Box 50+ years Target Audience - Gender * □ Skewed towards female □ Skewed towards male □ Gender Neutral Are children the primary audience for this project? (i.e. up to 18 years old) * Yes \bigcirc No Please specify the primary audience group(s): * ☐ Preschool children ☐ Children in early childhood (kindergarten to year 3) ☐ Children in middle primary (years 4 and 5) ☐ Children in middle years (years 5 to 9) ☐ Children in senior years (year 10+) Is your project a Children's 'P' or C' classification? * O Yes, this is a Children's "P" classification project

Please only provide this information with the

Market

Word count:

* indicates a required field

○ Yes, this is a Children's "C" classification project

O No, this is neither a Children's "P" or "C" classification project

Market Attachments

| Do you have attached: * □ Domestic Distributor(s) □ Commissioni At least 1 choice must be selected. | ng Platform(s) |
|--|---|
| Please summarise the key terms of your man | rketplace arrangements. |
| Please complete all fields. If unknown e | nter "TBC" or if not applicable enter "NA". |
| Domestic Distributor * | Term of Agreement * |
| | |
| Territories * | Rights * |
| Advance/Minimum Guarantee * | Additional rights/commissions or non-standard terms or conditions |
| \$ | |
| Must be a dollar amount. | |
| Payable * | |
| | |
| Commissions * | |
| | |
| Does the project have a Commissioning O Yes E.g. free-to-air or subscription television broadcas | ○ No |
| L.g. Hee-to-all of subscription television broadcas | ncer and/or newer online platforms. |
| Commissioning Platform | |
| Please provide both primary and secondary | platform deal summaries. |
| Please complete all fields. If unknown e | nter "TBC" or if not applicable enter "NA". |
| Commissioning Platform * | Term of Agreement * |
| | |
| Territories * | Rights |
| | |
| Number of wars | Additional states on an abandout towns or southline |
| Number of runs * | Additional rights or non-standard terms or conditions |
| Must be a number. | |

| Licence fee * | |
|--|---|
| \$ | |
| Must be a dollar amount. | |
| Licence fee per hour * | |
| \$ | |
| Must be a dollar amount. | |
| Holdback on domestic channels * | |
| | |
| Number of months | |
| Holdback on international channels * | |
| Number of months | |
| | |
| Does the project have a ROW S O Yes | Sales Agent attached? * O No |
| | |
| ROW Sales Agent | |
| ROW Sales Agent * | Term of Agreement * |
| | |
| Territories * | Rights * |
| | |
| Advance/Minimum Guarantee * | Additional rights/commissions or non-standard terms or conditions * |
| \$ Must be a dollar amount. | |
| Must be a dollar amount. | |
| Proposed marketing expenses * | |
| \$ | |
| Must be a dollar amount. | |
| Commisions * | |
| | |
| | |
| Does the project have a presal | e? * |
| • Yes | ○ No |
| Presale | |
| Please complete all fields. If u | nknown enter "TBC" or if not applicable enter "NA". |
| | |

| Territories * | Rights * |
|--|---|
| Territories * | rigites · |
| | |
| Amount * | Comments (including any commissions) * |
| \$ | |
| Must be a dollar amount. | |
| | |
| Marketing | |
| | |
| Provide a summary of the marketing and audience * | d publicity strategy for reaching your |
| audience | |
| | |
| | |
| | |
| Word count: | |
| Diana autina ham the mainthe manket | |
| Please outline how the project's market the audience * | partners will support the project to find |
| | |
| | |
| Word count: | |
| Word Count. | |
| | |
| Anticipated scale of release * | |
| ○ Limited (<20 prints) | |
| Specialty (20-99 prints) | |

- O Mainstream (100-199 prints)
- Wide (200-399 prints)
- Blockbuster (400+ prints)

Budget and Finance Plan

* indicates a required field

Amount Requested from Screen NSW

Individual funding is determined on a case-by-case basis based on the Qualifying NSW Production Expenditure (QNSWPE).

Projects must have a production budget of less than \$20,000,000.

Applicants should discuss their funding requests with a Screen NSW Investment Manager prior to submitting an application.

Successful projects will be entitled to the following percentage of their QNSWPE capped at \$850,000:

Project Type Percentage Features 10% One-off documentaries 10% Documentary series 10% TV drama including children's 5.5% Digital Online Interactive

For the Regional Filming Fund:

10%

Applicants may request up to 35% of the budgeted NSW Regional Spend. NSW Regional Spend is the total of the below the line shooting expenses directly associated with filming and undertaking post in regional NSW. See further details in the <u>program guidelines</u>.

Support is provided as a grant. The maximum grant per production is \$175,000.

In the 'Total Amount Requested' field below, please include the combined total of your Production Finance and Regional Filming Fund request. Then please specify the amounts requested for each program in the 'Screen NSW Grant Finance to Producer as Equity' section ('Amount requested from Production Finance' and 'Amount requested from the Regional Filming Fund').

| Total Amount Requested | \$ | |
|------------------------|-----------------------------------|---|
| • | What is the total financia grant? | I support you are requesting under this |

Non-Screen NSW Finance

| Source of finance | Type of finance | Equity or Grant | Territory | Amount | % of Budget | Document upload |
|-------------------|-----------------|--------------------|-----------|--------------------------------|------------------------------------|---------------------|
| | | | | Must be a dollar amount. | This number/ amount is calculated. | |
| | | | | | | |

Total Non-Screen NSW Finance

This number/amount is calculated.

Finance and Budget Breakdown

Please note for any of the auto calculated fields on this page: If there is a valid number in the field, but there is a message saying the response is invalid, it should resolve after saving progress and refreshing the page.

| Total Budget * | QAPE Budget * |
|---|--|
| \$ | \$ |
| Must be a dollar amount and no more than 20000000. | Must be a dollar amount. |
| What is the total budgeted cost (dollars) of your project? | Producer Offset Percentage * ○ 0 ○ 30 ○ 40 |
| Total Post Production Budget * | Producer Offset (% of QAPE Budget) |
| \$ | |
| Must be a dollar amount. | This number/amount is calculated. This figure is automatically calculated as the 'Producer Offset Percentage' chosen above of the 'QAPE Budget'. |
| Cashflow in finance plan * | For reference: 90% of Producer Offset |
| \$ | |
| Must be a dollar amount. At least 90% of the Producer Offset must be cashflowed into the finance plan. Please see the reference number calculated on the right for the minimum amount you must enter here. | This number/amount is calculated. |

Screen NSW Grant Finance to Producer as Equity

| Qualifying NSW Production Expenditure (QNSWPE) * | \$ Must be a dollar amount. If you are applying for the PDV Rebate concurrent not include PDV NSW spend in this figure as a bud can only be claimed under one program or the oth simultaneously | geted expense |
|--|---|---------------|
| Qualifying NSW Production Expenditure % of Budget | This number/amount is calculated. | |

Amount requested from Production Finance *

| Screen NSW Production Finance Contribution-to- spend % | This number/amount is calculated. This figure is a percentage of 'Amount requested from Production Finance' of the 'Qualifying NSW Production Expenditure (QNSWPE)' and cannot be more than the allowed percentages listed at the top of this page by project type, or \$850,000 - whichever is the lesser. |
|---|---|
| Amount requested from the Regional Filming Fund * | \$ Must be a dollar amount and no more than 175000. If you are not applying for the Regional Filming Fund, please input 0. |
| Amount of eligible Regional Spend in NSW * | Must be a dollar amount. |
| % of Regional Filming Fund request of the eligible Regional Spend in NSW | This number/amount is calculated. Applicants may request up to 35% of the budgeted NSW Regional Spend (up to a maximum of \$175,000). |
| Is this project also applying f ○ Yes | or the NSW PDV Rebate? * O No |
| | ation is made for PDV Rebate and Production Finance se can only be claimed under one program or the other but |
| Please note below the amount of application). | eligible PDV spend in NSW (as noted in your PDV Rebate |
| Please do not include this amoun (QNSWPE)', to ensure the PDV NS | It in the 'Qualifying NSW Production Expenditure SW spend is not claimed twice. |
| Amount of eligible PDV spend in NSW * | \$ Must be a dollar amount. Please note below the amount of eligible PDV spend in NSW (as noted in your PDV Rebate application). |
| NSW PDV Rebate * | \$ Must be a dollar amount. If you are not applying for the NSW PDV Rebate, please input 0. |

Must be a dollar amount and no more than 850000.

| \$ Must be a dollar amount. If the project has not received any Screen NSW Development funding, please input 0. |
|---|
| \$ Must be a dollar amount. For example, Slate Development. If you have recieved Regional Filming Funds under a seperate application for this project, please include here. |
| This number/amount is calculated. |
| ו |
| ance Plan Template. |
| SW Finance Plan here * |
| |
| budget that includes a QNSWPE column and if you RFF, you must include a column for each. * |
| any) |
| oted in the Finance Plan above on the financing of |
| |
| |
| tted previous Screen NSW funding, please provide ontractual obligations here |
| |
| |

Representation, Diversity and Content Warning

* indicates a required field

| Representation |
|--|
| Please outline how any under-represented, or Screen NSW priority groups, will be authentically represented as part of the production, be it on screen and/or behind the camera. * |
| |
| Content Warning Information |
| Does your project contain potentially disturbing or upsetting content that would require a content warning for staff and assessors? O Yes O No O Unsure Examples of sensitive content include sexual assault, self-harm, violence. If you are unsure, please contact investment@screen.nsw.gov.au. |
| Briefly explain the nature of the content. * |
| |
| Consideration of Diversity |
| Projects must reflect diversity in the creative team, relevant to the content genre, format, platform, storylines, characters, and target audience. |
| How does your project address meaningful on screen representation of diversity in terms of protagonists, themes and narrative? * |
| |
| Must be no more than 350 words. |
| How does your project advance diversity in its project leadership and key creatives? * |
| |
| Must be no more than 350 words. |
| First Nations Contont |

First Nations Content

Representation

First Nations content can mean that your project:

- Is based on or includes First Nations stories
- Has First Nations characters
- Features representations of First Nations culture.

Please refer to <u>Screen Australia's Pathways & Protocols: a filmmaker's guide to working with Indigenous people, culture and concepts.</u>

| Does the project cover First Nations con ○ Yes | tent? * O No | |
|---|----------------------------|----------------------------|
| | | |
| Does the project have a First Nations co ○ Yes | nsultant? * O No | |
| Does the project have a First Nations Ke | y Creatives (produce | r, director or writer)? |
| ○ Yes | ○ No | |
| Please provide the names of the First Naparticipation in the project. * | ations key creatives a | nd their level of |
| | | |
| | | |
| If no, please provide a detailed explana Nations key creatives. * | cion as to why you hav | ve not engaged First |
| | | |
| | | |
| Please provide details of the collaborati the names of communities and advisors be asked to provide agreements relating permissions etc. * | attached to the proje | ect. You may |
| permissions etc. | | |
| | | |
| If this project is based on or about a par communities an/or person, please uploa providing support and permission for you Attach a file: | d relevant documenta | ation from that |
| This is the "written confirmation of the willingness | of subject(s) and the comm | munitul referred to in the |
| This is the "written confirmation of the willingness program guidelines. | or subject(s) and the comm | numity referred to in the |
| Please upload any First Nations consulta Attach a file: | ants' CVs * | |
| | | |

| Nations consultants. * | explanation as to why yo | u nave not engageu i nst |
|--|--------------------------------|--|
| | | |
| NSW Contribution | | |
| | | |
| * indicates a required field | | |
| Production | | |
| Is 100% of Production in N ○ Yes | ISW? * ○ No | |
| Indicate what percentage of production is in NSW * | Must be a number. | |
| Estimated total NSW payroll * | \$ Must be a dollar amount. | |
| Estimated NSW payroll tax related to the project * | \$ Must be a dollar amount. | |
| Post Production | | |
| Is 100% of Post Production ○ Yes | n (from picture edit to de | elivery) in NSW? |
| Indicate what percentage of post is in NSW * | Must be a number. | |
| Cast and Crew | | |
| Total Cast * | Total Crew * | Total Above the Line Key Creatives * |
| Must be a number. | Must be a number. | Must be a number. |
| Must be a Hulliber. | must be a fluffibel. | Must be a Hullibel. |
| Estimated NSW cast * | Estimated NSW crew * | Estimated NSW Above the Line Key Creatives * |
| Must be a number. | Must be a number. | Must be a number. |
| Estimated non-NSW cast * | Estimated non-NSW crew * | Total Below the Line Key Creatives * |

| Must be a number. | Must be a number. | Must be a number. |
|---|--|--|
| Total Extras * | Estimated NSW post-production crew * | Estimated NSW Below the Line Key Creatives |
| Must be a number. | Must be a number. | Must be a number. |
| Will this include cast or crew under the of 15? * | age Estimated non-NSW post-production crew | * |
| | Must be a number. | |

Shooting Locations

Please identify the suburb/city/town(s) that you intend to shoot your project in & intended number of shooting days in each location.

| Address | State Electorate | Local Government Area | Region | Intended Number of Shoot Days |
|--|---|---|--------|-------------------------------------|
| 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. |
| | | | | |
| | | | | |
| | | | | |

Post Production Locations

| Post Production Company Name | Address | State Electorate | Local Government Area | Region | Intended Number of Days |
|---------------------------------------|--|---|---|--------|-------------------------------|
| | 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. |
| | | | | | |

NSW Activity Breakdown

Please indicate the % of activity that is directed towards the following regions. Only enter whole numbers with no % symbol. Enter 0 (zero) for any that are not applicable. The total must equal 100.

| % Activity in NSW * | % Activity Outside NS | W * Total 9 | % - must equal 100 |
|---|--|-------------------------------------|---|
| | | | |
| Must be a number. | lust be a number. Must be a number. This n | | |
| | | Calcu | nateu. |
| Region Activity B | reakdown | | |
| Places indicate the % | of activity that is directe | ad towards the follow | ving regions. Only ontor |
| | no % symbol. Enter | | ving regions. Only enter at are not applicable. |
| % Activity in Sydney * | % Activity in Western Sydney * | % Activity in Regional NSW * | Total % - must equal 100 |
| | | | |
| | Must be a number and no more than 100. | Must be a number and more than 100. | d noThis number/amount is calculated. |
| | | | |
| Doos your project in | volve shooting or po | st in a Wastarn Sy | dnov location or |
| | ydney based key crea | | diley location of |
| ○ Yes | | ○ No | |
| Western Sydney - pl | ease expand on the | details | |
| | | | |
| Doos your project in | volvo shooting or no | st in a regional NS | W location or involve |
| regionally based key | | st ili a regional No | W location or involve |
| ○ Yes | | ○ No | |
| Regional NSW - plea | se expand on the de | tails | |
| | | | |
| C. II. and D. and C. | | | |
| Cultural Benefit | | | |
| | the project generate tent and/or authorsh | | s in terms of NSW |
| | | | |
| Word count: | 0 | | |
| Must be no more than 30 For example, historic imp | | | |

Opportunities for Above and Below the Line skills development for NSW practitioners

Please outline opportunities the production will provide for Above and Below the Line skills development. *

| Word count: Must be no more than 350 words. | | |
|---|--------------------|--------------------|
| Will the production particip | | r on any training |
| programs? * | | No |
| O les | O | NO |
| Please provide details of th | ne training or ed | lucational prograi |
| | | |
| Word count: Must be no more than 350 words. | | |
| | | |
| Number of NSW practitions | ers who will be t | rained through th |
| Must be a number. | | |
| | | |
| Legals | | |
| * indicates a required field | | |
| Copyright and Chain of | Title | |
| Legal Statement | | |
| Screen NSW requires full Chair right to make the film. Screen provide evidence of rights in the | NSW will not cons | |
| Audits and market reports from | | |
| request. All information will be | treated in the str | ictest confidence. |
| | | |
| Is this project based on | ○ Yes | O N |
| any underlying work? * | | |
| Does the applicant hold the rights? * | ○ Yes | O N |
| - | | |
| Title of the underlying | | |
| work * | | |
| Author of underlying work * | | |

| Type of underlying work * | |
|---------------------------|-----------------------|
| | i.e. book, short film |

Chain of Title

If you have acquired the underlying rights to this project via an option please note Screen NSW generally requires that the initial option period of 18 months and an option to extend for at least a further 12 months.

| Type of agreement | Date the agreement was signed | Your rights | Document upload |
|---|---|---|--------------------|
| e.g. option agreement, writer's agreement, etc. | e.g. 1 Jan 2024. If the agreement is unsigned please type "not yet signed". | e.g. length of option, extension period, etc. | |
| | | | |

Co-Production

You share rights in the project with someone else under the following arrangements (e.g., co-production agreement; co-writers agreement):

| Type of agreement | Date the agreement was signed | | Your rights | Document upload |
|---|---|--|---|--------------------|
| e.g. option agreement, writer's agreement, etc. | e.g. 1 Jan 2024. If the agreement is unsigned please type "not yet signed". | e.g. Between applicant company or individual (Nguyen Pty Ltd) and name of writer/publisher, etc. | e.g. length of option, extension period, etc. | |
| | | | | |

Applicant's Solicitor

| Solicitor Name * | | |
|------------------|--|---|
| Solicitor ABN | | |
| | The ABN provided will be used to look up the for information. Click Lookup above to check that yentered 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. | |
| Solicitor Address | Address | |
| | | |
| | | |
| | | |
| Solicitor Phone Number | | |
| | | |
| Solicitor Email | | |
| | | |
| Applicant's Accountant | | |
| | | |
| Accountant Name * | | |
| Accountant Name | | |
| Accountant ABN | | |
| Accountant Abit | The ADN provided will be used to | lactions the fallenting |
| | The ABN provided will be used to information. Click Lookup above | |
| | entered the ABN correctly. | • |
| | Information from the Australian Busi | iness 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. | |

| Accountant Address | Address | |
|----------------------------|---|---------------------|
| | | |
| | | |
| | | |
| Accountant Phone Number | | |
| Accountant Email | | |
| Applicant's Auditor | | |
| Auditor Name | | |
| | | |
| Auditor ABN | | |
| | The ABN provided will be used to lo | |
| | information. Click Lookup above to entered the ABN correctly. | check that you have |
| | Information from the Australian Busine | ss Register |
| | ABN | |
| | Entity name | |
| | ABN status | |
| | Entity type | |
| | Goods & Services Tax (GST) | |
| | DGR Endorsed | |
| | , , | ore information |
| | ACNC Registration | |
| | Tax Concessions | |
| | Main business location | |
| | Must be an ABN. | |
| Auditor Address | Address | |
| | | |
| | | |
| a l'e mi | | |
| Auditor Phone Number | | |
| Auditor Email | | |

COVID-19 Compliance

* indicates a required field

| | In (| current | circumstances, | productions | must be | COVID-19 | complian |
|--|------|---------|----------------|-------------|---------|----------|----------|
|--|------|---------|----------------|-------------|---------|----------|----------|

| Please provide a preliminary COVID-19 | compliance plan * |
|---------------------------------------|-------------------|
| Attach a file: | |
| | |
| | |
| | |

COVID-19 Resources

Please see additional COVID-19 resources:

Australian Screen Production Industry COVID-Safe Guidelines

Supporting Documentation

* indicates a required field

Story Materials

| Please upload your one page synopsis * |
|--|
| Attach a file: |
| |
| Project Name-Document Title-YYYY-MM-DD |

Please provide at least:

• Features: Script

• TV: At least 2 scripts and the outline or series bible

• Factual One-offs & Series: Full treatment or script

• Interactive/Online: Key Material

Please note there is a maximum file upload size of 25MB. If your file exceeds this, please provide via a link in the AV material section below.

| Document title Attachment | | |
|---------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | Project Name-Document Title-YYYY-MM-DD | |

Producer's Statement

Please upload your Producer's Statement.

This should detail their vision for the project, including its connection with its intended audience.

| Document name | Attachment |
|---------------|------------|
| | |

Creative Statement(s)

Please upload the project's creative statement(s).

This should be from the project's key creative team detailing their creative vision for the project.

| Document name | Attachment |
|---------------|------------|
| | |

Legal

Please provide the certificate of incorporation of the applicant company.

| Document name Attachment | |
|--------------------------|--|
| | |
| | Project Name-Document Title-YYYY-MM-DD |

Completion Guarantor

Please upload the Letter of Interest from Completion Guarantor or letter from applicant requesting waiver of the requirement for a Completion Guarantor.

| Document name | Attachment |
|---------------|--|
| | |
| | Project Name-Document Title-YYYY-MM-DD |

Finance

Please provide the following here:

- Sales projections
- All documents/contracts evidencing different sources of finance as per finance plan (if not already provided on the 'Budget and Finance Plan' page)
- Any additional deal memos, agreements and draft agreements in relation to marketing, distribution, licence agreements and presales for all amounts contributing to the finance plan
- Terms of cashflow providers and/or accountants letter verifying solvency of company to cover cashflow in Finance Plan

| Document name | Attachment |
|---------------|------------|
| | |
| | |

| | | ĺ | | | |
|--|--|---------------------------|----------------------|--------------|---------------------|
| Project Name-Docu | ment Title-YYYY-MM-[| DD D | | | |
| Co-Production | n Budget | | | | |
| Co-Production NSW Spend \$ Must be a dollar am | | \$ | uction Australian Sp | | |
| Please upload the NSW Bu | udget with QNSWPE * | Please Attach a | ıpload the Australia | n Budget wit | :h QAPE * |
| Attach a me. | | Attach | me. | | |
| Offset Project | :S | | | | |
| Does the project ○ Not eligible | ct have Provisiona | | icate? * plied for | 0 0 | Certified |
| Producer Off | e following docume fset provisional cert set certificate (if iss | ification applic | ation | | |
| Document name | e | Atta | hment | | |
| | | | | | |
| Cost Report (| for Post Produc | tion Only a _l | plications |) | |
| Please upload you | ur current cost repo | ort. | | | |
| Document Nam | e | Atta | hment | | |
| Please provide a | Production Onl | it of your proje | | material : | section below (at a |
| AV Material | | | | | |
| Additional materi | al unable to be uplo | oaded above ca | n be provided | l here via | a link. |
| AV Material Name | Please provide | Does the link | | | ePassword expiry |
| | Must be a URI | require a password? | passwor (if any) | d here | date (if any) |

| - | | |
|--------------|-------------|--|
| | | |
| | | |

NSW Data Collection

* indicates a required field

Government Reporting

The below section is now mandatory across NSW Government funding applications.

Advice on how to fill out the NSW Government required section below:

- Title: Your project title
- Brief description: This can be a copy of your one-line synopsis or similar.
- Anticipated start date: Shoot start
- Anticipated end date: Shoot end
- Primary location of your initiative: A location where a significant portion of your production is being shot, or otherwise your production office or similar.

| 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.

NSW Employment Data Collection

We ask the following questions to help us report on the overall funding requested and provided to the sector. This information is not used to assess your application.

Key terms:

- **Regional NSW** is defined as all areas in NSW outside the Sydney Metro area (excluding the ACT).
- **Western Sydney** is defined as the fourteen Local Government Areas: Auburn, Bankstown, Blacktown, Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Holroyd, Liverpool, Parramatta, Penrith, The Hills and Wollondilly.
- Young people is a term generally recognised as 18-25 year olds.

| Estimate how many | NSW jobs your projec | t will create? * |
|--|----------------------|---|
| Must be a number. How many jobs will this | create in NSW? | |
| Will the project pro Sydney? * | vide employment oppo | ortunities for people living in Western |
| ○ Yes | ○ No | Unknown |

How many jobs does the project intend to create for people living in Western Sydney? $\mbox{\ensuremath{^{\ast}}}$

| Must be a number. | | |
|---|-----------------------------|---|
| Will the project prov | vide employment oppor | tunities for people living in Regional |
| ○ Yes | ○ No | Unknown |
| How many jobs does NSW? * | s the project intend to o | create for people living in Regional |
| Must be a number. | | |
| Will the project prov backgrounds? * | vide employment oppor | tunities for people from First Nations |
| ○ Yes | ○ No | Unknown |
| How many jobs does backgrounds? * | s the project intend to o | create for people from First Nations |
| Must be a number. Estimate the number of j | jobs. | |
| Will the project provinguistically diverse | | tunities for people from culturally and |
| ○ Yes | ○ No | Unknown |
| How many jobs does linguistically divers | | create for people from culturally and |
| Must be a number. | | |
| Will the project providisabilities? * | vide employment oppor | tunities for people living with |
| ○ Yes | ○ No | Unknown |
| How many jobs does disabilities? * | s the project intend to o | create for people living with |
| Must be a number. | | |
| Will the project prov ○ Yes | vide employment oppor No | tunities for women? * O Unknown |
| How many jobs does | s the project intend to o | create for women? * |
| Must be a number. | | |
| Will the project prov ∩ Yes | vide employment oppor | tunities for LGBTQIA+ people? * |

| How many jobs does | the project intend to c | create for LGBTQIA+ people? * |
|-----------------------|-------------------------|-------------------------------|
| Must be a number. | | |
| Will the project prov | ide employment oppor | tunities for young people? * |
| ○ Yes | ○ No | Unknown |
| How many jobs does | the project intend to o | create for young people? * |
| | | |
| Must be a number. | | |

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 Screen NSW Terms of Trade, 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-inconfidence' 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 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 | |
| | Must be a senior staff member, board member or appropriately authorised volunteer | | | |
| Position * | Position he | eld in applicant organ | nisation (e.g. CEO T | reasurer) |
| D I 1 4 | 1 osicion ne | na in applicant organ | iisacion (e.g. c.o, i | reasurery |
| Phone number * | We may co | Australian phone no entact you to verify t licant organisation | | is authorised |
| Email * | Must be an | omail address | | |
| | MUST DE al | ı email address. | | |