Sector Impact Program 26/27 - Stage 1 Application - EOI Submission

Form Preview

Sector Impact Program - Stage 1 Application - EOI Submission

* indicates a required field

Instructions for Applicants

All potential applicants to Screen NSW's Sector Impact Program must submit an Express of Interest (EOI) outlining their proposed activity, the amount of funding sought, and how the activity meets the objectives of the program.

If Screen NSW approves a potential applicant's EOI, they will then be invited to submit a formal application to the program.

For question about the EOI process or program please contact industry@screen.nsw.gov.au.

Application Number

This field is read only.

Program Details

The Sector Impact Program is an invitation-only funding program for institutions, organisations, and businesses that demonstrate industry leadership, strong engagement, and significant impact within the NSW screen and digital games sectors.

Screen NSW will invite organisations with a proven track record of delivering innovative, high-quality, and sustainable industry activities to apply.

Eligible activities include conferences, labs, and other initiatives that support ongoing industry development and strengthen the screen and digital games ecosystem.

This program is funded and administered by Screen NSW, a division within the Department of Creative Industries, Tourism, Hospitality and Sport (the Department).

Grant Program Name

This field is read only.
The program this submission is in.

Eligibility Confirmation

Prior to submitting an Expression of Interest, all potential applicants must first meet with Screen NSW to confirm their eligibility for the program.

I have confirmed my eligibility for the program with Screen NSW: *

☐ Yes

Applicant Details

* indicates a required field

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Applicant Details

Applicant *

○ Individual ○ Organisation

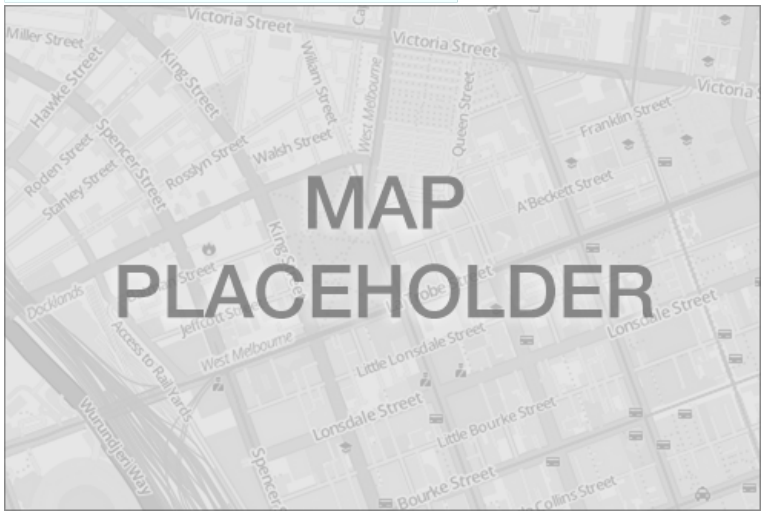
Organisation Name

Title | First Name | Last 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.

Primary Contact Details

Primary Contact *

Title | First Name | Last Name

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

Primary Contact Position *

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

Primary Contact Phone Number *

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

Primary Contact Other Phone Number

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

Primary Contact Email *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Auspice Organisation Information

Are you applying under the auspice of another organisation? *

○ Yes ○ No

If you are applying under the auspice of another organisation:

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

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.

Does the applicant 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.

EOI Details

* indicates a required field

Title *

Word count:
Must be no more than 25 words.
Provide a name for your proposal. Your title should be short but descriptive.

Brief description *

Word count:
Must be no more than 50 words.
Please provide a top line summary of your event, including who will benefit, what activities are planned, and any expected outcomes.

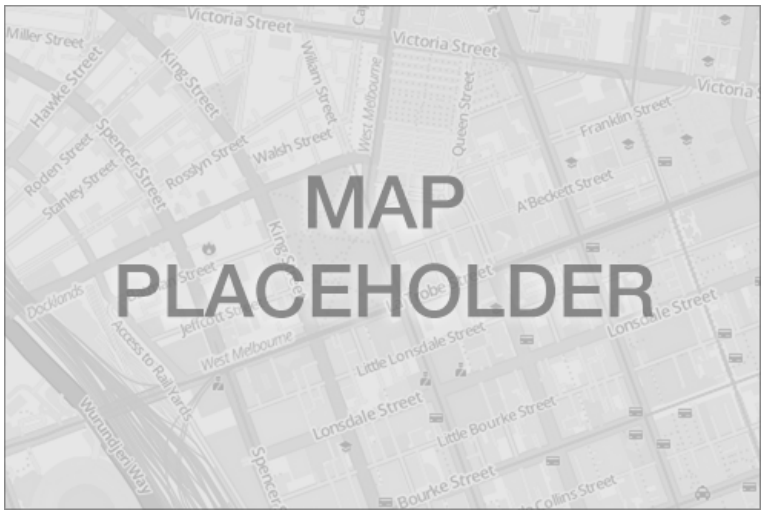
Anticipated start date *

What is the intended start date of the project? As estimate is satisfactory.

Anticipated end date *

What is the intended end date of the project? As estimate is satisfactory.

Primary location of your initiative
Address



Primary location does not need to be a specific address, and can be postcode, suburb, state (NSW), etc. If delivered online, please specify the area of focus for delivery.

Single Year or Multi-Year Funding

Are you applying for Single or Multi-Year funding? *

○ Single Year ○ Multi-Year

Please check the Program Guidelines for Multi-Year funding eligibility.

About the Activity

Please select the option which best describes the activity. *

☐ Conference ☐ Research ☐ Summit ☐ Creative lab
☐ Film Festival ☐ Screening Event ☐ Market / pitching event ☐ Training program
☐ Industry Workshop or Seminar ☐ Symposium ☐ Workshop or masterclass (single event) ☐ Other:

Which of the following Sector Impact Program objectives does the activity align with?

☐ Supports significant engagement activities for NSW screen and digital games practitioners
☐ Builds capacity within the NSW screen and digital games industries
☐ Supports professional development and networking opportunities for NSW practitioners
☐ Creates sustainable relationship building opportunities, particularly between organisations of state significance and industry businesses and practitioners
☐ Promotes meaningful collaboration across the NSW screen and digital games sectors
☐ Increases industry participation for practitioners from the NSW Government key priority areas.

Select all that apply.

Briefly outline how the activity aligns with the program objectives selected above. *

Support Material (Optional)

If you have any documentation to support your EOI, please attach below.

Upload support material here:
Attach a file:

Budget

* indicates a required field

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.

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this form has been submitted by an authorised representative of the Applicant.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this form does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this form at its discretion;
- it must bear the costs of preparing and submitting this form and the Department does not accept any liability for such costs, whether or not this form is ultimately accepted or rejected; and
- 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:

- the Department will use reasonable endeavours to ensure that any information received in or in respect of this form which is clearly marked ‘Commercial-in-confidence’ or ‘Confidential’ is treated as confidential, however, such documents will remain subject to the *Government Information (Public Access) Act 2009* (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this 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 form 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 form 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.

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 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.

GMS-SGA/2025 v2.0