

# Strategic Opportunities Application 20/21

## Form Preview

### Overview & Eligibility

\* indicates a required field

#### Before You Begin

Welcome to the **Screen NSW** online grant application service, powered by SmartyGrants.

You may begin anywhere in this application form. Please ensure you save as you go.

For queries about the guidelines, deadlines, or questions in the form, please contact us on (02) **82896417** during business hours or email [enquiries@screen.nsw.gov.au](mailto:enquiries@screen.nsw.gov.au).

Click [here](#) to view the guidelines.

#### Acknowledgment of Country

We acknowledge the Aboriginal people of what is now called New South Wales and value their ongoing connections to country, community and culture that have existed across millennia.

We celebrate through these connections, Aboriginal cultural strength, resilience and contemporary creativity.

We respect the role that Aboriginal creatives play in contribution to a deeper sense of identity and place through sharing knowledge, skills and stories and the important role that Aboriginal Elders are in guiding this process.

#### Overview

The Strategic Opportunities Program supports individual initiatives and events that demonstrate long-term benefits to the NSW screen industry.

Before completing this application form, please ensure you are familiar with the [Guidelines](#) and have discussed your application with Screen NSW prior to submitting,

##### **Overview:**

Applications will be considered on a rolling basis at any time during the year, subject to available funds.

The objectives of the Program are:

- to build capacity within the industry and organisations and businesses within the sector;
- to support new and sustainable partnerships in particular between organisations of State significance and practitioners;
- to support audience access strategies for projects and practitioners.

Applications will be assessed against the following criteria:

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- the project/event is well planned and of high artistic quality and it has capacity to contribute to the overall stability and strength of the NSW screen industry;
  - the plans for the use of the funding and the amount of other funding;
  - track record of the applicant and partners;
  - the availability of funds.

Events and programs that support high-quality activity, engagement and participation with these **Priority Areas** are of particular importance:

- people living and/or working in regional NSW
- people living and/or working in Western Sydney
- Aboriginal people
- people from culturally and linguistically diverse (CaLD) backgrounds
- people with disability
- young people.

### COVID-19 UPDATE

In this current environment, Screen NSW is conscious that applicants may be concerned that they will not be able to deliver on the outcomes they have outlined in their funding application. Screen NSW would like to assure applicants that there will be flexibility around delivery dates and outcomes where projects have been affected by the spread of COVID-19. Screen NSW have processes in place that enable funded clients to vary their agreements.

If you require further information please call Amelia Creaw-Reid (02) 8289 6417 or email [enquiries@screen.nsw.gov.au](mailto:enquiries@screen.nsw.gov.au)

## Eligibility

Funding for the Industry Development Program is generally open to:

- Not for profit incorporated bodies
- Co-operatives or trusts, local government authorities
- “For profit” organisations may be able to apply for a project. Applications will need to be discussed with Screen NSW prior to making an application.

To be eligible for funding, organisations must be legally constituted. Applicants need to provide proof of their legal status.

A consortium or a group of organisations working collaboratively may make applications.

In this case, one eligible organisation must be nominated as the lead organisation. The Funding Agreement will be between Screen NSW and the lead organisation.

Applications may be considered from non-NSW based organisations where the applicant can demonstrate that the project occurs in NSW or has significant benefit for NSW residents.

### Completing the application

Remember to save the form on a regular basis

## Privacy Notice

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Screen NSW is subject to the privacy and **Personal Information Protection Act 1998** in managing your personal information.

Screen NSW is committed to gender equity and diversity. The collection of this data aims to provide a greater understanding of the NSW Screen sector and support future Screen NSW diversity initiatives. This method of collection is in accordance with the Australian Government Guidelines on the Recognition of Sex and Gender and NSW Privacy Laws. For the full Create NSW Privacy Notice please go [here](#).

**Confirm you have read the Guidelines for eligibility requirements \***

☐ Yes

## Application Details

\* indicates a required field

### Applicant Details

The organisation contact details.

**Organisation Name \***

Organisation Name

**Applicant 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.

**Primary Address \***

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Postal Address \*

Address


Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Primary Phone Number \*

--

Must be an Australian phone number.

### Primary Email \*

--

Must be an email address.

### Primary Website

--

Must be a URL.

### Applicant NSW based \*

- ☐ Yes  
☐ No

## Key Applicant Details

Details of Key Applicant for Project

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### Key Applicant \*

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

### Key Applicant Position \*

### Key Applicant Primary Address \*

Address

  

### Key Applicant Primary Phone Number \*

Must be an Australian phone number.

### Key Applicant Primary Email \*

Must be an email address.

### Key Applicant Postal Address \*

Address

  

### Key Applicant Gender \*

- |                                  |                                    |  |
|----------------------------------|------------------------------------|--|
| <input type="radio"/> Male       | <input type="radio"/> Gender Queer | <input type="radio"/> Cisgender            |
| <input type="radio"/> Female     | <input type="radio"/> Transgender  | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Non-Binary | <input type="radio"/> Intersex     | <input type="radio"/> Other                |

## 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

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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.

### 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.

## Project Merit

\* indicates a required field

### Financial Request

#### Total Amount Requested \*

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

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**Project Title \***

**Short project description \***

Provide a short description (100 words recommended) of your project - what are you out to do?

**Please select the option which best describes your project. \***

☐ Conference

☐ Industry Workshop or Seminar

☐ Other:

☐ Film Festival

☐ Screening Event

**What is the intended start date of the project? \***

Must be a date.

As estimate is satisfactory.

**What is the intended end date of the project? \***

Must be a date.

An estimate is satisfactory.

**Describe your project including its rationale and any partnership arrangements. \***

Word count:

**What is the demonstrated demand for your project and how will your project meet the objectives of the program? \***

**Has this project or organisation previously received funding from Screen NSW? \***

**If YES, has the project been acquitted and final payments made? \***

Create NSW will not enter into an agreement until all previous grants with Create NSW or Screen NSW have been acquitted.

**Will your project enhance the meaningful inclusion of the following under represented groups, through the creation of content or delivery of an initiative or event? Only tick boxes that are relevant to your event. Engagement with all**

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**priority areas is not compulsory and applicants should note that submissions are more competitive if claims of engagement are genuine and substantiated. \***

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Women   | <input type="checkbox"/> People with a disability   | <input type="checkbox"/> Resident of regional NSW |
| <input type="checkbox"/> Aboriginal and Torres Strait Islander peoples | <input type="checkbox"/> LGBTQI people              | <input type="checkbox"/> Young people             |
| <input type="checkbox"/> People from CaLD backgrounds                  | <input type="checkbox"/> Resident of western Sydney | <input type="checkbox"/> N/A                      |

### Engagement and participation

**Describe how the activities meaningfully engage with women: \***

### Engagement and participation

**Describe how the activities meaningfully engage with Aboriginal and Torres Strait Islander peoples: \***

### Engagement and participation

**Describe how the activities meaningfully engage with people from CaLD backgrounds: \***

### Engagement and participation

**Describe how the activities meaningfully engage with people with disability: \***

### Engagement and participation

**Describe how the activities meaningfully engage with LGBTQI people: \***

### Engagement and participation

**Describe how the activities meaningfully engage with residents of Western Sydney: \***



## Engagement and participation

**Describe how the activities meaningfully engage with residents of regional NSW:** \*

## Engagement and participation

**Describe how the activities meaningfully engage with young people:** \*

## Indigenous Content

**Does your project cover Indigenous related themes or material?** \*

☐ Yes ☐ No ☐ Not Applicable

**Does your project have an Indigenous consultant?**

☐ Yes ☐ No

**Does your project have an Indigenous producer, director or writer?**

☐ Yes ☐ No

**Will the project provide employment opportunities for people from Indigenous backgrounds?**

☐ Yes ☐ No ☐ Not Applicable

**Please upload the Indigenous Terms of Reference (ITR) or the Indigenous recommendation letter.** \*

Attach a file:

Attach a file:

Attach a file:

## Project Location

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\* indicates a required field

Screen NSW is required to report on the geographical reach of the projects we fund. To support this reporting, we will need a snapshot of your intended project locations. We understand that sometimes, locations change, so we are asking you to respond based on where you intend to deliver your project at this stage. This means, event locations, screening locations, workshop venues etc.

**Please identify a town or suburb that you intend to deliver your project in, the expected number of venues, the name of the venues and the expected number of attendees:**

### Project Location 1

**The Name of the Town/Suburb \***

**Name the Region \***

**Expected number of venues \***

Must be a number.

**Expected number of attendees \***

Must be a number.

### Project Location 2

**The Name of the Town/Suburb**

**Name the Region**

**Expected number of venues**

Must be a number.

**Expected number of attendees**

Must be a number.

### Project Location 3

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**The Name of the Town/Suburb**

**Name the Region**

**Expected number of venues**

Must be a number.

**Expected number of attendees**

Must be a number.

Project Location 4

**The Name of the Town/Suburb**

**Name the Region**

**Expected number of venues**

Must be a number.

**Expected number of attendees**

Must be a number.

Project Location 5

**The Name of the Town/Suburb**

**Name the Region**

**Expected number of venues**

Must be a number.

**Expected number of attendees**

Must be a number.

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**If you have additional locations, please note them in the fields below. If you have more venues to include, please include in the text box.**

<b>Venue1</b>	<b>Address 1</b> Address	<b>Number of attendees 1</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Must be a number.
<b>Venue 2</b>	<b>Address 2</b> Address	<b>Number of attendees 2</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Must be a number.
<b>Venue3</b>	<b>Address 3</b> Address	<b>Number of attendees 3</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Must be a number.

**Please list additional locations here**

Total Venues

**Please provide the total number of expected venues \***

Must be a number.

## Industry Development and Participation

**\* indicates a required field**

### Specific Project Employment Outcomes

These responses are your intended or estimate employment outcomes only.

**Estimate how many NSW full time/part time jobs your project will create? \***

Job numbers should not include volunteers.

**Estimate how many NSW volunteer positions your project will create? \***

Must be a number.

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**Describe how this project will benefit NSW economically \***

**Describe how this project will benefit the NSW screen industry \***

## Budget

\* indicates a required field

### Instructions

Complete the budget tables below, adding \$0 (zero) to any fields that are not applicable. Include the **entire budget** for the activity, not just how Screen NSW funding will be spent.

- If the applicant **is** GST registered - exclude GST
- If the applicant **is not** GST registered - include GST

Remember to include the amount requested in this grant in the Income - Government Grants section below.

Use the **Explanatory Notes** text boxes to detail your items.

**Amount Requested for Single Year \***

Must be a dollar amount.

**Total Project Cost \***

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

## INCOME

### GOVERNMENT FUNDING

List all grants from Screen NSW, Screen Australia, Local Council and other government agencies.

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You **MUST** include the amount requested in this grant against the '**Screen NSW funding (this grant)**'. This amount must match the amount shown above.

### Screen NSW Funding \*

\$

Must be a dollar amount.

### Other Government Funding \*

\$

Must be a dollar amount.

### Explanatory Notes / Breakdown of Other Government Funding \*

### EARNED INCOME

Earned income relates to income from box office, registration fees, attendance fees, performance and exhibition fees, retail, interest and investment etc.

### Registration / attendance fees, etc \*

\$

Must be a dollar amount.

### Other Earned Income \*

\$

Must be a dollar amount.

### Explanatory Notes / Breakdown of Earned Income \*

### COMMERCIAL SPONSORSHIP & PHILANTHROPIC

List all income from donations, foundations, fundraising and include both cash and in kind sponsorship.

In the explanatory notes, please indicate the anticipated amount and whether support will be cash or in-kind.

### Total Cash \*

\$

Must be a dollar amount.

### Total In-Kind \*

\$

Must be a dollar amount.

### Explanatory Notes / Breakdown of Sponsorship & Philanthropic Cash and In Kind \*

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### OTHER INCOME

Input any other Income items here and add details in the Explanation text box.

#### Other Income \*

Must be a dollar amount.

#### Explanatory Notes / Breakdown of Other Income \*

### EXPENDITURE

#### PROJECT COSTS

##### Venue/Equipment Hire \*

Must be a dollar amount.

##### Content Costs (eg: speakers' fees) \*

Must be a dollar amount.

##### Travel Costs \*

Must be a dollar amount.

##### Other Costs \*

Must be a dollar amount.

#### Explanatory Notes / Breakdown of Project Costs \*

#### ADMINISTRATION / OVERHEADS

##### Wages, Salaries inc. On costs \*

Must be a dollar amount.

##### Admin expenses inc office rent, public liability, phone, supplies \*

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\$   
Must be a dollar amount.

### Other \*

\$   
Must be a dollar amount.

### Explanatory Notes / Breakdown of Administration / Overheads \*

## MARKETING EXPENDITURE

Please set out the details of your marketing expenditure.

### Marketing Collateral (brochures, postcards) \*

\$   
Must be a dollar amount.

### Advertising (print) \*

\$   
Must be a dollar amount.

### Online \*

\$   
Must be a dollar amount.

### Media / PR \*

\$   
Must be a dollar amount.

### Other Marketing Costs \*

\$   
Must be a dollar amount.

### Explanatory Notes / Breakdown of Marketing Expenditure

## Budget Summary

All fields below are calculated and are there to provide a summary for applicants and assessors.

Any changes required to your income or expenditure should be made on the Budget - Income or Budget - Expenditure section.

After reviewing the total below, explain any complex items in the budget or a surplus/deficit result.



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### INCOME

#### TOTAL INCOME - GOVERNMENT FUNDING \*

\$

This number/amount is calculated.

#### TOTAL INCOME - EARNED INCOME \*

\$

This number/amount is calculated.

#### TOTAL INCOME - COMMERCIAL SPONSORSHIP & PHILANTHROPIC \*

\$

This number/amount is calculated.

#### TOTAL INCOME - OTHER \*

\$

This number/amount is calculated.

#### TOTAL INCOME/Current year \*

\$

This number/amount is calculated.

### EXPENDITURE

#### TOTAL EXPENDITURE - PROJECT COSTS \*

\$

This number/amount is calculated.

#### TOTAL EXPENDITURE - ADMINISTRATION / OVERHEADS \*

\$

This number/amount is calculated.

#### TOTAL EXPENDITURE - MARKETING EXPENDITURE \*

\$

This number/amount is calculated.

#### TOTAL EXPENDITURE/Current year \*

\$

This number/amount is calculated.

### Net Surplus (profit) or deficit (loss)

\$

This number/amount is calculated.

### Provide other explanatory notes

Word count:

Must be no more than 200 words.

### EXPENDITURE BREAKDOWN

#### Total expenditure in NSW \*

\$

Must be a dollar amount.

#### Please estimate the spend related to the project that will be made in Metro Sydney \*

\$

Must be a dollar amount.

A 'zero' is a suitable response if this does not apply to your project.

#### Please estimate the spend related to the project that will be made in Regional NSW \*

\$

Must be a dollar amount.

A 'zero' is a suitable response if this does not apply to your project.

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**Please estimate the spend related to the project that will be made in Western Sydney \***

\$

Must be a dollar amount.

A 'zero' is a suitable response if this does not apply to your project.

## Funding & Sponsorship Confirmations

### Sponsorship / Philanthropy

What commercial sponsorship and/or philanthropy is either confirmed or is being negotiated? Please indicate the status of negotiations, the anticipated amount and whether support will be cash or in-kind.

Sponsor Name	Amount	Type of sponsorship	Confirmed?	If not confirmed, by when?
	Must be a dollar amount.			Must be a date.
	\$			

### Other Government Funding

Please list what other government (Local, State and Federal) sources of funding that are confirmed or are in the process of negotiation? Please indicate the status of negotiations, the anticipated amount and whether support will be cash or in-kind.

Agency Name	Amount	Type of sponsorship	Confirmed?	If not confirmed, by when?
	Must be a dollar amount.			Must be a date.
	\$			

## Milestones & Evaluation

\* indicates a required field

### Key Milestones

Please set out the key milestones that you aim for your project to achieve.

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### Key Activities \*

Word count:  
Must be no more than 200 words.

### Key Deliverables and Milestones (including dates, when will these be achieved?) \*

Word count:  
Must be no more than 200 words.

### Target Audience (who and how many?) \*

Word count:  
Must be no more than 200 words.

### Evaluation - KPIs

Please set out the key performance indicators used to measure the project's performance:

**Ways this project will build the capacity of screen practitioners in NSW. Please define the indicators used to measure this commitment and how they are manifested (e.g. goals, targets numerical and non-numerical, project content, project key creatives, project deliverables) \***

Word count:  
Must be no more than 200 words.

**Ways this project will stimulate innovative screen industry practice in NSW. Please define the indicators used to measure this commitment and how they are manifested. \***

Word count:  
Must be no more than 200 words.

**What are the ways this project provides opportunities for participation in screen industry development for one or more of the following Priority Areas: people living and/or working in regional NSW, people living and/or working in Western Sydney, Aboriginal people, people from culturally and linguistically diverse**

**backgrounds, people with disability, young people. Please define the indicators used to measure this commitment and how they are manifested. \***

Word count:

Must be no more than 200 words.

## Marketing

**\* indicates a required field**

### Marketing Plan

Please describe the intended audiences/ participants for your project:

#### **Audience or Participants Plan \***

Word count:

Must be no more than 1000 words

Please outline your communication strategies / channels to reach intended participants/ attendees. Please include any partners that you will work with to support your event including:

- Marketing collateral (brochures, postcards)
- Advertising (print)
- Online (including social media)
- Media/PR
- Cross Promotions (eg. through another event)

#### **Marketing Plan \***

Word count:

Must be no more than 1000 words

## Organisational Capacity

**\* indicates a required field**

### About your organisation

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**Please describe the organisation's core business, aims and objectives \***

Word count:  
Must be at least 200 words.

**Describe your organisation's experience and expertise and how it relates to your project \***

Word count:  
Must be at least 200 words.

Please list the key members of the team producing/managing the project

Name	Role	Short Bio (100 Word) or CV

## Support Material

\* indicates a required field

### Current Project Support Materials

Support material plays a vital role in how we understand and assess your application. Choose high-quality support material that is concise, current and directly relevant to your application

Support material for proposals involving the Aboriginal arts and cultural sector and/or Aboriginal people, organisations and cultural material must include:

- letters of support and confirmation of involvement from the relevant communities and/or organisations (see NSW Aboriginal Arts and Cultural Protocols).

Other support material may include:

- a program of activities
- relevant and recent examples of your artistic work (images, video, recordings, written material or links to websites)
- A brief biography or CV for any screen practitioners or key collaborators involved in the project (maximum one A4 page per person)
- confirmation letters and/or letters of support related to your project (provided as one document), such as from partners, venues, key sector contacts or other funding agencies.

Make sure to submit your support material in the amount and format required, including:

- combined files not exceeding 25MB
- five minutes of video or audio recording

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- no zipped or compressed files
- documents in PDF format where possible
- links for externally hosted work only.

You must submit the following required support material with your application form.

**Letters of Support  
(such as from partners,  
venues, key sector  
contacts or other  
funding agencies.) \***

Attach a file:

**Previous years budget  
actuals**

Attach a file:

**Extra support materials**

Attach a file:

Only if required

## Declaration

\* indicates a required field

Screen NSW staff are not available after 5pm AEST to provide technical support and it is recommended that you submit your application before 5pm on the closing date.

In submitting your application, you acknowledge:

- 1) technical support is only available during business hours (9am – 5pm AEST) Monday – Friday
- 2) that late applications will not be accepted by Screen NSW unless an error with the SmartyGrants platform prevents your application being submitted. Please note, a system error does not include a validation error caused by incorrect information being entered by the applicant. Screen shot of any error messages and a PDF of your application should be provided to Create NSW by email [enquiries@screen.nsw.gov.au](mailto:enquiries@screen.nsw.gov.au)
- 3) Changes to my application - I will not be able to modify, correct or update my application once I have submitted it. Screen NSW is not obliged to accept any material submitted by me after the closing date or take such material into consideration when assessing my application.
- 4) in the case of a dispute regarding the submission of my application, Screen NSW will require evidence in the form of an auto-generated email confirming successful submission of my application. If I cannot produce this evidence Screen NSW will deem the application not submitted. The email will be sent from [service@smartygrants.com.au](mailto:service@smartygrants.com.au)

**I certify that, to the best of my knowledge:**

1. All eligibility requirements have been met
2. The information provided on this form and its attachments are correct
3. I have attached all required Support Material
4. If the activities include children, I will comply with Working with Children legislation

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5.I acknowledge that Screen NSW has the right to withdraw any offer of funding or demand the return of funds already paid, if it is discovered that any statement made by me in this application is incorrect, incomplete or misleading, in a way that may have affected the decision to provide me with funding.

Please type your name and details below to certify the information. Typing your name will be taken to be as binding as a signature.

### Declaration

**I declare the above to be true \***

☐ Yes

☐ No

**Full Name \***

**Position \***

**Date \***

Must be a date.

**Dec\_Organisation name \***