

Screen Culture Application Form - Updated 2020

Form Preview

ARE YOU ELIGIBLE TO APPLY

* indicates a required field

Mandatory Questions

You MUST meet one of the following eligibility criteria: *

- Queensland based practitioner
- Substantially engaging with Queensland based practitioners
- Substantially engaging with Queensland facilities
- Conducting a Screen Culture event in Queensland

Are you employed by a State or Government Screen Agency? *

- No Yes

If you answer YES, you are not eligible to apply for funding from Screen Qld.

Are you employed by a Broadcaster? *

- No Yes

If you answer YES, you are not eligible to apply for funding from Screen Qld.

Do you currently have any project that is being funded by Screen Qld in default? *

- No Yes

If you answer YES, you are not eligible to apply for funding from Screen Qld.

Do you have an Australian Business Number (ABN)? *

- Yes No

Individual or Organisation

What is the applicant's name?

Are you applying as an individual or organisation? *

- Individual Organisation

APPLICANT DETAILS

* indicates a required field

INDIVIDUAL APPLICANT

Name *

Title

First Name

Last Name

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Business Name (if applicable)

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

Primary Address *

Address

Suburb State Postcode

Street Address

Address

Suburb State Postcode

Must be an Australian post code

Contact Email *

Must be an email address

Contact Phone Number *

Must be an Australian phone number

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ORGANISATION APPLICANT

Organisation Name *

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

Postal Address *

Address

Suburb State Postcode

Office Address

Address

Suburb State Postcode

Must be an Australian post code

Contact Person *

Title

First Name

Last Name

Position *

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Contact Email *

Must be an email address

Phone Number *

Must be an Australian phone number

Certificate of Incorporation - Please provide a PDF copy *

Attach a file:

EVENT SUMMARY

* indicates a required field

EVENT

Event Title ***Total Amount Requested ***

Must be a dollar amount

Funding Range *

Up to \$75,000 (Significant Cultural Festivals & Events)

Up to \$25,000 (Available for Touring Festivals visiting over 6 Regional Centres)

Up to \$8,000 (Available for Cultural Events and Festivals)

Please indicate if you are applying for Multi-Year Funding (2 concurrent years) *

Above 10,000 Queensland Attendees N/A

If applying for multi year funding please provide evidence of past audience attendance

Attach a file:

Event Summary *

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Location of Event *

Event Start Date *

Must be a date

Event End Date *

Must be a date

Queensland Based Presenter's Name

Type of Event *

Film Festival

Workshop

Tour

Conference

Public Event

Exhibition

You must choose 1 from the above list

Projected Attendees - Queenslanders *

Must be a number

Projected Attendees - Others *

Must be a number

Who are the primary audiences? *

What are the proposed venues? *

Please upload your Event Proposal *

Attach a file:

Please upload the CVs and Bios for the Organiser and Presenters *

Attach a file:

Please upload your COVID Safe Plan *

Attach a file:

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Event History

This section helps Screen Queensland understand the history of your event and how it has grown and changed through the years.

Even if you have previously submitted an acquittal to Screen Queensland for past funding it is a requirement that you complete the questions below.

Has this event be held before? * Yes No

If yes, please provide detail on past attendance numbers for the event *

Information should breakdown the number of Attendees and the number of past Queensland attendees. If this is a new event please write 'n/a'

If yes, please provide details of previous program themes and venues utilised for the event. *

What was the cultural impact of the event on the community visited? *

What does success look like?

TOUR DATES

Not sure of the State electorate for the region? Look up your address here : <http://www.ecq.qld.gov.au/state.aspx>

Location	Start Date	End Date	State Electorate	Venue For Event
----------	------------	----------	------------------	-----------------

	Must be a date	Must be a date		
EXAMPLE: Cairns			Far North	Cairns Arts Centre

MARKETING & CULTURAL IMPACT

Please outline your marketing plan in brief and how it will reach your primary audience and what research if any you have undertaken. *

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Please outline the evidence of community support and how the event will present new opportunities for Queensland filmmakers and the public. *

How will you know if these outcomes have been achieved? (i.e What does success look like to you?) *

Please upload your Event's Business Plan *

Attach a file:

Please upload your Event's Marketing and Audience Plans *

Attach a file:

LEGAL REQUIREMENTS AND COPYRIGHT

* indicates a required field

Is the applicant a Queensland resident? *

Yes

No

Is this an original concept of the applicant? *

Yes

No

Does the applicant own the relevant rights to the activity? *

Yes

No

Does this activity contribute to credits for a course or study? *

No

Yes

Does the applicant deliver screen culture activities as part of its core business? *

No

Yes

Does Applicant Contact have authorisation to execute documents on

Yes

No

N/A

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**behalf of organisation/
association in
accordance with its
rules and statement of
purpose? ***

STATISTICAL & DIVERSITY DATA

Not sure of your electoral region? Look up your address here : [http://www.ecq.qld.gov.au/
state.aspx](http://www.ecq.qld.gov.au/state.aspx)

**Federal electorate for
applicant ***

Other:

**State electorate for
applicant ***

Other:

**Local govt electorate for
applicant ***

Other:

Gender of Applicant

Female

Male

Diversity Type

- Aboriginal
- Torres Strait Islander
- Regional or Remote Area
- Person with a Disability

Indigenous Component

- Indigenous Writer
- Indigenous Producer
- Indigenous Director
- Indigenous Characters
- Representations of Indigenous Culture
- Based on Indigenous Stories

FUNDING

* indicates a required field

PREVIOUS SCREEN QUEENSLAND SUPPORT

Please indicate if you have previously received grant funding from Screen Queensland.

Date of Agreement

Purpose

Amount

Must be a date

Must be a dollar amount

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		\$

FINANCE PLAN

Either fill in the table below or upload your Financial Funding Plan here *

Attach a file:

Please provide evidence of other funding sources or sponsorships (if applicable)

Funding Source	Funding Type	Purpose	Amount
			Must be a dollar amount
			\$

BUDGET SUMMARY

Either fill in the table below or upload your Budget Plan Here *

Attach a file:

Please provide a summary of the budget listing in kind and cash income. The budget needs to be informed and realistic to the size and scale of the event.

Income can include, Sponsorships, grant funding (State, Federal, Local), Box Office and cash at bank, membership fees etc.

Expenditure can include; Programing costs, Advertising & Promotion, Marketing Costs, Special Event Costs, Guest travel, Admin Expenses, Salaries for staff etc.

INCOME ITEMS	Cash Income	In Kind Income	TOTAL INCOME	EXPENDITURE	Cash Expense	In Kind Expense	TOTAL EXPENDITURE
		Must be a dollar amount	Must be a dollar amount			Must be a dollar amount	Must be a dollar amount
	\$	\$	\$		\$	\$	\$

OTHER DOCUMENTS

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Please upload any other documents you may want to include in your application here:

Attach a file:

Attach a file:

Peer Assessment

As part of the application process you will be able to choose which peer panel you want to assess your application. The peer panels will include external experts who will provide recommendations to SQ. Please indicate your choice from the below list.

*

- Aboriginal and Torres Strait Islander Screen Culture and Community Development
- Screen Culture and Community Development

DECLARATION

* indicates a required field

Applicant Declaration

- The applicant declares they have read and understood Screen Queensland's funding guidelines and Terms of Trade.
- The applicant agrees and understands that any funding is discretionary and any approvals are subject to funding being available.
- The applicant has the firm intention and is able to proceed with the proposed project and declares that the information provided, together with all attachments are, to the best of the applicant's knowledge and belief, true and correct.
- The applicant undertakes to advise Screen Queensland of any significant changes to the proposed project, the information supplied or the materials submitted regarding the project.
- The applicant warrants that it owns or holds all relevant rights in the original works and or copyright materials necessary to proceed with the proposed project as envisaged by this application and will keep Screen Queensland indemnified against all actions, suits, proceedings, claims or demands made against Screen Queensland by reason of any breach of the above.
- It is agreed that Screen Queensland will not be liable for any action or claim based on any industrial or intellectual property of the applicant arising out, or in connection with Screen Queensland's receipt, custody or consideration of the applicant's submission.
- The applicant acknowledges and agrees that Screen Queensland may download, copy, store and use any material supplied or proffered by the applicant as part of this application and may provide access to such material to nominated third parties (as applicable).
- The applicant acknowledges and agrees that typing their name on this form and submitting the form will constitute signature by electronic communication under the Electyronic Transactions (Queensland) Act 2001.

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Disclosure of project information:

- You acknowledge and agree that Screen Queensland, in consultation with the applicant, may publish for promotional purposes only, information about your project in Queensland Government media releases, on Screen Queensland's website or in Screen Queensland's e-newsletter. This information may include project name, genre and synopsis, names and past credits of individuals comprising the key creative team.

Authorised Signatory

Name *

First Name

Last Name

Position *

Submission Date *

Must be a date