

Screen Culture Application Form - Update 2021

Form Preview

START YOUR APPLICATION

* indicates a required field

Are you eligible to apply?

- I am not employed by a state or government screen agency.
- I am not employed by a broadcaster.
- I am not a full time student.
- The project I am submitting does not contribute to credits for a course or study
- I do not have any projects in default with Screen Queensland.
- No key creatives attached to this project are in default with Screen Queensland
- I have an Australian Business Number (ABN)
- This project has not been unsuccessful in seeking Screen Culture funding on two (2) previous occasions.
- I and my team do not have two or more different projects undergoing assessment or awaiting delivery of agreed items from previous funding.
- If this project is an Aboriginal or Torres Strait Islander story, some or all intellectual property are owned by members of this community
- If this is an Aboriginal or Torres Strait Islander project, from the 3 key creative roles (producer, writer, director), at least 2 separate roles must be Aboriginal or Torres Strait Islander. If the Producer is not Aboriginal or Torres Strait Islander, there must be an early career Aboriginal or Torres Strait Islander producer attached.
- If my project is Later Stage, I can demonstrate matched/significant contributory funding from market (that is not me and that is a good match for the project).
- I have read and agree to the [SQ Terms of Trade](#); [SQ QPE Definition](#); [SQ Strategic Plan 2019-2022](#); [Screen Diversity and Inclusion Network Charter](#); [SQ Aboriginal and Torres Strait Islander Strategy 2019-2022](#).

Eligibility

- ☐ I am eligible to apply for this application
 - ☐ I am not eligible to apply for this application
- If you are unsure, please email screenculture@screenqld.com.au

You MUST also fulfil one of the following criteria to apply for Screen Culture funding: *

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

APPLICATION TYPE

* indicates a required field

Individual or Organisation

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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

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

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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

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

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Suburb State Postcode

Office Address

Address

Suburb State Postcode

Must be an Australian post code

Contact Person *

Title

First Name

Last Name

Position *

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:

ELECTORATE DETAILS

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

Federal electorate for applicant *

Other:

State electorate for applicant *

Other:

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Local govt electorate for applicant *

Other:

EVENT SUMMARY

* indicates a required field

EVENT INFORMATION

Event Title *

Total Amount Requested from Screen Queensland *

Must be a dollar amount

Funding Range *

Up to \$150,000 (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)

Are you applying for multi-year funding? *

☐ Yes

☐ No

Multi-year funding is available for two concurrent years. Eligible festivals must achieve an attendance rate of 10,000 Queenslanders or higher

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

Attach a file:

Event Summary *

Tell us about your event, what's involved and who is attending.

Location of Event *

Event Start Date *

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Must be a date

Event End Date *

Must be a date

Queensland Based Presenter's Name

Who is hosting your event in Queensland?

Type of Event *

☐ Film Festival

☐ Workshop

☐ Tour

☐ Conference

☐ Public Event

☐ Exhibition

You must choose a minimum of one from the above list

Projected Total Attendance *

Must be a number

Projected Attendees (Queensland only) *

Must be a number

Projected Attendees (Non-Queensland) *

Must be a number

Please upload your Event Proposal *

Attach a file:

Your event proposal should include but is not limited to: what your event is; who your audience is; where your event will be held including proposed venues; any community benefits; student outreach programs; sponsorships and partnerships and an overview of your events team; marketing and audience plans.

Please upload your COVID Safe Plan *

Attach a file:

This should be specific to your proposed event.

Key Personnel

Please include the details of all key personnel involved in delivering this event.

| Position | Name | Queensland Resident | CV | Bio | Do you identify with any diverse |
|----------|------|---------------------|----|-----|----------------------------------|
|----------|------|---------------------|----|-----|----------------------------------|

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**groups that
are under-
represented
in the
Australian
industry?**

| | | | | |
|--|--|--|--|--|
| | | | | <input type="checkbox"/> Female-identifying or gender non-conforming <input type="checkbox"/> Age (55+) <input type="checkbox"/> First Nations <input type="checkbox"/> Cultural and Linguistic <input type="checkbox"/> Person with disability <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Regional or Remote <input type="checkbox"/> Low Socio-Economic |
| | | | | <input type="checkbox"/> Female-identifying or gender non-conforming <input type="checkbox"/> Age (55+) <input type="checkbox"/> First Nations <input type="checkbox"/> Cultural and Linguistic <input type="checkbox"/> Person with disability <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Regional or Remote <input type="checkbox"/> Low Socio-Economic |
| | | | | <input type="checkbox"/> Female-identifying or gender non-conforming <input type="checkbox"/> Age (55+) <input type="checkbox"/> First Nations <input type="checkbox"/> Cultural and Linguistic <input type="checkbox"/> Person with disability <input type="checkbox"/> LGBTQIA+ |

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| | | | | | |
|--|--|--|--|--|--|
| | | | | | <input type="checkbox"/> Regional or Remote <input type="checkbox"/> Low Socio-Economic |
| | | | | | <input type="checkbox"/> Female-identifying or gender non-conforming <input type="checkbox"/> Age (55+) <input type="checkbox"/> First Nations <input type="checkbox"/> Cultural and Linguistic <input type="checkbox"/> Person with disability <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Regional or Remote <input type="checkbox"/> Low Socio-Economic |
| | | | | | <input type="checkbox"/> Female-identifying or gender non-conforming <input type="checkbox"/> Age (55+) <input type="checkbox"/> First Nations <input type="checkbox"/> Cultural and Linguistic <input type="checkbox"/> Person with disability <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Regional or Remote <input type="checkbox"/> Low Socio-Economic |

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 no, skip to the next section. If yes, please answer the below questions in detail.

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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.

If yes, what was the cultural impact of the event on the community visited?

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 |
| | | | | |
| | | | | |

BUSINESS AND CULTURAL IMPACT

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

This includes working with universities, local businesses and local practitioners who have already committed support to your event.

How will you know if these outcomes have been achieved? *

What does success look like to you? These outcomes can be cultural, financial or otherwise as related to your event.

Please upload your Event's Business Plan *

Attach a file:

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Your business plan is different from your proposal and should include an: overview of the business; competitive analysis of other events; operations plan; marketing plan and financial overview including ticket sales and attendance projections.

FINANCE AND BUDGET

* 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 |
| | | \$ |
| | | |
| | | |

FINANCE PLAN

Please provide evidence of other funding sources, income or sponsorships for the event (if applicable).

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

BUDGET SUMMARY

Please include 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; box office; membership fees etc.

Expenditure can include: programming costs; advertising; marketing; guest travel; administration and salaries. Screen Queensland funds cannot be used to cover more than 25% of the event organisers salary but can be used towards a higher percentage of contract employee wages with a meaningful contribution from the applicant.

Please upload your Budget Plan Here *

Attach a file:

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 Screen Queensland. Please indicate your choice from the below list.

*

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

LEGAL REQUIREMENTS AND COPYRIGHT

* indicates a required field

Please indicate the copyright and ownership of intellectual property (IP) arrangements:

- ☐ This event is an original concept and the applicant holds all relevant rights
- ☐ The applicant has acquired all relevant rights to hold this event

If you do not have the relevant rights to the proposed event, you are not eligible to apply.

Does applicant have authorisation to execute documents on behalf of organisation/association in accordance with its rules and statement of purpose? *

- ☐ Yes
- ☐ No

If you do not have authorisation, you are not eligible to apply.

Please upload the relevant documents demonstrating an approved licence or rights to host the event.

Attach a file:

Details of Indigenous content

If your event contains or is focussed on Aboriginal and Torres Strait Islander content, you must consult with the relevant community and obtain permission before applying. SQ also expects to see IP ownership from the relevant communities.

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If your event contains Aboriginal or Torres Strait Islander content, please detail community consultation and permissions acquired below as well as IP owned by relevant communities.

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.
- SQ's offers for support and any associated terms and conditions are non-negotiable.
- 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.

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

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Position *

Submission Date *

Must be a date