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 <u>SQ Terms of Trade</u>; <u>SQ QPE Definition</u>; <u>SQ Strategic Plan 2019-2022</u>; <u>Screen Diversity and Inclusion Network Charter</u>; <u>SQ Aboriginal and Torres Strait Islander Strategy 2019-2022</u>.

Eligibility

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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

Business Name (if applicable) ABN * The ABN provided will be used to look up the following information. Click Lookup above theck 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 ACNC Registration Tax Concessions Main business location Primary Address * Address	What is t	he applicant's na	me?	
APPLICANT DETAILS indicates a required field NDIVIDUAL 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 theck 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 Fax Concessions Main business location Primary Address * Address				
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Primary Address * Address	ACNC Regis	stration		
Primary Address * Address	Tax Conces	ssions		
Address	Main busin	ess location		
Address				
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Suburb State Postcode	Address			
Suburb State Postcode				
Suburb State Postcode				
	Suburb S	State Postcode		

Street Address Address		
Suburb State Postcode		
Contact Email *		
Contact Phone Number *		
ORGANISATION APPLICA	NT	
Organisation Name *		
ABN *		
The ABN provided will be used to check that you have entered the	o look up the following information. e ABN correctly.	Click Lookup above to
Information from the Australian Bu	siness 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		
Postal Address * Address		
Suburb State Postcode		
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 *		
Phone Number *		
Must be an Australian phone number		
Certificate of Incorporation - F Attach a file:	Please provide a PDF c	opy *
ELECTORATE DETAILS		
Not sure of your electoral region? state.aspx	Look up your address he	re : http://www.ecq.qld.gov.au/
Federal electorate for applicant *		
State electorate for applicant *		
Local govt electorate for applicant *		
EVENT SUMMARY		
* indicates a required field		

EVENT INFORMATION

Event Title *
Total Amount Requested from Screen Queensland * \$ Must be a dollar amount
Funding Range *
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:
Are you applying for a Festival Attachment/Internship element? ☐ Yes ☐ No
Please upload details of the proposed attachment Attach a file:
What are details of the proposed attachment, i.e details of their role within the festival, potential costs (this will also be included in your budget and finance plan).
Event Summary *
Tell us about your event, what's involved and who is attending.
Location of Event *
Event Start Date *
Event End Date *

Queensland Based Presenter's Name

Who is hosting y	our event in Quee	ensland?			
Type of Even ☐ Film Festiva ☐ Conference You must choose	al	☐ Workshop☐ Public Eventne from the above		□ Tour □ Exhibition	
Projected To	tal Attendance	*			
Must be a numb	er				
Projected Att	endees (Quee	nsland only) *			
Must be a numb	er				
Projected Att	endees (Non-G	Queensland) *			
Must be a numb	er				
Please uploa Attach a file:	d your Event P	roposal *			
where your ever	osal should includ nt will be held incl sorships and partr	uding proposed ve	enues; any comm	unity benefits; st	udent outreach
Please uploa Attach a file:	d your audiend	e developmer	nt plan		
	il who you are see achieve this enga		rith for the progra	m. Proposed den	nographics and
Key Person	nel				
Please include	the details of al	l key personnel	involved in deliv	ering this ever	nt.
Position	Name	Queensland Resident	CV	Bio	Do you identify with any diverse groups that are under-represented in the Australian industry?
					☐ Female- identifying or

		w a m d a m m = 12
		gender non- conforming
		□ Age (55+)
		☐ First Nations
		□ Cultural and Linguistic
		☐ Person with disability
		□ LGBTQIA+
		□ Regional or Remote
		□ Low Socio- Economic
		☐ Female- identifying or gender non- conforming
		□ Age (55+)
		☐ First Nations
		☐ Cultural and Linguistic
		☐ Person with disability
		□ LGBTQIA+
		□ Regional or Remote
		□ Low Socio- Economic
		☐ Female- identifying or gender non- conforming
		□ Age (55+)
		☐ First Nations
		☐ Cultural and Linguistic
		☐ Person with disability
		□ LGBTQIA+
		☐ Regional or Remote
		Low Socio- Economic
		☐ Female- identifying or gender non- conforming

				□ Age (55+)		
				☐ First Nations		
				☐ Cultural and Linguistic		
				☐ Person with disability		
				□ LGBTQIA+		
				☐ Regional or Remote		
				☐ Low Socio- Economic		
				☐ Female- identifying or gender non- conforming		
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				☐ First Nations		
				☐ Cultural and Linguistic		
				☐ Person with disability		
				□ LGBTQIA+		
				□ Regional or Remote		
				□ Low Socio- Economic		
EVENT HISTORY						
This section helps Scree grown and changed thro		tand the history	of your event ar	nd how it has		
Even if you have previous a requirement that yo			Queensland for p	past funding it		
Has this event be hel before? *	☐ No If no, skip to					
If yes, please provide detail on past	2					
attendance numbers the event	Information s	should breakdown of past Queensland "n/a"				
If yes, please provide details of previous program themes and						

venues utilised event.	for the			
If yes, what was cultural impact event on the co visited?	of the			
TOUR DATES				
	ate electorate for	the region? Look	up your address h	ere·httn·//
www.ecq.qld.gov.		the region. Look	ap your address in	CIC: <u>IICEP.//</u>
Location	Start Date	End Date	State Electora For Event	ate Venue
EXAMPLE: Cairns			Far North	Cairns Arts Centre
new opportunit	ies for Queensla	and filmmakers	and the public. *	
committed support		local businesses a	nd local practitioners	who have already
How will you kn	ow if these out	comes have bee	en achieved? *	
What does success to your event.	look like to you? Th	ese outcomes can l	be cultural, financial	or otherwise as related
Please upload y Attach a file:	our Event's Bus	iness Plan *		
	s of other events; o	perations plan; mai		view of the business; ncial overview including

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
		\$
		\$
		\$

FINANCE PLAN

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

Funding Source	Funding Type	Purpose	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: progamming 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

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

Attach a file:		
Attach a file:		

Peer Assessment

to assess your application. The pe	eer panel you want eer panel you want eer panel you want eer panels will include external experts who will provide ensland. Please indicate your choice from the below list.
* Aboriginal and Torres Strait Is Screen Culture and Communit	lander Screen Culture and Community Development ty 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? *	O Yes O No If you do not have authorisation, you are not eligible to apply.
Please upload the relevant documents	Attach a file:
demonstrating an approved licence or rights to host the event.	
Details of Indigenous conf	tent
	sed on Aboriginal and Torres Strait Islander content, you ommunity and obtain permission before applying. SQ also the relevant communities.
	inal or Torres Strait Islander content, please detail permissions acquired below as well as IP owned by

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.

Privacy Notice and Consent

- · By submitting an application, you agree that we will deal with the personal information you provide in accordance with our <u>Privacy Policy</u>, as amended from time to time, and this <u>Privacy Notice and Consent Form</u>.
- · By submitting an application, you agree that your details will be added to our marketing database and that you may receive communications related to Screen Queensland's events, programs and services from time to time. If you do not wish to be added to our marketing base, please click the opt-out check box below.

Please	add	my	details	to the	marketing	database
Yes						○ No

Authorised Signatory

Name *	First Name	Last Name	
Position *			
Submission Date *			