



# Shoalhaven Arts Board Arts Practitioners Professional Development Grant Application 2018/19

Applicant Details	
Contact Person:	
Postal Address:	Postcode:
Contact number: Eı	mail:
Organisation Details (if applicable)	
Organisation Name:	
Non-profit YES / NO Incorporated YES	/ NO inc no
Registered for GST YES / NO ABN	
Membership fees: \$ Number of members:	
Current Office Bearers (President / Secretary / Trea	surer)

Project Details	
Project Title: Please note the title of your project in 10 words or less	
<b>Project Summary:</b> Summarise your project in 50 words or less. The text provided may be for publicity related to the awarding of grants.	used
Project Dates (Project must be completed within 2 years)	
Start Date: (DD/MM/YYYY)	

End Date: (DD/MM/YYYY)

escribe in detail your current practice, experience and achievements as an arts ractitioner or small arts group: max 1000 words				

About your project	
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ved, the key st	eps, others invo	Ived etc. max	1000 words	

Project Impact  Describe the anticipated outcomes and benefits of the activities to yourself / your group Max 500 words		
How does the activity meet the Shoalhaven Arts Board vision and how development of arts and cultures in the Shoalhaven: max 500 words	w will it benefit the	

### **Project Stages**

Use the table below, list the key steps / stages of the project. Please enter the activities in the date order they will occur and note if the activities are confirmed or not. Add additional rows to the table if required.

Activity	Location	Date / timeframe	Confirmed (Yes / No)

## **Budget**

Income: Outline all income for this project, including in-kind support, earned income, other grant related funding and sponsorship arrangements.

Example fields in the table below

Income	Budget	Notes
Amount requested from SAB		
Donations / partnerships (cash)		
Donations / partnerships (in-kind)		
Ticket sales / member contributions		
Other grant funding (detail)		
Other income		
Total Income		

# Expenditure: Outline all anticipated expenses for the project, including those covered by in-kind support.

Example fields in the table below.

Expenses	Budget	Amount funded by SAB	Notes
Wages / Salaries Contractors			
(detail) Other staff related costs (detail)			
Administration			
Venue Hire			
Equipment / Materials			
Marketing / Advertising			
Other project costs (detail)			
Total Expenses			

We recommend costing your own time in the budget where the creation of a work is part of the project, or where the project requires you to take time away from your usual income generating activities. Your time may be included as an in-kind donation in the income or may be part of the grant funding.

### **Support Material**

You may submit up to 5 A4 pages of supporting material for your grant. Suggestions for this include

- Examples of previous work
- Current CV or biography
- Reviews / articles / media achieved previously
- Confirmation letters and /or letters of support related to your project

### **Declaration by Applicant Details** (please print)

certify that, th	ers Professional Development Grant guidelines. I nation in this application is correct and I hereby
Name:	
Signature	 Date

For further information please contact Arts & Culture Manager, Bronwyn Coulston, on (02) 4429 5441. Applications are to be submitted by close of business Friday, 10 May 2019.