Form Preview

Introduction

* indicates a required field

Welcome to the Placemaking Grants Pitch Form

Expressions of interest are now open for the City Renewal Authority's 2024-2025 Placemaking Grants Program.

This form is designed to help you, and us, understand if you are eligible for this grant.

Before proceeding please closely review the <u>Placemaking Grants Program</u> Guidelines.

Please save as you go, to ensure you don't lose any information as incomplete forms and/or forms received after the closing time will not be considered.

If you have any questions email cityrenewal@act.gov.au

Terms and Conditions

The City Renewal Authority is collecting information in this Pitch application to assess whether you are eligible for a grant under the Placemaking Grants program. The City Renewal Authority may give some or all this information to other ACT Government agencies administering grant programs. Pitch applications will be read by relevant ACT Government officers and external assessors.

Information relating to but not limited to your Pitch application may be used when assessing whether you will be entitled to future grants for which you might apply. If you receive a grant, your performance and acquittal of that grant may also be considered by ACT Government agencies in relation to Pitch applications for future grants.

The City Renewal Authority will only use and/or disclose personal information in accordance with relevant legislation, including the Information Privacy Act 2014.

Applicants should be aware that the provisions of the <u>Freedom of Information Act 2016</u> apply to documents in the City Renewal Authority's possession.

By submitting this Pitch application, you acknowledge the above and that everyone referred to in your Pitch is aware that the information relating to the organisation may be disclosed and used for these purposes, and/or publication, and consents to that disclosure and use.

We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>.

I understand and agree to the above conditions *	☐ Yes ☐ No No more than 1 choice may be selected. Applicant's must agree to the above conditions to be able to apply through the Placemaking Grants program.
Ineligible to continue	

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As you have selected 'No' to understanding and agreeing to the 'Terms and Conditions' you are ineligible to apply through the Placemaking Grants program and cannot proceed with this application.

Confirmation of Eligibility

As an applicant, I confirm that:

- I have read and understand the Placemaking Grant Guidelines;
- I am able to demonstrate alignment between my project and the aims of this program;
- I do not owe any reports or money to the City Renewal Authority or other ACT Government departments as a result of previous funding or grants;
- I have an Australian Business Number (ABN) or I am is willing to complete the Australian Tax Office's 'Statement by a supplier' form, or be auspiced by an entity with an ABN or that is willing to complete the 'Statement by a supplier' form;
- I either have current, or will attain, Public Liability Insurance coverage to a minimum level of \$10,000,000, or will engage a Auspice entity to do so on my behalf;
- I am an Australian citizen, have permanent resident status in Australia, or, if not a permanent resident, I am on a temporary Australian visa which expires no less than two years from the date of the Pitch application.

As an applicant, I confirm that I have read the above information and am eligible to submit a pitch: *				
○ Yes	○ No			
Ineligible to continue				
	the 'Confirmation of Eligibility' you are ineligible to nts program and cannot proceed with this applica			
Contact Details				
* indicates a required field				
Applicant Type				
Are you applying on behalgroup, or as an individual? Organisation Unincorporated Group Individual	f of an incorporated organisation or an unin	corporated		
Do you Require Auspised f □ No □ Yes	unding?			
Applicant Details				

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	t name *	
Title	First Name	Last Name
	r spelling and make th the ABR, ACNC o	sure you provide the same name that is listed in official documentation r ATO.
_	contact person	
Title	First Name	Last Name
71 : : : :		
inis is the	person we will corre	espond with about this application.
Primary	contact person'	s email address *
This is the	address we will use	e to correspond with you about this application.
Drimo prov		*
Filliary	phone number	
Must he ar	n Australian phone r	number
Mase se al	Trastranan prione i	Tallibel.
Back-up	phone number	
Must be ar	n Australian phone r	number.
Please ii	aclude vour web	site if you have one
i icase ii	relade your wes	site ii you nave one
Must be a	URL	
Social m	edia links	
Must be a		I profiles unless they are related to your activation.
ricase ao	not merade persona	r promes arness they are related to your detivation.
Applican Address	t primary addre	ess
	t postal addres	s
Address		

Project Details

* indicates a required field

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implement this project.

Project title *				
Provide a name for your project/program/ir	nitiative. Your title should be short but descriptive.			
Proposed Dates				
Anticipated start date *	Anticipated end date *			
Must be a date and no earlier than 1/7/202 If unknown, provide your best guess or lear				
The Pitch				
of the project's location, impact, and a We appreciate the effort and dedicatio	ase your project and provide us with an overview lignment with the Placemaking Grants program. In required to complete a full application and are uitable, and most feasible projects for the City Centre of the pitch initially.			
Once you submit your Pitch, a panel w stage.	ill assess it and determine if it qualifies for the next			
Please note that if you plan to submit multiple applications, you must submit a separate application form for each grant/grant category you are applying for, and make sure to only answer the questions related to the specific grant.				
Grant Category * Art Grant Event Grant Marketing Grant Place Grant Space Grant Please refer to the Application Criteria to d	ecide where you project fits best.			
Preferred primary location within	the City Centre			
Please ensure your chosen location is in th	e CCMIL Collection Zone			
Please provide a summary of your	project *			
Word count: Must be no more than 400 words. Ensure you are clear about your project go	als and objectives and provide an indication on how you will			

Explain the potential impact your project will have on the target location place and/or community *

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Word count: Must be no more than 300 words.			
Explain how your project w	ill align with the objectives	and goals of the City	
Renewal Authority's Placer			
Word count:			
Must be no more than 300 words. Please ensure you consider your	chosen Grant Category in your resp	oonse.	
-	u'll need to deliver this proje	ect? *	
\$ Must be a dollar amount.			
	you are requesting in this applicat	tion?	
Project Budget			
Project budget			
Please provide a broad overvie	ew of expected costs and exper	nditure tables below.	
	each budget item. Examples of	expenses could include 'land	
use fees', 'poster printing', 'so	cial media boosts'.		
Use the 'Notes' column for any	additional information you bel	ieve we should be aware of.	
Please do not add commas to figures for each table total cor	o figures - e.g. type \$1000 not rectly.	\$1,000 - this will ensure your	
Expenditure Description	Amount (\$)	Notes	
	\$		
	\$		
	\$	<u> </u>	
	\$		
About you			
Now that we know about your	project, please provide informa	ition that demonstrates your	
capacity and experience to give us confidence that you can deliver the project. This may			
include your historical ability to successfully implement similar projects; qualifications and experience of the team/staff; evidence of strong partnerships and/or collaborations with			
	that demonstrates your capaci		
Diana musuida amu infarma			
capacity to deliver the proj	ation about past work that n ect *	nay demonstrate your	

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Provide any docume project. Attach a file:	entation that demor	nstrates your capabili	ty to deliver this
A maximum of 3 files ma This can include images previous projects.		of support or partnership,	resumes or reports of
If you plan to includinclusion objectives		t capture our sustain ere.	ability, diversity or
Must be no more than 15	50 words.		
Declaration Fee	dback		
* indicates a required	field		
Declaration			
the applicant, the nom individual applicant.	ninated individual (if th	a appropriately authorisme applicant is a group of a group of the sa	or organisation), or by the
		iled on Page 2 of this	
Name of authorised First Name	person * Last Name		
Email *			
Must be an email addres	e e		
	3.		
Phone number *			
Must be an Australian ph	none number.		
Address * Address			

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I declare that, to the best of my knowledge, the statements	made within this form are
true and correct, and I understand that if the applicant is in be required to accept the terms and conditions of the grant	
formalised application process.	
l agree *	
□ Yes	

☐ Yes
☐ No

Date *

Must be a date.

Applicant Feedback

You are nearing the end of the application process. Before you click the SUBMIT button, please take a few moments to provide some feedback.

	please take a fev	w moments to prov	ride some feedba	ick.	
		how you found Easy		<u>-</u>	Very difficult
	If you have app found the new		naking Grant b	efore, please indi	cate how you
	Much easier	○ Easier	 Neither 	○ Harder	 Much Harder
	How long did it	t take you to com	nplete your Pit	ch?	
Please provide your total in minutes i.e. 1 hour = 60					
	Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.				

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