### Instructions to Applicants

### 2025 Night Time Creative Economy Grant

This form is for applicants submitting an application for the Night Time Creative Economy Grant.

#### For the purpose of this grant, Night Time is defined as AFTER six pm.

This grant category supports community organisations, businesses, and collectives across the Parramatta LGA in programming and producing night time cultural and creative events and projects. These initiatives contribute to Parramatta's vibrant night time creative environment. The grants aims to enable opportunities for musicians and artists to develop new work, as well as encourage participation from all ages in our community to engage in night time cultural events and projects

The proposed project must meet one of the following objectives:

**OBJECTIVE 1:** Develop skills and provide professional development opportunities for the local cultural and creative community in night time programs,

**OBJECTIVE 2:** Increase participation in night-time arts, live music, and creative programming and events.

**OBJECTIVE 3:** Stimulate community connection through the development of works and activities that explore Parramatta's regional identity.

**OBJECTIVE 4:** Encourage growth and enhance the value of the creative sector to Parramatta's community, culture and night time economy.

**OBJECTIVE 5:** Foster innovative and unique programming, such as events taking place late in the evening, after 11pm.

General eligibility criteria and information and requirements specific to each of the above categories may be found in the Community Grants Guidelines located on Council's website here.

All applicants are strongly encouraged to read these guidelines before proceeding. Applications close 12 AM, Tuesday, March 4 2025. Funded projects will be completed between 1 July 2025 and 30 June 2026.

**Need support**If you have questions about the grant application, reach out to the Community grants team via email grants@cityofparramatta.nsw.gov.au and quote your application number. For access reasons, if you'd like to submit the application by email or require assistance filling it out over the phone or in person, reach out to Aileen Robalino at arobalino@cityofparramatta.nsw.gov.au to discuss options.

### **Applicant Details**

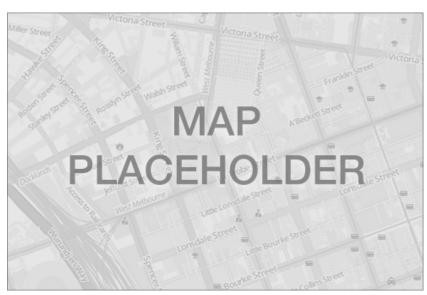
\* indicates a required field

### 2025 Night Time Creative Economy Grants

Please read the <u>program guidelines</u> thoroughly before completing this form.

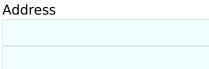
Applicant's Details - The applicant

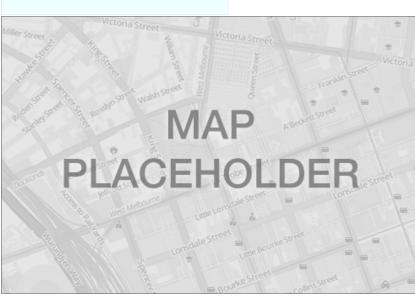
Name *			
	Full legal name (organisation, busine	ss, sole trader)	
Applicant APN			
Applicant ABN			
	The ABN provided will be used to information. Click Lookup above t entered the ABN correctly.		
	Information from the Australian Business Register		
	ABN		
	Entity name		
	ABN status		
	Entity type		
	Goods & Services Tax (GST)		
	DGR Endorsed		
	ATO Charity Type	More information	
	ACNC Registration		
	Tax Concessions		
	Main business location		
	The applicant must have an ABN to a	pply.	
Applicant Postal Address	Address		



Any, but at least one field is required.

### **Project Venue Address**





Must be an Australian postcode. Location where the project will take place.

Website				
Does you organisation use:	☐ Twitter ☐ Facebook	□ LinkedIn	□ Instagram	□ TikTok
Status				

Is your organisation incorporated? *	○ Yes		○ No	
If yes, please indicate which form of incorporation.	<ul><li>Company</li><li>Co-Opera</li><li>Not-for-point</li></ul>	n Public Company Limited by Guar stive rofit Incorporated ed Australian Bod	rantee d Association	
If Co-operative or Incorporated Association, please supply your incorporation number.	This is often a Certificate of I	number beginning ncorporation.	g with a Y that is f	ound on your
If Registered Australian Body, please supply your Australian Registered Body Number.				
Is your organisation a non-profit or social enterprise? *	☐ Yes ☐ No			
Authorised person				
Authorised person of organisation *	Title I	First Name	Last Nan	ne
Position				
Phone number				
E-mail address				

### Financial information

As the custodian of public funds, Council administers Community Grants with a focus on financial accountability, We need to ensure that recipients can manage funds responsibly.

For funding requests between \$5,000 and \$10,000, applicants must provide:

• The organisation's most recent signed audited financial statements.

If your organisation is not required by the Australian Charities and not-for-profit Commission (ACNC) to have audited financial statements, or if your organisation has registered within the last 12 months and an audited financial statement is unavailable, please submit:

• A Profit and Loss Statement (certified by an accredited accountant).

• Organisational Balance Sheet (covering the last 10 months).

Please upload your			Attach a file	e:		
inancial do nere. *	ocument	5				
iei e.			a Word Docu	have an electiment that sire pload that Wo	nply states t	
uspiced	group's	details				
f this projec his section.	t is an au	spiced proje	ect, the orga	nisation or (	group being	g auspiced s
<b>Auspiced G</b>	-	○ Organisa	ation			
itle Fi	rst Name	Last	Name			
uspisod G	roup AP	NI .				
uspiced G	поир АБ	IN				
			look up the ABN correct		formation.	Click Looku
Information f	rom the Au	ıstralian Busi	ness Register			
ABN						
Entity name						
ABN status						
Entity type Goods & Serv	vices Tay (	CCT)				
DGR Endorse		31)				
ATO Charity			More informa	ation		
ACNC Registi						
Tax Concessi						
Main busines	s location					
lust be an Al	BN.					I
······	· •					
<b>Auspiced G</b> Address	roup Pri	mary Addr	ess			

Auspiced Group Primary Ema	il	
Must be an email address.		
Auspiced Group Primary Web	osite	
Must be a URL.		
. rade de a orte.		
General Eligibility		
* indicates a required field		
Bank account details		
The applicant organisation must	have a bank account with a r	ninimum of two signatories.
Account name *		
Account BSB *		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Account number *		
Remittance e-mail *		
GST Registration		
If you are successful in your app provide the funded service/proje and Services Tax, Council will pa	ect. If you are formerly registe	red with the ATO for the Goods
Is the applicant organisation registered for GST? *	Yes Your response to this question However, if you respond YES, y exclusive amounts. If you answ your budget should reflect GST	our budget should include GST rer NO and are not registered,
Insurance coverage		
We require that you have an app the potential to cause harm or lo		
Do you already have insurance coverage for the type of project you are seeking funds for? *	○ Yes	○ No

If yes, please upload a	Attach a file:
copy of your existing Certificate of Currency	
from your insurance provider.	
•	
If no, please explain what risk management strategies you will have in place by 1st July 2025	Must be no more than 100 words. Your response to this question
in place by 1st July 2025 including insurance coverage.	Must be no more than 100 words. Your response to this question does not affect eligibility. However, if you are successful in your application, evidence will need to be provided that you have planned appropriate coverage.
Contacting a Council Of	ficer
	have discussed their application with the Grants Program cation. This ensures you are able to ask any questions and
The Grants Program Team can	be contacted via grants@cityofparramatta.nsw.gov.au
Council Officer name	Date of contact
Project Details	
* indicates a required field	
Details on the particula	r project being applied for
Project Name *	
Amount applied for *	dt .
	Must be a dollar amount. At least 50% of the funding requested must be matched by the applicant if successful. Funding is capped at \$10,000.
Total Project cost *	\$
	Must be a dollar amount.  Council will only contribute up to \$10,000 regardless of the total cost of the project. The applicant is responsible for supplying further funds if necessary.
Project Commencement Date *	Must be a date and between 1/7/2025 and 30/6/2026.
Project Completion Date *	

### Property/Building Ownership- Only fill in if applicable

If your project is planned to take place inside or on the grounds of a building, we ask you:

- own the property you intend to conduct an activity;
- be authorised by the owner to conduct the activity or lodge an application or be authorised to conduct such activity under the terms of your Commercial Tenancy Agreement, or;
- have a licence or permit to conduct the activity on the land.

	•		,	
<b>Proof of p</b> Attach a fi		ship, Commercia	al Tenancy Agreeme	nt or License/Permit
	a minumum of twel			l Tenancy Agreement - yo ime the grant application
owner.		ty owner, pleas	e provide a letter of	permission from the
Attach a fi	le:			
Letter must	include property o	wner's contact deta	ils and proof of ownership	2
Letter mast	iniciade property o	which is contact acto	ms and proof of ownersm	,.
Project	Contact Det	ailc		
		alis		
* indicates	a required field			
Main pro	oject contact			
☐ Applica	ganisation is the ant organisation ed organisation	e main project (	contact from? *	
		rom Applicant o	organisation *	
Title	First Name	Last Name		
Position *	*			
Phone Nu	ımber *			
Must be an	Australian phone n	umber.		
Email *				
Must be an	email address.			

Project Title	Contact persor First Name	n from Auspiced o Last Name	rganisation if applical	ble
Title	riist Name	Last Name		
Positio	n			
Phone	Number			
Must bo	an Australian phone	o numbor		
Must be	ali Australiali piloli	e number.		
Email				
Must be	an email address.			
Strate	egic Alignme	nt		
* indica	tes a required fiel	ld		
City o	f Parramatta'	s vision for a 24	-hour global city	
City C	. i diramaca .	5 V.5.01. 10. G 2 .	modi global city	
	atta's 2050 vision		conomy Grants should a y supports Parramatta's	
Our glo	bal city vision:			
district. Night Ti	Across the Parrai me Economy with	matta LGA this comi n live music, and cul	nto a 24-hour cultural an mitment to enabling and tural and creative activa ning, grants and capacit	supporting a thriving ations and programming
late nig	ht business, good	l universal design ar	ell-coordinated night city d accessibility, diverse a ler in urban governance	and safe places, has
How w	ill your project s	support our vision	of a 24-hour global C	City?
No more	than 100 words			
contrib	outes to: * - We can all bene essible - we can a	fit from the opportu Il get to where we w		project best
		nd enjoy our enviro orate culture and div	nment rersity - past, present an	nd future
□ Thri	ving - we benefit	from having a thrivi	ng CBD and local centre	S
	vative - we collat noose 1 objective o		n new ideas to create a b	oetter future

### Project Questions- Tell us more

#### \* indicates a required field

### Night Time Creative Economy grant objectives

This grant category supports community organisations, businesses, and collectives across the Parramatta LGA in programming and producing night time cultural and creative events and projects. These initiatives contribute to Parramatta's vibrant night time creative environment. The grants aims to enable opportunities for musicians and artists to develop new work, as well as encourage participation from all ages in our community to engage in night time cultural events and projects

For this grant night-time is defined as after six pm.

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**OBJECTIVE 5:** Foster innovative and unique programming, such as events taking place late in the evening, after 11pm.

### Objectives and geographic location

Which of the above objectives does your project meet? *
□ Objective 1
□ Objective 2
□ Objective 3
□ Objective 4
□ Objective 5
Must be between 1 and 5 choices selected
Which ward will your project be delivered? *
☐ Dundas Ward (comprising whole and parts of the suburbs of Dundas, Ermington,
Oatlands and Telopea)
☐ Epping Ward (comprising whole and parts of the suburbs of Beecroft, Eastwood, Epping
and Dundas Valley)
□ North Rocks Ward (comprising whole and parts of the suburbs of Carlingford, North
Parramatta, North Rocks and Winston Hills)
☐ Parramatta Ward (comprising whole and parts of the suburbs of Constitution Hill, Old
Toongabbie, Parramatta, Pendle Hill, Seven Hills, Toongabbie, Northmead, Wentworthville
and Westmead)
□ Parramatta CBD

If unsure please choose where you are hoping this project takes place If the location is not listed above, please include here the location of where your project will be delivered. Please explain why the location is outside of the Parramatta Local Government Area and who the target audience is. **Project details** What are the planned project details? \* 200 words max Explain your project idea, and what it includes What category does your project best align with? \* ☐ Live Music □ Performance/entertainment □ Workshop or classes □ exhibition □ Panel or talk □ Other What are the outcomes of your proposed project? \* 300 words max. Perhaps include how many people will be paid? Partnerships between people and collectives? Skill building? How will your project develop new audiences, and which audiences are you looking to engage with? Max 200 words, and different audiences can be locals, young people, First Nations, those with Access needs etc.

#### Promotion

Please list up to three ways in which your project will be promoted to the local community. Such as social media accounts, newsletters, local radio etc.

Method 1 Method Method 3

1. Method of promotion \* 2. Method of promotion \* 3. Method of promotion \*

Details *	Details *	Details *

### **Supporting Documents**

\* indicates a required field

### **Project Team**

Please list the key personnel involved in the project. Please indicate each person's role. If those involved have CV'S please attach. Add a new line for each key team member by clicking add more.

Name *	Role on project	Hours per week on project	CV of principal team members
			Attach a file:

### Work Plan and Evaluation

\* indicates a required field

#### Project workplan

Please complete the below project work plan that includes:

- **Project milestones** What are the key milestones/stages to be reached in order to achieve your project outcomes?
- **Tasks / Actions** What are the important tasks that need to be done in order to reach each milestone/stage?
- **Performance indicator** How will you measure the success of this milestone/stage?
- Timeframe- When will it be done by?

If you have any questions regarding this work plan, please contact the Community Grants team via grants@cityofparramatta.nsw.gov.au

Add a line for each new Milestone / Stage. Please complete a minimum of two Milestones and a maximum of six.

Milestone / Stage *	Tasks / Action *	Performance indicator *	Timeframe *
Milestone / Stage *	Tasks / Action *	Performance indicator *	Timeframe *

#### **Evaluation**

\	What does success lo	ook like? How will yo	u know if your proj	ect is successful? *
<b> </b>	Must be no more than 150	) words.		
	Documenting the pro locumenting this pro	oject is important, pl oject? *	ease list how you a	re planning on
S	Such as: recording attend	ance numbers, taking stil	l images and video reco	rdings of performances
E	Budget			
*	indicates a required f	ield		
(	Other funding sou	irces		
p	project needs to be sup partnerships, or donation	e Economy Grant is a noported by other fundinon of services. In addition know the full costs of	g or in kind support, s on to the amount you	uch as other grants,
١	What other funding,	or support does this	project include? *	
N	Must be no more than 150	0 words		
F	Project Budget			
i:	s important to show th successfully delivered varefully, as errors may budget shows which pa	at your application is fi within the budget speci	nancially viable, and t fied. Please prepare y s of your application. I want City of Parramat	our financial information Please ensure that your
	•	ered for GST, costings solutions in the costing of the cost of		
	Explain the basis for ea 10 weeks	och expenditure item, fo	or example: Facilitator	Fees @ \$40ph x 2hpw
E		To be paid for by CoP grant funds	To be paid for by other funding source	Upload quote here
				For items over \$500 1 quote is required, for

	items over \$1000, please upload two quotes.
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

### **Project Budget Totals**

Total Project Cost	Total requested from Council	<b>Total from Other Funding Source</b>
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

#### Declaration

#### Declaration

#### The Applicant:

- 1. Declares the information submitted in this application is, to the best of the Applicant's knowledge, true and presents fairly, in all material respects, the financial position of the Applicant;
- 2. Agrees to notify City of Parramatta Council as soon as the Applicant becomes aware of any changes to this information or any circumstances that may affect this application, which includes, but is not limited to, information regarding the financial viability of the Applicant
- 3. Acknowledges that City of Parramatta Council may seek further information regarding this application, if required;
- 4. Acknowledges that this is an application only the application may not necessarily result in a grant funding being awarded by City of Parramatta Council, to the Applicant; and
- 5. Understands and agrees that if the applicant is successful in making this application, which results in City of Parramatta Council awarding a grant of funding to the Applicant, that is read and agrees to the be bound by, and a party to, the Funding Agreement Standard Terms and Conditions, a copy of which you can find **here.**

Signature of Applicant (also known as the Grantee, for the purposes of the Funding Agreement Standard Terms and Conditions), agreeing to the above Declaration:

**Note:** For the evidence of the doubt, by this signature, the Applicant will be bound by, and a part to, the Funding Agreement Standard Terms and Conditions, if the Applicant's application results in City of Parramatta Council awarding a grant of funding to the applicant.

Please confirm you	0	Agreed
understand the above		

declaration by clicking 'Agreed'.			
If the Applicant is an Individual			
Full Legal name of the Applicant			
Title First Name Last Name			
Signatory Name			
Print.			
Signature			
Print.			
Date of Declaration			
Must be a date.			
If the Applicant is a Company			
Name of Company			
Insert name of company and only ADN, ACN, or ADDN			
Insert name of company and any ABN, ACN, or ARBN.			
<b>Director's Name</b> Title First Name Last Name			
Last Name			
Equivalent to a Direction Position.			
Signature			
Print.			
Date of Declaration			
Must be a date.			
Director/Company Secretary Name			
Print			
Signature			

Print.			
Date of I	Declaration		
Marchine	d. L.		
Must be a	date.		
If the A	pplicant is an	Incorporated Association	
Full Lega	al name of the A	Applicant	
Insert nam	e of incorporated as	ssociation and any ABN or other registration number	er.
	fficer's Name		
Title	First Name	Last Name	
Signatur	е		
Print.			
Date of I	Declaration		
Must be a	date.		
Committ	ee Member/Seci	retary Name	
Signatur	е		
Print.			
Date of I	Declaration		
Must be a	date.		
	-		

### Please remember to SUBMIT

If you have completed all questions, click NEXT PAGE to review your application. Please remember to hit the SUBMIT button. SmartyGrants will alert you if there are compulsory questions that you have not completed.

When you hit submit you will receive a confirmation e-mail. If you do not receive this confirmation, you may not have submitted successfully.

### Feedback

To help us improve the City of Parramatta Council is keen to hear about your experience in

applying for grants with us.		
How did you find the online application process?		
How did you find out about the Night Time Creative Economy Grant?		
If you accessed the City of Parramatta Council Website, did you find it		
If you spoke to a Council Officer, were they		
Any other feedback or comments?		