

Quick Response Grant

Form Preview

Eligibility

* indicates a required field

Quick Response Grant

This field is read only.

Applicants: please note

Before completing this application form, you should have read the program guidelines:

[Quick Response Guidelines](#)

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact jbyrne@carclew.org.au

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines

You:

- are 26 years of age or under at time of submission (30 years of age or under for Aboriginal and Torres Strait Islander applicants)
- are based in **regional South Australia**, or are from an **underrepresented group***
- are an Australian citizen or permanent resident
- are an individual artist or creative practitioner (not an organisation)
- can explain how your activity benefits your practice in South Australia, if your activity takes place outside South Australia

* underrepresented groups include: CALD, d/Deaf and disabled, LGBTQI+

You must confirm that all statements above are true and correct. *

Yes

Contact Details

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* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, click [here](#).

Applicant Details

Applicant *

First Name

Last Name

Make sure you provide the same name that is listed in official documentation.

Preferred Pronouns

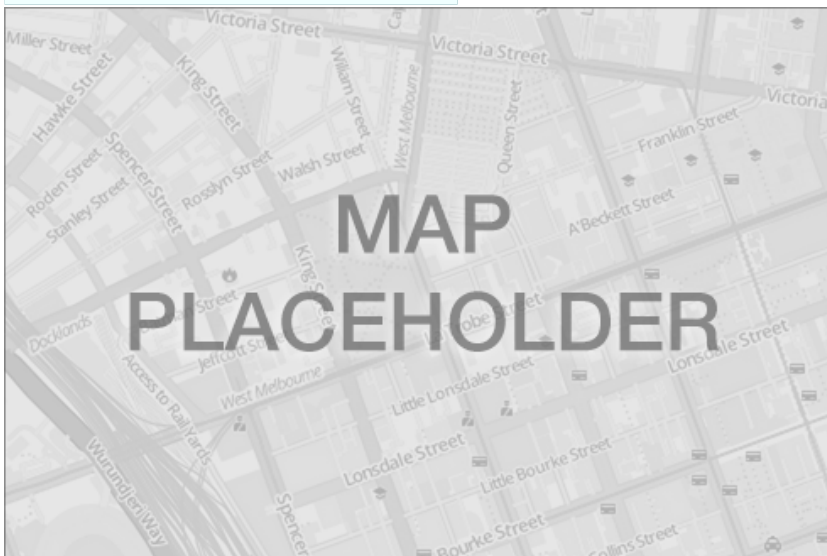
Other:

Date of Birth

Must be a date.

Applicant primary address

Address



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Applicant postal address

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Bio

Word count:

Must be no more than 50 words.

Activity Details

* indicates a required field

Anticipated start date *

Anticipated end date *

Please provide a short summary of your activity *

Word count:

Must be no more than 100 words.

Be descriptive, but succinct. Include a brief summary of what you will do and what will be the benefits for you.

Timeline

Start date

Leave blank if date is unknown or not relevant.
Must be a date.

End date

Leave blank if date is unknown or not relevant.
Must be a date.

Explanatory notes

Add notes if you need to provide more context.

Start date	End date	Explanatory notes
Leave blank if date is unknown or not relevant. Must be a date.	Leave blank if date is unknown or not relevant. Must be a date.	Add notes if you need to provide more context.
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Budget

* indicates a required field

Total Amount Requested *

Must be a dollar amount and no more than 750.
What is the total financial support you are requesting in this application?

Activity Budget (Expenditure)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

Expenditure description	Expenditure amount (budgeted)	Notes
Provide clear descriptions for each expense. Examples of expenses could include 'travel', 'accommodation', 'enrolment fees'..	Enter the total amount to be expended on this budget item. Must be a dollar amount.	Add notes if you need to provide more context.

Supporting documents and quotes

Please upload quotes and supporting documents

Attach a file:

Statistical Information

* indicates a required field

Does your activity involve people with a disability? *

- Yes
 No

Does your activity involve people from culturally and linguistically diverse backgrounds? *

- Yes
 No

Does your activity involve Aboriginal and/or Torres Strait islanders? *

- Yes
 No

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Certification and Feedback

* indicates a required field

Certification

This section must be completed by the applicant or if under age of 18 years by a legal guardian.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

Yes

Name of applicant *

First Name

Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Preferred Pronouns

Other:

Legal Guardian

First Name

Last Name

Phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Applicant Feedback

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

Please indicate how you found the online application process.

Very easy

Easy

Neutral

Difficult

Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

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Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Payment

If application approved, an invoice will be required.