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Magnetic Places Grant

The Magnetic Places Grant funds creative arts projects that magnify resident stories, provide opportunity for creative expression and activate locations across key neighbourhoods.

Key neighbourhoods are those identified as part of the Penrith Neighbourhood Renewal Program and include:

- Cambridge Park
- Colyton
- Cranebrook
- Kingswood
- Kingswood Park
- Llandilo
- Londonderry
- North St Marys
- Oxley Park
- Penrith (excluding CBD)
- St Marys
- Werrington

This grant is open once a year – see <u>penrith.city/grants</u> for relevant dates.All proposed activities must align with principles of access, inclusion, and equity.

We encourage applications from First Nations groups, organisations, artists, and collectives, and those that support and celebrate First Nations individuals, communities and culture in Penrith.

Before completing the application form, please ensure you read the <u>Guidelines</u> in full. Should you have any questions or require assistance, please contact the Neighbourhood Renewal team 4732 7777 or neighbourhoodrenewal@penrith.city

Applicant Details

* indicates a required field

Applicant Details

Are you applying as: *

- \bigcirc professional artist or creative entities with an ABN
- an incorporated group, collective or organisation
- $\bigcirc\,$ an unincorporated group or collective that has evidence of auspice from an incorporated organisation and has an ABN

Individual Artist Details

* indicat	es a required field			
Individ	ual Artist Deta	nils		
Name o Title	f Applicant * First Name	Last Name		
Contact Address	: Address *			
Address L	ine 1, Suburb/Town,	State/Province, and	Postcode are required.	
Email A	ddress *			
Must be a Primary c	nn email address. ontact.			
Contact	Number *			
	n Australian phone r ontact. If providing a		sure to include area cod	e e.g., (02) 4732 7777.
Describ	e your practice a	and experience.	*	
	unt: no more than 200 cha nout your creative pra			
Support Attach a	ting Documentat	ion		
Please up social me		g information e.g., a	rtist bio/CV, images of yo	our work, links to website,
Additio	nal Supporting Ir	nformation (option	onal)	
Add links	to website, social me	edia, etc.		

Organisation Details

* indicates a required field

Group or Organisation Details Name of Organisation/Collective/Group * Organisation Name Contact Person * Last Name Title First Name Position * Job title/position of contact person. Contact Address * Address Address Line 1, Suburb/Town, State/Province, and Postcode are required. Email Address * Must be an email address. Contact Number * Must be an Australian phone number. Primary contact. If providing a landline number be sure to include area code e.g., (02) 4732 7777.

ABN Details

* indicates a required field

In order to be eligible, please confirm the applicant *
☐ Is not a school or other government agency. However, groups associated with schools
for example Parent & Friend Committees are eligible to apply.
☐ Does not have overdue progress or acquittal reports for previous Penrith City Council
grants.
☐ Does not have outstanding debt with Penrith City Council.
☐ Is not submitting more than 1 grant applications in this grant round.
At least 4 choices must be selected.

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Not-for-Profit Status

Is your	^r organisation/commu	nity group a	registered r	not-for-profit v	with NS	W Fair
Tradin	g or ASIC? *					

Yes

 \bigcirc No

ABN Lookup

Applicant Organisation ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register ABN

ADIN

Entity name

ABN status

Entity type Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type More information

ACNC Registration
Tax Concessions

Main business location

Must be an ABN.

Auspice Details

As you are not a registered not-for-profit with NSW Fair Trading or ASIC you are required to have an auspice organisation.

Please provide details of your auspice organisation. If you require assistance to find an auspice organisation please get in touch with Neighbourhood Renewal team 4732 7777 or neighbourhoodrenewal@penrith.city

A	u	S	p	i	:e	•	*	
$\overline{}$							•	

Organisation Name

Auspice ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check 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
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.	
Contact Person *	
Provide details of the contact p	person at the auspice organisation.
Auspice Address * Address	
Address Line 1, Suburb/Town, S	State/Province, and Postcode are required.
Auspice Contact Phone N	lumber *
Must be an Australian phone nu If providing a landline number l	umber. be sure to include area code e.g., (02) 4732 7777
Auspice Contact Email *	
Must be an email address.	
Evidence of Auspice * Attach a file:	
Please provide evidence of aus	pice agreement.

Funding Requirements

* indicates a required field

Acknowledgement

By continuing with this application you acknowledge that the applicant is:

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- willing and able to acquire and demonstrate evidence of all required insurance, licenses and approvals.
- willing to enter into an agreement with Penrith City Council and be solely responsible for the delivery of the activity and expenditure of funds.

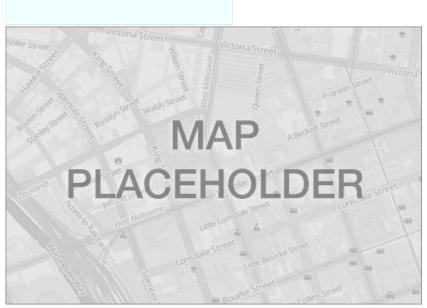
Ineligible Activities

Will funds be used for any of the below activities:

- reimbursements for activities already undertaken.
- operating costs associated with running an organisation e.g. salaries and office or computer equipment.
- activities and events that duplicate existing activities of Penrith City Council.
- activities previously funded through other Penrith City Council funds.
- activities that cannot be delivered within 12 months from receipt of funding agreement.
- activities with the sole purpose of fundraising.

Activity Details

* indicates a required field	
Details of Proposed Activity	
Activity Title *	
Activity Type * ☐ Exhibitions: of arts and objects of all form Performances: of performing arts of all Publications in all media ☐ Conferences, lectures, seminars and publication or pathways, or 'open-hour Gathering, celebration or ceremony Commissioning of public art Creative community development At least 1 choice must be selected. Select which of the following best describes you one if applicable.	l forms ublic talks
Short Activity Description *	
Word count: Must be no more than 200 words. Provide a short description of your proposed ac	ctivity.
Activity Start Date *	
Must be a date and no earlier than 9/12/2024.	
Activity End Date *	
Must be a date. Please note that the proposed activity must en	d within 12 months of the funding agreement.
Please select at least one of the followard proposed activity will take place: *	wing key neighbourhoods in which the
☐ Cambridge Park☐ Colyton☐ Cranebrook☐ Kingswood☐ Kingswood☐ Llandilo	 □ Londonderry □ North St Marys □ Oxley Park □ Part of Penrith □ St Marys □ Werrington
Please specify the exact location whe Address	re the proposed activity will take place. st



Address Line 1, Suburb/Town, State/Province, and Postcode are required.

If your proposed activity will take place in more than one location, please provide

uetalis.			
What type of art for	m do you propose	to deliver? *	
☐ Architecture			
□ Dance□ Digital Art			
□ Film			
☐ Literature ☐ Music			
☐ Painting			
☐ Sculpture☐ Theatre			
☐ Theatre☐ Other:			
Select all that apply.			
projects co-authore		and celebrate local st nitv? *	ories through art
,		-,	
Word count:			
Must be no more than 20	0 words.		
How will your propo in arts and cultural		se and broaden parti	cipation of community
in arts and cultural	projects:		

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Must be no more than 200 words.		
How will your proposed activity activate *	, transform and/or a	nimate public spaces?
Word count: Must be no more than 200 words.		
How will your proposed activity generate and stronger community connections? *	e positive experienc	es and support new
Word count: Must be no more than 200 words.		
Who is the focus community of your prop ☐ Children ☐ Young people ☐ Families ☐ Seniors ☐ Culturally and linguistically diverse ☐ People with disability No more than 3 choices may be selected.	☐ Socio-economically☐ First Nations☐ Women☐ LGBTQI+	y disadvantaged suburb, village, street,
How does your proposed activity addres community? *	s the specific needs	of your focus
Word count: Must be no more than 200 words.		
How many people from Neighbourhood F benefit as a result of your proposed acti		you anticipate will
Must be a number. Note more people does not lead to better outcome	es.	

Outcome and Evaluation

* indicates a required field

An outcome is a specific and measurable short-term effect. It is the changes and benefits - the step-changes to achieve an ultimate goal.

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Should your application be successful, you will be required to report on the outcome/s in your acquittal.

Focusing on one intended outcome enables us to design our activity around the priority that we especially want to achieve. It is likely that over the course of delivering the activity, there will also be unexpected outcomes. This is great and valuable and can still be measured and discussed at the end of the activity. Designing an activity around too many outcomes can over-complicate things and/or dilute its focus.

The more evaluations you receive the better you can determine the success of your activity.

Proposed Outcomes

 What is the primary anticipated outcome for your proposed activity? * Creativity is stimulated Aesthetic enrichment is experienced Knowledge, ideas and insights are gained There is an appreciation for the diversity of cultural expression Sense of belonging to a shared cultural heritage has deepened Select one cultural outcome to measure at the completion of your proposed activity.
Nominate a secondary outcome you wish to measure * Creativity is stimulated Mellbeing (physical &/or mental) is improved Aesthetic enrichment is experienced Knowledge, ideas and insights are gained There is an appreciation for the diversity of Increased access to beneficial networks cultural expression Sense of belonging to a shared cultural Agency and voice is enabled heritage has deepened Cultural activities can deliver outcomes that are not just limited to the cultural domain - they may also have social, economic, environmental or governance impacts. Select only one more outcome to be measured at the completion of your proposed activity. Please e
How will you measure these outcomes? * □ Structured interview: directly asking structured outcome questions □ Unstructured interview: storytelling about most significant change □ Questionnaire: written survey □ Focus group: a sample group to conduct in depth interview with □ Intercept survey: short interventions often in public spaces □ Observation: a statement based on something one has seen, heard or noticed □ Other:
What method/s of engagement will best suit the activity, participants, and your resources?
Who will you ask to provide this information? * □ Participants □ A proxy (people with knowledge of the participants i.e., parents, carers) □ An expert, staff or facilitator (people with knowledge about the activity type and intended outcomes) □ Other:

Activity Budget

* indicates a required field

How much funding are you seeking from Penrith City Council? *

Must be a dollar amount.

Sample Budget

Clear budgets help the grant assessors understand what you will be spending money on. Treat your budget as a roadmap for managing funds. Budgets should not be rushed and should match the proposal you have outlined in your grant application.

For budget support and other useful resources, see the Useful Resources' **[hyperlink]** section of the Penrith City Council grants webpage.

Income Item

Income Amount

Expense Item

(specify quantity)

Cost per Unit

Expense Amount

(attach quote if applicable)

Penrith City Council Grant

\$1910

Advertising – local newspaper ad x2 (1/4 page)

\$250

\$500

(quote attached)

In-Kind Support

\$800

Advertising - flyers A4 design and printing x 50

\$4

\$200

Workbooks for participants x 25

\$6

\$150

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Budget

Please provide all values excluding GST.

Income Item	Income Amount Expense Item (\$)		Cost per Unit (\$)	Expense Amount (\$)
		Specify Quantity		Attach quote if possible

		Specify Quant	ity	Attach quote if possible
Budget Totals				
Total Income Amount *		Total	Expenditure A	mount *
This number/amount	is calculated.		number/an ude GST*	mount is calculated.
File Upload				
Provide any quot Attach a file:	tes or informatio	on to suppor	t budget.	
GST				
Are you registered O Yes O No	ed to receive GS	ST? *		
Participant Cos	st			
If your proposed for participants? O Yes O No	activity involve *	s participan	ts, will th	ere be any costs associated

○ N/A if no participants

Will people need to pay to be part of your proposed activity? Magnetic Places grant activities must be free for participants.

Partial Funding

If your proposed activity only received part of the requested funding, could your activity still go ahead in some capacity? * O Yes O No							
Sometimes Council is not able to provide all applicants with the full amount of funding requested. Please detail if your proposed activity could proceed with partial funding.							
Minimum amount required for your proposed activity to go ahead (\$). *							
Must be a number.							
Please provide a short overview of how your proposed activity would change if you received partial funding. *							
Payment Details							
* indicates a required field							
If application is successful, the details provided in the section below are required for payment of funds. Should you have an auspice, answer questions with auspice details.							
Please note, Council is not liable for lost payment due to incorrect details.							
Council standard payments terms are 30 days from funding approval subject to all paperwork being filled out correctly and EFTSURE performing mandatory check with the company prior to being registered with Council as a supplier. Remittance advice will be emailed to the email address provided when the payment has been made.							
Bank Account *							
Account Name							
BSB Number Account Number							
Must be a valid Australian bank account format. If an auspice is engaged, details for auspice should be provided.							
Supporting Documentation & Declaration							
* indicates a required field							
Supporting Documentation							
Attach a file:							

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Please add any supporting documentation including insurances, licenses, and approvals.

Declaration

I declare that:

- The information contained in this application is true and correct.
- I am an authorised representative of the applicant, legally empowered to enter into contracts and commitments on behalf of the applicant.
- I have read, understood and agree on behalf of the applicant to abide with the Magnetic Places Grant guidelines
- I am authorised by the applicant to submit this application.
- I give consent to Penrith City Council to make public the details of the applicant and the funding received, should this application be successful.

I understand and agree to the declaration above * O Yes							
O No							
Full Name *							
Position *							
Application Dat	e *						
Must be a date.							
Survey							
* indicates a requ	ired field						
How satisfied are you with the following:							
1 = not at all satis	sfied, 5 = very s	atisfied					
			bpage, grant guideli	nes etc. *			
0 1	O 2	○ 3	O 4	○ 5			
Community Fun							
O 1 Grants on offer.	○ 2	○ 3	O 4	○ 5			
Application For							
0 1	O 2	○ 3	O 4	O 5			
Did you attend a grants writing workshop offered by Council? *							

0	Yes No				
0	d you discuss you Yes No	ur idea with a (Council officer?	*	
Нс	ow satisfied were	you with the	support from the	e Council Offi	cer? *
	N/A	○ 2	O 3	O 4	○ 5
000	ow did you hear a Council website Network/Interager Word of mouth Social media		City Council's gr	ants? *	
	ould you apply fo Yes No	r another Peni	rith City Council	grant? *	
Ad	lditional Commer	nts			

Please Contact Council

* indicates a required field

Based on your answers to previous questions you are not eligible to apply for this grant or your proposed activity is ineligible. Please get in touch with Penrith City Council to discuss your applicant type and/or proposed activity. Neighbourhood Renewal team 4732 7777 or neighbourhoodrenewal@penrith.city *