

2025 Latrobe Community Arts Fund Application Form

Form Preview

Eligibility Criteria

* indicates a required field

Objectives

The purpose of the Latrobe Community Arts Fund is to facilitate the development, promotion and encouragement of the Arts in the Latrobe community.

The Arts includes, but is not necessarily limited to:

- Music;
- Visual Arts including drawing, painting, graphics, photography, ceramics and sculpting;
- Literature; and
- Performing Arts including film and theatre productions, set design, lighting and makeup.

The Latrobe Community Arts Fund will provide grants to support a range of initiatives in Latrobe City that are designed to foster the development and appreciation of the arts across the general community. Particular consideration will be given to supporting arts activities involving or developing skills among younger people. A general preference will be given to providing relatively small grants, in order to spread the benefits of the grants program widely.

Eligibility Criteria

- Grants will be made available to assist groups or individuals.
- Individuals must reside within the Latrobe City municipality.
- All Arts projects and initiatives must take place within the Latrobe City municipality.

Do you meet the eligibility criteria? *

Yes

You must meet the eligibility criteria to proceed with the application.

Applicants Details

* indicates a required field

Applicant *

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant Primary Phone Number *

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Applicant Alternate Phone Number

Applicant Primary Email *

Applicant Primary Address *

Address

Suburb State Postcode

Applicant Postal Address

Address

Suburb State Postcode

If different to your Primary Address.

Applicant Date of Birth *

Grant Funding

* indicates a required field

Financial Assistance Required

You must be able to provide supporting evidence for the amount requested by providing documentation to support the total cost / estimated expenditure outlay nominated.

EXAMPLES:

Example 1

Example 2

Grant monies requested:

\$500.00

\$198.00

Total cost / Anticipated expenditure:

\$500.00

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\$198.00

Purpose:

Music tuition - 2nd Semester

Art Supplies - paints, brushes, canvas etc.

Grant funding requested? *

\$

Total cost / estimated expenditure outlay? *

\$

Brief Purpose *

No more than 10 words.

Please outline how the grant funding would be used in the next 12 months if your application were to be successful? *

Word count:

No more than 200 words. Please provide a details response.

Please explain why you would struggle to achieve your artistic, vocational or aspirational goals without grant funding. *

Word count:

No more than 200 words. Identify clearly the need for financial and personal support.

Please give a brief outline of any existing financial assistance you receive (if any) from government or non-government agencies. *

Word count:

No more than 200 words.

Project & Applicant Details

* indicates a required field

Please provide a brief personal background of yourself. *

Word count:

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No more than 300 words. Education, artistic field, history etc.

What do you consider to be your talent, skill or ability, and how will the grant funding help you pursue your goals in this area. *

Word count:

No more than 300 words. Please give details of what you feel to be your talent, skill or ability and how you aim to pursue your goals.

Please outline any achievements to date, which you feel support your application. *

This could include academic achievements, formal recognition attained (certificates etc), prizes won, competitions entered, public performances, practical experience.

You are welcome to attach any additional support material to be considered with your application.

Attach a file:

This could include references, school reports, awards, certificates, evidence of formal recognitions, results of competitions or any documentation to strengthen your responses above.

Referee Details

Please attach a letter from one independent referee. This letter should confirm the personal circumstances and talent, skill or ability of the person.

Attach a file:

Bank Details

* indicates a required field

If this application is successful, funds will be paid directly into the group/organisations bank account.

Please note, if any additional funding conditions are applied to your application during assessment, you will be required to complete a funding agreement. Funds will be paid into your nominated bank account once the funding agreement has been signed and submitted to Council.

Bank Name: *

Branch: *

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Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Email address for remittance advice: *

Must be an email address.

Declaration

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that:

- to the best of my knowledge all details supplied in this application and in any attached documents are true and correct;
- I am authorised to complete this application on behalf of the applicant organisation and have read and understood the certification and privacy notice;
- on behalf of the applicant organisation I accept the terms and conditions set out in:
 - this application form, including but not limited to the incorporated funding agreement; and
 - the trust program guidelines; and
- I understand that if this trust application is approved, there may be additional terms and conditions outlined in the outcome notification email that the applicant organisation will be required to accept as a condition of receipt of the funding.
- In accordance with the *"Privacy and Data Protection Act 2014"*, all personal information provided by you will only be used for the purpose of processing your application for the Latrobe City Trust . We will not use your personal information for any other purpose, and will not disclose it without your consent.

Full Name *

Name of organisation:

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If applicable.

Date *