# CASA Logo_colour

**Presenter Group Application**

**Please read the *Shows on the Road* General Information before making an application. Your application must be discussed with your local Arts Officer.**

**Name of Applicant Organisation**:

**Name of consulting Arts Officer**:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Main Contact Person:** | |  | | | | | **Position:** |  | | | |
| **Address:** |  | | | | | | | | | | |
| **Town:** |  | | | | | | **State:** | |  | **Town:** |  |
| **Phone:** | **H)** | | | | **W)** | | **Mobile:** | |  | | |
| **Email:** |  | | | | | | **Website:** | |  | | |
|  | | | | | | | | | | | |
| **Second Contact Person:** | |  | | | | | **Position:** | |  | | |
| **Address:** |  | | | | | | | | | | |
| **Town:** |  | | | | | | **State:** | |  | **Town:** |  |
| **Phone:** | **H)** | | | **W)** | | | **Mobile:** | |  | | |
| **Email:** |  | | | | | |  | |  | | |
|  | | | | | | | | | | | |
| **Third Contact Person:** | |  | | | | | **Position:** | |  | | |
| **Address:** |  | | | | | | | | | | |
| **Town:** |  | | | | | | **State:** | |  | **Town:** |  |
| **Phone:** | **H)** | | | **W)** | | | **Mobile:** | |  | | |
| **Email:** |  | | | | | |  | |  | | |
|  | | | | | | | | | | | |
| **Additional Group members** | | | | | | | | | | | |
| **Name** |  | | | | | **Email:** | | | | | |
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| **Number of members:** | | |  | | | | | | | | |

**Is the Organisation Incorporated (if applicable):** Yes  No

**Australian Business Number (ABN):**

**Are you registered for the GST:** Yes  No

**If not incorporated, name of Auspicing Body:**

**FOR COUNTRY ARTS SA USE ONLY:**

Date received: Date processed: Application No:

(If you are using an auspicing body you will need to fill in **Section 5 – Notes for Auspicing Bodies**. Please note that if your application is successful Country Arts SA will pay the grant to the nominated auspicing body.)

**SECTION 1 - ABOUT YOUR PRESENTER GROUP:**

**Briefly describe the Presenter Groups areas of interest and committee members experience.**

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| --- | --- |
| **Areas of Interest** | **Experience** |
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**In what area is your Presenter Group?**

Local Government Area: State Electorate:

Federal Electorate:

**Please nominate your preferred ticket outlet for advance ticket sales.**

Who/Where Operating Hours:

Address:  Town: State: Postcode:

Telephone:  Email:

**SECTION 2 – ABOUT YOUR VENUE(s):**

**Please list the main Venue(s) in which you intend to use:**

|  |  |  |
| --- | --- | --- |
| **Venue** | **Address** | **Capacity** |
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**Please attach available plans of stage and auditorium. Please consider including the following; permanent lighting bars and speaker mounts, control box, position of three phase power outlets and distribution boards, dressing rooms, green rooms etc.**

**Please list any technical equipment the venue or organisation can provide for touring shows**

|  |  |
| --- | --- |
| **Lighting Equipment** | **Sound Equipment** |
|  |  |
|  |  |
|  |  |

**Please list any local technical personnel, their experience/area of expertise and contact details**

|  |  |  |
| --- | --- | --- |
| **Name** | **Experience/Area of Expertise** | **Contact number** |
|  |  |  |
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**SECTION 3 – ABOUT YOUR POTENTIAL AUDIENCE:**

**Please indicate the key areas of interest in your community :**

**children 0-12**  **youth 13-26**  **elderly**  **males**

**females**  **disabled**  **Indigenous**

**general population**  **culturally and linguistically diverse**

**Other** (please specify)

**Please describe a strategy that your group may undertake to promote performances for specific audiences**

|  |  |
| --- | --- |
| **Key sectors** | **Activity** |
| Children’s show | Contact schools and ask them to include the performance details in their newsletters |
| Comedy show | Send posters and flyers to men’s sheds, sporting clubs etc |
|  |  |
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**Please describe any other community groups or sectors of the community your group may have access to promote touring product eg: Service Clubs, other community events and clubs.**

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| --- | --- | --- |
| **Organisation Name** | **Marketing Opportunities** | **Contact Person** |
|  |  |  |
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|  |  |  |
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**SECTION 4 – PUBLICITY OPPORTUNITIES**

**Please detail any local radio and / or community radio contacts you may have that could be used to promote performances.**

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| --- | --- |
| **Organisation name** | **Deals** |
|  |  |
|  |  |
|  |  |

**Please detail any print publicity (editorial) opportunities (local newspapers, community newsletters etc) that you could assist in developing or maintain to promote performances.**

|  |  |
| --- | --- |
| **Organisation name** | **Deals** |
|  |  |
|  |  |
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**Please detail any local cinema, library, television station or visual / moving image opportunity that could be used to promote performances.**

|  |  |
| --- | --- |
| **Organisation name** | **Deals** |
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|  |  |

**Please detail any other unique promotional; opportunities in your area:**

|  |  |
| --- | --- |
| e.g | Local community notice boards, community facebook |
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**SECTION 5 – NOTES FOR AUSPICING BODIES**

***ONLY COMPLETE THIS SECTION IF YOUR GROUP IS NOT AN INCORPORATED BODY***

Applicant groups should either be legally incorporated or have an auspicing body prepared to administer the grant on their behalf. An auspicing body agrees to manage any funding received on behalf of the applicant.

This may include:

* reading, understanding and counter signing the application before it is submitted
* receiving and banking the funds if the application is successful
* liaising with the applicant about the budget for the project
* meeting with the applicant during the project to review the budget
* paying all accounts as agreed with the applicant
* ensuring accurate and appropriate financial documentation is received e.g. tax invoices, statements of supply
* advising the applicant of any variation to the original budget as the project progresses
* providing a financial reconciliation to the applicant at the conclusion of the project.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**Name Of Auspicing Body** :

**Address**:  **Town**:  **State**:  **Postcode**:

**Telephone:** BH  AH:  Mobile:

**Email address**:

**Contact Name for the Auspicing Body**: Title:First Name: Surname:

**Contact’s Position in the Auspicing Body**:  **Are you registered for the GST: Yes**  **No**

**Auspicing Body’s Australian Business Number (ABN):**

**SECTION 6 – FINANCIAL INFORMATION**

**a) Please attach a copy of your last annual report, including audited financial statements.**

**b) Current financial position: Cash on hand** $

**Invested capital** $

**Total** $

**SECTION 7 - APPLICANTS AGREEMENT**

**I have read and agree to abide by the *Shows on the Road General* Guidelines should this application be successful.**

**APPLICANT’S SIGNATURE: AUSPICING BODY SIGNATURE:**

**ORGANISATION: SIGNATORY’S POSITION (if applicable):**

**POSITION:**

**DATE: DATE:**