



Arts Development Programs are supported by the Government of South Australia through Arts SA.

# SHOWS ON THE ROAD PROGRAM

## FORM A - Presenter Group Application

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

Complete application in black ink (preferably typed)

### APPLICATION SUMMARY

Name of Applicant Organisation: \_\_\_\_\_

Main Contact	Second Contact	Third Contact
Contact Name:	Contact Name:	Contact Name:
Contact Position:	Contact Position:	Contact Position:
Address:	Address:	Address:
Town:	Town:	Town:
State:	State:	State:
Postcode:	Postcode:	Postcode:
Telephone: BH	Telephone: BH	Telephone: BH
AH:	AH:	AH:
Facsimile:	Facsimile	Facsimile:
Email:	Email::	Email:

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:

(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.)

Number of members:

Name of consulting Arts Officer:

<b>FOR COUNTRY ARTS SA USE ONLY:</b>		
<b>Project name:</b>		
Date received:	Date processed:	Application No:



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

Name	Experience/Area of Expertise	Contact number

**ABOUT YOUR POTENTIAL AUDIENCE:**

**Please mark the following sectors of your community and describe a strategy that your group may have access to in order to extensively promote touring product.**

- 3 to 12 yrs
- 13 to 20 yrs
- 20 to 40 yrs
- 40 to 60 yrs
- 60 to 80 yrs
- People with a Disability
- Aboriginal People or Communities
- Torres Strait Islander People or Communities
- People from Culturally or Linguistically Diverse Communities

**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.**

**PUBLICITY OPPORTUNITIES**

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

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

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

4. **Please detail any other publicity or marketing opportunities in your area.**

**FINANCIAL INFORMATION**

- **Please attach a copy of your last annual report, including audited financial statements.**
- **Current financial position:**

<b>Cash on hand</b>	\$
<b>Invested capital</b>	\$
<b>Total</b>	\$

## **NOTES FOR AUSPICING BODIES**

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 etc.
- 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:

**Facsimile:**

**Email address:**

**Contact Name for the Auspicing Body:** Title: (e.g. Mr/Mrs/Ms/Dr)

First Name:

Surname:

**Contact's Position in the Auspicing Body:**

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

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



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## APPLICANT'S AGREEMENT

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

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**AUSPICING BODY SIGNATURE:** \_\_\_\_\_

**SIGNATORY'S POSITION** (if applicable): \_\_\_\_\_

**SIGNATORY'S NAME** (if applicable): \_\_\_\_\_

**DATE:** \_\_\_\_\_