

Arts Business Innovation Fund (ABIF) Pre-Qualification Form Preview

Eligibility

* indicates a required field

Privacy statement

By completing this application you understand and agree to the way in which Arts Queensland and its third party service providers collect and manage your personal information. For further Arts Queensland privacy information go to <https://artsqueensland.smartygrants.com.au/>. For information about [OurCommunity's privacy policy and terms of use](#).

To be considered eligible for Arts Business Innovation Fund (ABIF), applicants must answer yes to the following eligibility questions. Please note that this is not a full list of eligibility criteria. The **full list of eligibility criteria** can be found in the [ABIF guidelines](#).

- | | | | |
|--|---------------------------|--------------------------|---------------------------|
| Does your organisation you have a registered and current Australian Business Number (ABN)? * | <input type="radio"/> Yes | <input type="radio"/> No | |
| Is your organisation a Queensland based arts organisation, with head office in Queensland? * | <input type="radio"/> Yes | <input type="radio"/> No | |
| Is your organisation a not-for-profit arts organisation? * | <input type="radio"/> Yes | <input type="radio"/> No | |
| Has your organisation satisfied requirements of any previous Arts Queensland funding? * | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Has your organisation satisfied the requirements of any previous Tim Fairfax Family Foundation funding? * | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| Your organisation has deductible gift receipt (DGR) status item 1? * | <input type="radio"/> Yes | <input type="radio"/> No | |
| Can you match the funding request through confirmed funding sources? | <input type="radio"/> Yes | <input type="radio"/> No | |

Applicant Details

* indicates a required field

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This is an initial request for finance. A full assessment will be undertaken for eligible applicants.

Please read the following before completing this form:

- [Arts Business Innovation Fund Guidelines](#)
- [Arts Business Innovation Fund FAQs](#)

You can view these documents on the Arts Queensland funding website at: www.arts.qld.gov.au

Arts Queensland's Arts Acumen program offers a range of resources and information to support funding applications. Please see the [Arts Acumen](#) page for further information (visit www.arts.qld.gov.au and follow the prompts for Arts Acumen).

Approval is required prior to the commencement of the initiative. It is anticipated the ABIF process will take approximately 16 weeks from Pre-Qualification submission to notification of approval.

If you have any questions about this program, please call Arts Queensland on (07)3034 4016 or toll free 1800 175 531.

Organisation Details

Full registered organisation name *

Organisation Name

Street Address *

Address

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

Postal Address *

Address

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

Applicant primary website *

Must be a URL.

Contact Details

Project Contact *

Title

First Name

Last Name

Project Contact Position *

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Daytime Phone Number

*

Must be an Australian phone number.

Mobile Phone Number

Must be an Australian phone number.

Email *

Must be an email address.

Local Government Area and State Electorate

Select your Local Government Area (LGA)

Search your location using the Queensland place names search website to find your Local Government Area (LGA).

Select your State Electorate

Search your address on the Electoral Commission Queensland website to find your electorate.

Australian Business Number (ABN) details

Applicant 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.

GST Registered (Y/N) *

Yes

No

Trading name or professional name (if different)?

<http://abr.business.gov.au/>

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Operating structure

Operating structure *

- Non-Profit (Incorporated Association)
 Non-Profit (Company Limited By Guarantee)
 Other:

Government owned?

- Local State Federal N/A

Deductible Gift Recipient (DGR) status *

- Item 1 Item 2

Applicant's ABN must have DGR status.

Statement of business innovation

* indicates a required field

Proposed initiative start date *

Approval is required prior to commencement of the initiative; processing may take approximately 16 weeks from Pre-Qualification to approval

Total funding request (including grant and loan) *

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

STATEMENT OF BUSINESS INNOVATION

Please provide the following details to support this application.

What is the initiative and how will it work towards achieving the organisation's mission? Explain the impact on the organisation's future business model and organisational resilience, including financial impact? *

Word count:

Must be no more than 400 words.

PROOF OF CONCEPT

Market analysis (400 words max.) *

Word count:

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Must be no more than 400 words.

Competitor analysis (400 words max.) *

Word count:

Must be no more than 400 words.

Proof of concept cont'd

* indicates a required field

Technical validation (400 words max.) *

Word count:

Must be no more than 400 words.

Intellectual property (400 words max.) *

Word count:

Must be no more than 400 words.

People and skills for implementation (400 words max.) *

Word count:

Must be no more than 400 words.

Support material and statistical information

* indicates a required field

Support material

Please include the following documents in support of your application.

Budget - Multi-year high level budget that indicates income and expenditure for the proposal, including applicant's matched funding. Budget should include the implementation year(s), plus one more year to demonstrate impact on the financial model. *

Attach a file:

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Company Balance Sheet: a summary of current financial position *

Attach a file:

Company Constitution *

Attach a file:

Information in this section is not used to assess your application. Information you provide will be aggregated and used to review access to Arts Queensland funding programs.

Groups Identify With

- | | |
|--|--|
| <input type="checkbox"/> Aboriginal peoples | <input type="checkbox"/> People from culturally and linguistically diverse backgrounds |
| <input type="checkbox"/> Torres Strait Islander peoples | <input type="checkbox"/> Older people (over 55 years of age) |
| <input type="checkbox"/> Australian South Sea Islander peoples | <input type="checkbox"/> Youth (12 - 25 years of age) |
| <input type="checkbox"/> Regional Queenslanders | <input type="checkbox"/> Children (0-11 years) |
| <input type="checkbox"/> People with disability | |

Declarations and Certification

* indicates a required field

Declarations

Have you, or your fellow authorised signatories, ever been a shareholder or officer of any company or other entity to which a Manager, Receiver and/or Liquidator has been appointed? * Yes No

Is there any unsatisfied judgment entered in any court against you, or your fellow authorised signatories, or any company or other entity of which you or your fellow authorised signatories are or were a shareholder or officer? * Yes No

Have you or your fellow authorised signatories ever been declared to be Bankrupt or entered into a scheme of arrangement? * Yes No

Organisation declaration

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Is your organisation's annual turnover greater than \$5m p.a? * Yes No

Has your organisation met all requirements under any previous agreements with Arts Queensland? * Yes No N/A

Has your organisation met all requirements under any previous agreements with the Tim Fairfax Family Foundation? * Yes No N/A

Disclaimer

This application is an initial request for finance only and does not represent a commitment to approve either grant or loan components of this application. Applicants take full responsibility for the accuracy of all information provided and any assumptions made. A full loan assessment will be undertaken for eligible applicants. Loans captured under the provisions of the National Credit Code will not be approved.

Certification

I, the undersigned, certify that:

- I have read and will abide by the Arts Queensland Arts Business Innovation Fund Guidelines.
- The statements in this application are true and correct to the best of my knowledge, information and belief.
- I acknowledge that, if I am successful, information provided in this application will form part of my funding and loan agreements and I will be held accountable to deliverables outlined in this application.
- I consent that information provided in this application may be used for training, systems testing or process improvement purposes by Arts Queensland staff.
- I give permission for Arts Queensland to verify funding requested from other funding agencies in support of this initiative and to provide information in this application to those funding agencies for this purpose.
- I give permission for Arts Queensland to forward my information to the ABIF partners (Positive Solutions and QUT CEA) for the purposes of assessment and to contracted service providers for financial due diligence.
- By submitting this application I expressly consent to Arts Queensland's nominated service provider obtaining my credit information in order to assess my commercial loan application.
- If this application is approved, I consent to the media and Queensland's State MPs being given information about the funded initiative and I understand I may be contacted directly by them.
- If this application is approved, I consent to the funded initiative and the amount of funding received being published on the Arts Queensland website and /or the Queensland Government Open Data Portal and funding partner platforms.
- The signature(s) below evidences that I have read and understood Arts Queensland's *Important Information for Applicants*, which outlines how information provided in my application may be used by Arts Queensland.

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Name in full *

Position in Organisation *

Date *

Must be a date.

How did you hear about the Arts Business Innovation Fund? *

- Arts Queensland
- Other: