



## Eligibility

Please read through the Regional Activation Program Guidelines on Midsumma's website before submitting an expression of interest.

### Eligibility Checklist - Mandatory Requirements \*

Have a current Australian Business Number (ABN)

Have no overdue deliverables from other funds provided by Midsumma

Have or are willing to procure Public Liability Insurance (up to \$20 million) to cover all aspects of the program, or an auspice arrangement that includes this cover

### What best reflects you? \*

An LGBTQIA+ Individual. Based in Regional, Rural or Remote Victoria

An LGBTQIA+ Individual. Based in Metro Melbourne and operating in Regional, Rural or Remote Victoria

An LGBTQIA+ organisation, not-for-profit, social enterprise, collective or peak community body based in Regional, Rural or Remote Victoria

An LGBTQIA+ organisation, not-for-profit, social enterprise, collective or peak community body based in Metro Melbourne and operating in Regional, Rural or Remote Victoria

None of the above

## Applicant Details | Individual

An LGBTQIA+ Individual. Based in Regional, Rural or Remote Victoria or based in Metro Melbourne and operating in Regional, Rural or Remote Victoria

### Key Contact Name \*

First Name

Last Name

### Pronouns \*

### Project Role

**Email \***

example@example.com

**Contact Number \***

Please enter your business or mobile phone number.

**Contact Number \***

Please enter your business or mobile phone number.

**Postal Address \***

Street Address

Street Address Line 2

City

State

Post Code

**Who are the Traditional Owners of the lands on which you live and work?**

Please feel free to add a reference source

**ABN \***

If applicable

**Are you registered for GST? \***

Yes

No

I don't know

**Are you using an auspicing body? \***

Yes

No

**Who are the Traditional Owners of the lands on which you live and work?**

Please feel free to add a reference source

**Is your Postal Address different to your Street Address?**

Yes

No

**ABN \***

## **Applicant Details | Organisation, Not-For-Profit (NFP), Social Enterprise, Collective or Peak Community Body**

Based in Regional, Rural or Remote Victoria or based in Metro Melbourne and operating in Regional, Rural or Remote Victoria

**Organisation Name \***

**Key Contact Name \***

First Name

Last Name

**Position Title**

**Pronouns \***

**Email \***

example@example.com

**Street Address \***

Street Address

Street Address Line 2

City

State

Post Code

**Are you registered for GST? \***

Yes

No

I don't know

**Are you using an auspicing body? \***

Yes

No

## About your identities

Please select all that apply. We collect this information to understand who is participating in our programs and how different communities are impacted. Organisations should respond based on the project's key artists, support staff and participants. Select all that apply.

**What age bracket best reflects you? \***

16–24

25–34

35–44

45–54

55–64

Prefer not to say

**How would you describe your sexual identity? \***

Lesbian  
Gay  
Bisexual  
Heterosexual  
Asexual  
Queer  
Pansexual  
Other

**How would you best describe your gender? \***

Cisgender man  
Cisgender woman  
Transgender woman  
Transgender man  
Non-binary  
Prefer not to say  
Other

**Were you born with a variation of sex characteristics (this is sometimes called intersex or differences of sex development)? \***

Yes  
No  
I don't know  
Prefer not to say

**Do you identify as any of the following? \***

Aboriginal and/or Torres Strait Islander, First Nations, Bla(c)k, Indigenous  
Culturally diverse or Person of Colour  
Person with disability  
Caring for a person with disability  
d/Deaf  
Hard of hearing  
Autistic/neurodiverse  
Blind/low-vision  
Person living with chronic illness and/or chronic pain  
Having lived experience of complex mental health  
Prefer not to say  
None

## Project Logistics | What, When, Where?

Tell us the key details of your project including what you are delivering, when it will take place, and where it will happen.

### Primary Project Category. Select all that apply \*

PERFORMANCE

MUSIC

VISUAL ARTS

FILM

TALKS, TOURS AND WORKSHOPS

KIDS & FAMILIES

YOUTH

COMMUNITY & CULTURE

PARTIES & SOCIAL EVENTS

SPORTS

Other

### Project Title \*

This will be how we announce your project publicly and in all marketing collateral.

### PLEASE NOTE - Eligible Project Dates:

Between 1 November 2026 and 7 February 2027

### Short Project Description \*

0/50

### Does your project take place over multiple dates \*

Yes

No - just one event/activity or outcome

### Project Outcome - Please select all that apply \*

Digital Outcome

Both

## Accessibility

Please outline any accessibility considerations for your project and how you will support inclusive participation and attendance.

**Can audiences understand and engage with your project/event without a comprehensive understanding of the English language? \***

Yes

No

Unsure - I'd like more information or resources

**Are you planning to have your project/event Audio Described? \***

Yes

No

Unsure - I'd like more information or resources

**Are you planning to offer Tactile Tours? \***

Yes

No

Unsure - I'd like more information or resources

**Are you planning to have your project/event Auslan Interpreted? \***

Yes

No

Unsure - I'd like more information or resources

**Will your project/event be captioned? \***

Yes

No

Unsure - I'd like more information or resources

**Is your project/event Low Sensory in nature or are you planning to have Relaxed Sessions? \***

Yes

No

Unsure - I'd like more information or resources

**Is your project/event accessible to wheelchair users? \***

Yes

No

Unsure - I'd like more information or resources

## **Creative Vision & Community Impact**

Tell us more about your project, the ideas behind it, how it will be delivered, and the impact you hope it will have. Short and clear responses are encouraged.

**Who is your project for and who will be involved? \***

Describe the LGBTQIA+ communities, audiences, artists, collaborators, or participants connected to the project, and how they will be involved.

0/300

**What are you going to do? \***

Describe the project, event, activity, or creative work you are planning to deliver.0/300

**How could this project create impact or opportunity? \***

Describe how this project may support connection, inclusion, collaboration, creative development, or longer-term outcomes for yourself or others involved.

0/200

**What does success look like for your project? \***

Tell us what success could look like for you, your collaborators, or your community, and how you plan to reflect on or measure the impact of the project.

0/200

**How many people will actively participate? (Artists/Volunteers/Staff) \***

Approximate figure

**How many people are anticipated to engage with your project? (Audience) \***

Approximate figure

**What does your capacity and time commitment for this project look like? \***

This helps us understand how to best support you throughout the project.

**Have you considered how your project or community could connect with Victoria's Pride Street Party in Melbourne in February? If yes, please provide details.**

Potential opportunities may include exhibitions, performances, market stalls, local business collaborations, or supported transport for community attendance.

0/200

## **Project Financials**

Use this section to outline your project budget and any financial support, costs or contributions connected to the project.

**Total cost of project? \***

**Support/Grant Amount requested from Midsumma? \***

Excluding GST

Excluding GST

**If your project has a public outcome, will this be ticketed? \***

Free

Ticketed

Unsure - I would like more information or resources

Online only

**Are you seeking financial support from other sources?**

Yes

No

To be determined

**At this stage, are there any risks or barriers you anticipate for your project? If yes, briefly outline how you may manage or respond to them. \***

We don't expect a full risk management plan, keep this brief.

**Where did you hear about this opportunity? \***

Social Media

Email

Word of Mouth

Midsumma Website

Other

**Additional Project Information**

Tell us about any partner organisations, potential risks, and how you heard about this opportunity. This helps us understand the broader context of your application.

**List any organisations, community groups, collectives you will be partnering with and if these are confirmed? \***

Highly recommended

## **Supporting Documents**

Upload 2 x support letters from other members of your community(s) and any additional support links/files or photos

**Links to photos, videos, mood boards, websites or other supporting material relevant to your project**

Support evidence for your capacity to deliver previous projects and the artistic direction of this project.

## **Artist Photo Credit**

Photographers Name

## **Declaration & Agreement**

By ticking this box, I, the Applicant Contact, am authorised by my group/organisation to complete this application. I confirm that all information is correct as at the time of submission and certify that if successful:

- I will only spend the grant funds in accordance with the approved budget and return any funds not spent on agreed activities.
- I will undertake the project as described in this application. Adequate record-keeping and documentation will be adhered to throughout the project.
- I will deliver a financial acquittal and written reflection no later than 14 days after my event, activity or outcome has concluded.

Any project changes must be communicated with the Midsumma team as soon as practicable.

**Confirmation \***

I acknowledge and agree to the above terms