Program Eligibility

* indicates a required field

Personal Information

By selecting 'Confirm' below, you confirm that:

- you have read, understood and voluntarily agree to the collection and use of your personal information as described in Screen Australia's privacy notice (available on our website here) (**Privacy Notice**); and
- you have informed all individuals whose personal information is to be included in the application form or supporting materials of the matters set out in the Privacy Notice, provided them with a copy (as linked here) and obtained their consent to disclose the relevant personal information to Screen Australia.

| Pr | ivacy | Notice | * |
|----|-------|---------------|---|
| | Confi | rm | |

General Requirements

The **Strategic Opportunities** program supports a small number of initiatives that are aimed at providing skills development and training for the screen industry. Initiatives should be responsive to industry needs, designed to assist in the growth of a sustainable, diverse and inclusive film, television and games sector. This is a big-picture funding program that supports initiatives that will offer immediate, medium, and long-term benefits to the industry.

Proposed activities must have strong strategic alignment with Screen Australia's key objectives, challenges and focus areas for industry development.

Due to the limited nature of Industry Development funding, applicants are required to discuss the scope and details of their proposal for their strategic opportunity initiative and confirm funding availability with either the Head of Industry Development or the Industry Development Manager. Contact the Program Operations team if you are unsure of who to speak with on 1800 507 901 or industrydevelopment@screenaustralia.gov.au.

Prior to your submission we require you to discuss the scope and details of your proposal with a member of the Industry Development Team. Please indicate who you have spoken with ${\bf *}$

Before you begin:

• Applicants must provide accurate information to Screen Australia at all times. A person or company that makes a false or misleading statement to Screen Australia in an application may face criminal or civil liability including liability for an offence under the Criminal Code Act 1995. In addition, if funding awarded by Screen Australia was obtained by fraud or serious misrepresentation, Screen Australia can revoke its funding.

Strategic Opportunities Fund

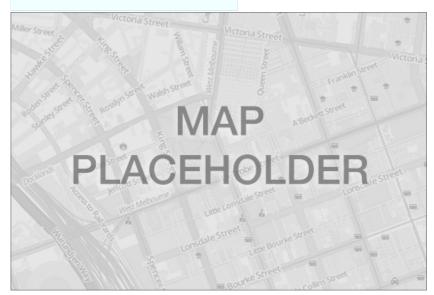
Form Preview

- It is important that you read our <u>Terms of Trade</u> and the <u>Strategic Opportunities</u> <u>Fund Guidelines</u> to ensure your project is eligible for funding and to help you deliver the strongest application possible.
- For help completing this application, refer to the <u>Help Guide for Applicants</u> or <u>Applicant Frequently Asked Questions (FAQs)</u>
- For queries about the guidelines, deadlines, or questions in the form, please contact us on 1800 507 901 during business hours or email industrydevelopment@screenaustralia.gov.au and quote your application number

| industrydevelopme | ent@screenaustralia.gov.au and quote your application number | |
|---|---|-----|
| | pany is incorporated and carrying on business in Australia all applicants meet the general eligibility criteria in Screen Australia | ı's |
| □ provides genuine o | ly be eligible for other Screen Australia funding programs career advancement opportunities for below-the-line crew and enuinely increases diversity, equity and inclusion in below-the-line | |
| | * g requested for the development or production of screen content g used to fund or substitute a paid crew role on any production or | |
| ☐ funding is not bein requirement of Screen another industry progr ☐ funding is not bein ☐ funding is not bein already working at the | ig used for professional placements or attachments that are a Australia, a state or territory screen agency or covered as part of ram ag requested retrospectively gused for training or skills development for individuals who are a grade or in the role they are moving up to unless there is a detailed will mean they are working differently (e.g. moving from one genres). | |
| Applicant Company | Name - For Contracting * | |
| Applicant Comp | any Details | |
| Applicant Comp | | |
| * indicates a required | | |
| Applicant Details | | |
| This person takes resp directed to them. | consibility for the application and all official correspondence will be | |
| Applicant * First Name | Last Name | |
| | | |
| | | |

Applicant Primary Address *

Address



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

Applicant Primary Phone Number

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Applicant Company Details

Applicant Company 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 Bus | iness 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. | | | |
| Please COPY & PASTE Company field below. | | | above into Applicant |
| Applicant Company * Organisation Name | | | |
| Anniharat Campany Dr | wiwa a wa A alaka a a 🔻 | | |
| Applicant Company Pr Address | imary Address * | | |
| | | | |
| Address Line 1, Suburb/Tow | vn, State/Province, Post | code, and Country are re | quired. |
| Applicant Company Pr | rimary Phone Numl | ber * | |
| Applicant Company Pr | rimary Email * | | |
| | | | |
| Additional Contact | (if applicable) | | |
| Additional Contact First Name | ast Name | | |
| | | | |
| Additional Contact Pri | imary Phone Numb | er | |
| Must be an Australian phon | ne number. | | |
| Additional Contact Pri | imary Email | | |
| Must be an email address. | | | |
| Initiative Details | | | |
| * indicates a required fie | eld | | |
| Name of the initiative | · * | | |
| | | | |

| Total Amount Requested * |
|--|
| \$ |
| Must be between \$10,000 and \$150,000. |
| Other Funding Total * |
| \$ |
| The total of any co-contribution from the production company, game development studio or screen business. |
| Total Initiative Funding |
| \$ |
| This number/amount is calculated. |
| Provide a brief description explaining how the initiative meets the aims of the Strategic Opportunities Program * |
| |
| Word count: Must be no more than 100 words. |
| Please indicate the states or territories in which the activities will take place * □ Australian Capital Territory □ New South Wales □ Northern Territory □ Queensland □ South Australia □ Tasmania □ Victoria □ Western Australia |
| Please provide information about the applicant company: experience, structure and details of principals and key staff. * |
| |
| |
| |
| Describe how the activities being funded will provide opportunities for First Nations people and/or increase diversity, equity and inclusion throughout our sector. See below for more information. * |
| |
| |

How will you ensure that opportunities and career development support will be provided to First Nations people; people who are from culturally and linguistically diverse backgrounds; people who are Deaf/deaf or disabled; women, people who are non-binary or gender diverse; people who identify as LGBTQIA+; and people located in regional and remote areas.

Examples include:

- Ensuring 50% of people supported are women, non-binary or gender diverse people
- Strategies for diversity recruiting
- Identify company wide training needs that support increased diversity, equity and inclusion i.e Disability Confidence training, Cultural Safety Training, Mental Health Awareness, Inclusive Workplace Training.

Strategic Opportunities Fund

Please provide details of individuals involved in the management or delivery of the initiative including a bio of the individual's experience in the industry and suitability for the role. Use the 'Add More' button to add additional fields.

| Name * First Name | | Bio * |
|-------------------|-----------|-------|
| First Name | Last Name | |
| | | |
| | | |
| | | |
| Role * | | |
| | | |
| | | |

Intended Outcomes/KPIs

Please provide your intended outcomes/KPIs. These should be quantifiable.

| Proposed Activity | Intended Outcome | KPI |
|-------------------|------------------|---|
| | | This should be a quantifiable indicator, e.g. a percentage or other numerical amount. |
| | | |
| | | |
| | | |

Submission Materials

* indicates a required field

Files can be added using the 'Choose Files' button.

Please ensure:

- Every file uploaded is named according to the filename instructions given
- Only upload information that relates to the question being asked
- Uploaded files are in the specified format and no ZIP files are included
- Maximum file size is 25MB

Please note: If you have supplied more than the requirement, we will only read/ watch up to the maximum page/duration limit.

Please provide an Initiative Proposal & Activity Plan which outlines the rationale for funding, initiative design (structure and performance framework), an implementation plan (planning, preparation, implementation, contract management, monitoring and evaluation), location/s and intended participants, and any proposed partnerships.

| Initiative Proposal & Activity Plan * Attach a file: | |
|--|--------------------------------|
| | |
| Filename: Initiative Proposal & Activity Plan - [Initiative Proposal & Activity Plan - [Initiati | ative Name].doc, .docx or .pdf |

Please provide your full detailed budget that address all components of the proposed initiative including any co-contribution from the applicant, proposed partners or other third parties.

| Detailed Budget * Attach a file: |
|--|
| |
| Filename: Detailed Budget - [Initiative Name].xlsx |
| Additional supporting materials: Any other documentation or supporting material that might assist consideration of the application. Attach a file: |
| |
| Filename: [Type of Document] - [Initiative Name].doc, .docx, .pdf or .xlsx. If uploading multiple files, please number each. |
| Please ensure you have provided all the attachments requested before submitting |
| To ensure your files can be ingested into our automated systems, and that your application can be processed, please confirm: * |
| □ Every file uploaded is named according to the filename instructions given □ Uploaded files are in the specified format and no ZIP files are included □ Uploaded files are no more 25MB |