MDO Milestone Micro-Grants (Quick Response)
Form Preview

Eligibility

* indicates a required field

OFFICIAL SENSITIVE

You must meet all of the following criteria to be eligible in this program delivered by the Music Development Office (MDO):

Applicant Type

Select the applicant type that describes your core activity: *
- ○ ARTIST
- ○ MUSIC BUSINESS

Artist Applicants

Please select one of the following. I am a: *

○ Professional South Australian musician, writing and performing my own music

○ Local music business/ organisation who supports artists in the creation, presentation, production, delivery or development of original music, and am applying ON BEHALF OF an ARTIST for a creative development project

Business Applicants

○ I confirm I am a local music business/organisation who supports professional original* South Australian artists in the creation, presentation, production, delivery or development of original music

*Original artists are those who write and perform their own music.

Do you have Australian citizenship or permanent resident status? *

○ Yes ○ No

Have you been based in and operating in South Australia for at least the six months prior to the date of this submission? *

○ Yes ○ No

Do you have a current, active ABN? *

○ Yes ○ No

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Can you demonstrate that this application relates to a significant, time-sensitive opportunity that is likely to deliver meaningful professional or business development outcomes and could not reasonably have been anticipated or scheduled to align with regular Project Support Grant deadlines? *
○ Yes ○ No

Do you have any overdue funding acquittals with the Music Development Office? *
○ Yes ○ Unsure ○ No
If you are unsure of your acquittal status for previous MDO grants, please contact the MDO on mdo@sa.gov.au or ph 8429 3555.

DECLARATION: I (the applicant) have read and understood the Program Guidelines. *
○ Yes
Program Guidelines for this round are available to download from https://mdo.sa.gov.au/ on the Project Support Grants page.

DECLARATION: I (the applicant) have answered truthfully to the above questions. *
○ Yes

Go to Application

*
○ Tick here to continue

IMPORTANT: YOU MAY BE INELIGIBLE

After you answer *all* of the above questions, you should see an option to "Go to Application". If this option does not appear, then you may **not eligible to apply** for this grant program. Please refer to the Program Guidelines and contact the MDO with any questions.

Contact Details

* indicates a required field

Band or Business Name: The public name you use for your business, brand, band, or artistic practice. *
Organisation Name

Applicant Project Contact
Title First Name Last Name

Role *

Email *

Primary Phone Number *

Business Street Address or PO Box *
Address

Please provide the address that you use for YOUR TAX INVOICES.

Website

Please tick the location relevant to your business address: *

- ○ Adelaide CBD
- ○ Adelaide Metro Northern Suburbs
- ○ Adelaide Metro Southern Suburbs
- ○ Adelaide Metro Eastern Suburbs
- ○ Adelaide Metro Western Suburbs
- ○ Adelaide Hills
- ○ Barossa
- ○ Fleurieu and Kangaroo Island
- ○ Yorke and Mid North
- ○ Far North
- ○ Eyre and Western
- ○ Light and Lower North
- ○ Limestone Coast
- ○ Murray and Mallee (Riverland)

Please list the SA Electoral District relevant to your physical address: *

Please list the SA Council Area relevant to your physical address: *

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	

Do you identify as any of the following? *
- ○ Female
- ○ Male
- ○ Non-Binary
- ○ Gender Diverse
- ○ Prefer not to say
- ○ Other:

Do you identify as any of the following? *
- ☐ Young people (under 18yrs)
- ☐ Youth (Under 26)
- ☐ People with disability
- ☐ People from culturally and linguistically diverse backgrounds
- ☐ People living in regional or remote communities
- ☐ Aboriginal and Torres Strait Islander peoples
- ☐ None of the above
- ☐ Other:

In which of the following age ranges do you fall? *
- ○ Under 18
- ○ 18-25
- ○ 26-35
- ○ 36-50
- ○ 51-65
- ○ 65+
- ○ Prefer not to say

Do you have an Auspice? *
- ○ Yes
- ○ No

Would you like to nominate a Secondary Contact for this application? *
- ○ Yes
- ○ No

e.g. Manager, band mate, or other main business contact

Parent or Guardian

This contact will be included in all official correspondence regarding the application.

Parent and/or Guardian Contact Details *

Title | First Name | Last Name

Parent and/or Guardian Email *

Parent and/ or Guardian Mobile Phone *

Parent and/ or Guardian Street Address or PO Box
Address

Auspice

This contact will be included in all official correspondence regarding the application.

Auspice *
First Name Last Name

Auspice 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.

Auspice Email *

Auspice Phone Number *

Auspice Address

Address

Secondary Contact

This contact will be included in all official correspondence regarding the application.

Secondary Contact
○ Individual ○ Organisation
Organisation Name

Title First Name Last Name

Secondary Contact Position / Role

Secondary Email

Secondary Contact Phone Number

Secondary Contact Address
Address

DON'T FORGET TO SAVE YOUR PROGRESS REGULARLY

Business Details

* indicates a required field

General

Please specify your business structure: *
○ Sole Trader
○ Partnership
○ Freelancer
○ Other:

○ Business

How many years have you (your band / business) been in operation? *
○ 6 months - 1 year
○ 1+ year - 3 years
○ 4 - 5 years
○ 6 - 10 years
○ 10+ years

What is your core music activity? *
○ Artist
○ Venue
○ Studio
○ Record Label
○ Manager
○ Promoter / Events
○ Media / PR
○ Retail
○ Rehearsal Room
○ Training
○ Manufacturing
○ Other:
○ Producer / Engineer
○ Agent

Project Details

* indicates a required field

Applicant Background

Business Description or Artist Bio (150 words) *

Word count:

Activity Details

Activity Title / Basic Description *

Word count:
Must be no more than 8 words.

Total Amount Requested *
$
Must be a whole dollar amount (no cents) and no more than 1000.

Start Date *
Must be a date and no earlier than 28/8/2026.

End Date *
Must be a date and no later than 31/12/2026.

Activity Description (150 words) *

Word count:

Significance and impact of the opportunity (100 words) *

Word count:

Why couldn't this activity have been planned in alignment with a Project Support Grant round? (100 words) *

Word count:

What are the expected outcomes of the activity? (100 words) *

Word count:

Where will your main PROJECT ACTIVITY take place? (Tick all that apply) *

- ☐ Adelaide: CBD
- ☐ Adelaide: Northern Suburbs
- ☐ Adelaide: Southern Suburbs
- ☐ Adelaide: Eastern Suburbs
- ☐ Adelaide: Western Suburbs
- ☐ Adelaide Hills
- ☐ Barossa
- ☐ Far North
- ☐ Eyre and Western
- ☐ Fleurieu and Kangaroo Island
- ☐ Light and Lower North
- ☐ Limestone Coast
- ☐ Murray and Mallee
- ☐ Yorke and Mid North
- ☐ Interstate
- ☐ Overseas

Project Budget

* indicates a required field

Total Amount Requested from MDO (as per your previous answer)

$

READ ONLY

Total Activity Cost *

$

Applicants must demonstrate some contribution towards the total activity cost. Select the type(s) of contributions you will make. *

☐ Cash income from any source
☐ Sponsorship
☐ In-Kind support
☐ Other:
☐ Other grant funding
Selected items should also be listed in your budget under 'Income'.

Budget

Income	$	Expenditure	$

Budget Totals

Total Income Amount
This number/amount is calculated.

Total Expenditure Amount
This number/amount is calculated.

Income - Expenditure
This number/amount is calculated.

Budget Explanation

It is highly recommended that you provide Budget Explanatory Notes to assist the assessment of your application.

Budget Supporting Material
Attach a file:

Budget Explanatory Notes

Word count:

DON'T FORGET TO SAVE YOUR PROGRESS REGULARLY

Support Material

Confirmation of Activity

This may include **Letters of Confirmation**, for example invitations to participate in the significant activity

Supporting Files:
Attach a file:

Declarations / Consents

* indicates a required field

(a) I declare that I have the authority to complete this Application Form and to make the declarations, consents and acknowledgements below on behalf of the Applicant, and further acknowledge that by including my name in this Application Form, I am deemed to have signed this Application Form as an authorised representative of the Applicant.

(b) I declare that the Applicant meets all the Eligibility Criteria as set out in the Program Guidelines.

(c) I declare that I have read and understood the Program Guidelines the instructions set out in this Application Form (including but not limited to the provisions relating to Confidential Information, Disclosure of Information and Privacy outlined in the Program Guidelines).

(d) I agree and consent to the Music Development Office / Department using the personal information in this Application Form in accordance with the Program Guidelines, including but not limited to for the purpose of managing the grant assessment and approval process, including the collation of statistics and refinement of the grant management system.

(e) If my application is successful, I acknowledge and agree to the Applicants name, details of the Applicants business, details of the Activity and awarded amount being presented in media releases, published on the Music Development Office website, and used by the Minister for Arts for communications regarding the application.

(f) If the Activity involves working with children and young people aged under 18 years, I declare that I have read and agree to comply with the South Australian Government's Protocols for Working with Children in Art.

(g) If my application is successful, I agree to comply with the Music Development Office's requirement to adopt and implement a Respectful Behaviours policy and procedure.

(h) I declare that the information contained in this Application Form together with any statement attached and all other information provided in relation to this Application Form is, to the best of my knowledge, true, accurate and complete. I also understand that giving of false or misleading information is a serious offence under the *Criminal Law Consolidation Act, 1935 (SA)*.

(i) I understand that I may be requested to provide further clarification or documentation to verify the information supplied in this Application Form (and/or associated documents) and that during the application process, the Music Development Office / Department may

consult with other government agencies or engage external advisors about the information provided in the Application Form (and associated documents).

(j) I acknowledge that if the Government is satisfied that any information provided in this Application Form (or in any associated documents) is incorrect, incomplete, false or misleading, the Government may, at its absolute discretion, take appropriate action which may include, but is not limited to, excluding my Application Form from consideration; withdrawing a funding offer and/or terminating any grant agreement including recovering funds already paid.

(k) I declare that the Applicant will comply with, and require that its employees and contractors comply with, all applicable laws and Government policies.

(l) I understand that the assessment of my Application Form and any decision to approve any funding is at the absolute discretion of the South Australian Government.

I agree to the above Declarations as (or on behalf of) the Applicant *
○

I am the Authorised Representative for agreeing to these Terms and Conditions and Declarations *
○
Sole Traders are considered Authorised Representatives for their own applications. Other businesses and organisations may opt to have an alternate role (e.g. CEO, Board Director) act as the Authorised Representative, if the person completing the application is not authorised to make the declarations above.

Authorised Representative *
First Name Last Name

Position/Role *

I consent to the Music Development Office using the personal information I have provided to advise me of other Music Development Office grant programs, services, initiatives and events. *
○ Yes
○ No

Lastly, how did you find out about the MDO's Milestone Micro-Grants? *
☐ MDO Website
☐ Word of Mouth
☐ Social Media (e.g Facebook)
☐ E-newsletter
☐ Print Media
☐ Online Media (e.g. apps, news websites)
☐ MDO Grant Info Session
☐ Other: