

MDO Venues Activation Program - Application

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):

Do you have Australian citizenship or permanent resident status? *

- ☐ Yes ☐ No

Has the venue been operating in South Australia for at least six months prior to the round opening date? *

- ☐ Yes ☐ No

Does the venue have a current, active ABN which is NOT insolvent or under administration? *

- ☐ Yes ☐ No

Does the venue have a capacity of 700 people or less? *

- ☐ Yes ☐ No

Does the venue have a dedicated and permanent stage for performances that is a significant component of the venue? *

- ☐ Yes ☐ No

For Metro / Outer Metro venues, does the venue deliver two days per week of live music performances featuring ORIGINAL music, on average? *

- ☐ Yes ☐ No ☐ N / A - I am applying for a Regional or Remote venue

For Regional / Remote venues, does the venue demonstrate a regular and ongoing program of ORIGINAL live music performances sufficient to evidence its significance as a live music venue? *

- ☐ Yes ☐ No ☐ N / A - I am applying for a Metro or Outer Metro venue

Do you have a current OneMusic licence for the venue? *

- ☐ Yes ☐ No

Does live music form a significant part of the venue's normal operations and/or revenue? *

- ☐ Yes ☐ No

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DECLARATION: I (the applicant) have read and understood the Program Guidelines. *

☐ Yes

☐ No

Program Guidelines for this round are available to download from <https://mdo.sa.gov.au/>

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

☐ Yes

☐ No

You may be ineligible in this program

If you answered "No" to any of the above questions, you may be **ineligible** in this program. **Before you proceed with the submission**, you should contact the MDO for questions on your eligibility: 08 8429 3555 | mdo@sa.gov.au

Applicant

* indicates a required field

VENUE NAME

Organisation Name

Applicant Project Contact

Title

First Name

Last Name

Applicant Project Contact Role

Applicant Project Contact Primary Phone Number

Must be an Australian phone number.

Applicant Project Contact Primary Email

Must be an email address.

Venue Address

Address

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Venue Website

Must be a URL.

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.

Do you identify as any of the following? *

- | | |
|----------------------------------|---|
| ☐ Female | ☐ Gender Diverse |
| ☐ Male | ☐ Prefer not to say |
| ☐ Non-Binary | ☐ Other: |

Do you identify as any of the following? *

- | | |
|--|--|
| ☐ Young people (under 18yrs) | ☐ People living in regional or remote communities |
| ☐ Youth (Under 26) | ☐ Aboriginal and Torres Strait Islander peoples |
| ☐ People with disability | ☐ None of the above |
| ☐ People from culturally and linguistically diverse backgrounds | ☐ Other: <input type="text"/> |

In which of the following age ranges do you fall? *

- | | |
|--------------------------------|---|
| ☐ Under 18 | ☐ 51-65 |
| ☐ 18-25 | ☐ 65+ |
| ☐ 26-35 | ☐ Prefer not to say |
| ☐ 36-50 | |

Do you have an Auspice? *

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

Would you like to nominate a Secondary Contact for this application? *

- | | |
|---------------------------|--------------------------|
| ☐ Yes | ☐ No |
|---------------------------|--------------------------|

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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

First Name

Last Name

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Secondary Contact Position / Role

Secondary Email

Secondary Contact Phone Number

Secondary Contact Address

Address

DON'T FORGET TO SAVE YOUR PROGRESS REGULARLY

Venue Description

** indicates a required field*

Business Description (100 words) *

Word count:

Please specify your business structure: *

- ☐ Sole Trader ☐ Freelancer
☐ Partnership ☐ Other:

☐ Business

How many years has your business been in operation? *

- ☐ 6 months - 1 year ☐ 5 - 10 years
☐ 1 - 3 years ☐ 10+ years
☐ 3 - 5 years

How many FTE staff work within your business? *

On average, how many casual staff does your business employ in a month? *

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What best describes your venue in relation to your core business? *

- | | |
|--|--|
| ☐ Pub or Hotel not serving meals | ☐ Winery or Brewery |
| ☐ Pub or Hotel serving meals | ☐ Cafe or Restaurant |
| ☐ Live Performance Venue | ☐ Other: |

- ☐ Theatre or Performance Hall

Does your venue have pokies? *

- ☐ Yes ☐ No

Does your venue have a Liquor Licence? *

- ☐ Yes ☐ No

No Liquor Licence - Please Specify

Please upload a copy of your venue's OneMusic licence *

Attach a file:

DON'T FORGET TO SAVE YOUR PROGRESS REGULARLY

Venue Activity

* indicates a required field

What is the capacity of your venue? *

Describe the capacity of your performance space(s) in relation to your total venue size. *

E.g. band room is 40% of the venue's total capacity

What percentage (%) of your live music activity is ORIGINAL MUSIC? *

What percentage (%) of your total BUSINESS activity is directly related to live music? *

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What percentage (%) of your total REVENUE is directly related to live music?

Must be a number.

Which of the following best describes the income your venue earns specifically from live music activity? *

- ☐ This is the venue's ONLY source of income
- ☐ This is the venue's MAIN source of income
- ☐ This is NOT the venue's main income source, but I am unable to survive without it
- ☐ This is NOT the venue's main income source. It is supplementary income, I can survive day to day without it
- ☐ Other:

Does your venue's live music activity support or work with any of the following? *

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

How many days per week does your venue present live music? *

What is the AVERAGE audience number in attendance at a live performance at your venue? *

E.G. how many people would you expect to come along to a live music performance on any given occasion

What is the average MONTHLY attendance for live music activity at your venue? *

E.G. in the course of a month, how many people would have attended live music performance(s) at your venue

Provide a brief history of your venue's live music activity, including key awards, achievements or milestones (150 words) *

Word count:

Describe your venue's live music activity in the previous 12 months (150 words) *

Word count:

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Upload supporting material for the above question (e.g. marketing material, screenshots of social accounts) *

Attach a file:

What is the significance of your venue to the South Australian live music ecosystem? (150 words) *

Word count:

How does your venue specifically support artist and audience development? (150 words) *

Word count:

Activity Proposal

* indicates a required field

Total Amount Requested *

\$

To a maximum of \$40,000

Start Date *

Must be a date and no earlier than 26/10/2026.

End Date *

Must be a date and no later than 31/10/2027.

If your application is successful, which proposed activities would this funding support? (Select all that apply.)

- | | |
|---|---|
| ☐ Artist fees | ☐ Business advisory services |
| ☐ Creative and technical personnel | ☐ Equipment hire or purchase (to a maximum of 25% of the funding request) |
| ☐ Booking agent fees | ☐ Activity that directly leads to improved accessibility for artists and audiences |
| ☐ Marketing | ☐ Other: <input type="text"/> |

Your Budget should include lines for each of the activities you select.

Explain your proposed activity and how you intend to use the funding (maximum 250 words). *

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Word count:

What are the key outcomes expected from the activity? (200 words) *

Word count:

Must be no more than 200 words.

Why does this activity need to occur, and why do you need funding to deliver the activity? (150 words) *

Word count:

Must be no more than 150 words.

How many DAYS PER WEEK of live music activity will this funding support? *

How many ARTISTS will this funding support? *

Approximately how many CREW (creative and technical personnel such as sound/lighting engineers, videographers) will this funding support? *

How will you market this activity? (100 words) *

Word count:

E.g. who is your target market, how will you reach them, what is your timeline

Which of the following describes the type of accessibility improvements you seek to make (Select all that apply) *

☐ Building modifications or structural improvements

☐ Access services

☐ Staff training

☐ Other:

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☐ Accessible communications / digital content

What access barriers have you identified, and how have they shaped your accessibility priorities and proposed activities? (100 words) *

What accessibility outcomes will this project achieve, and how will they improve experiences for people with disability or access barriers? (100 words) *

Word count:

How will the accessibility improvements funded through this grant be maintained and embedded in future operations? (100 words) *

Word count:

PHYSICAL MODIFICATIONS

Applicants seeking funding for building modifications or structural accessibility improvements must provide **evidence of the building owner's consent** to undertake the proposed works. Acceptable evidence may include a landlord approval letter, written agreement, or other documentation confirming permission for the works to proceed. Where relevant, applicants should also demonstrate that any required planning, building or regulatory approvals can be obtained

Evidence of building owner's consent *

Attach a file:

OTHER ACCESSIBILITY UPGRADES

Applicants must demonstrate that proposed accessibility measures are **informed by appropriate professional advice**, such as advice from a suitably qualified accessibility consultant, access auditor, disability access specialist, or relevant disability-led organisation.

Evidence of professional advice

Attach a file:

Budget

The following fields are guidelines.

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You are able to add different sources of income to the chart below, and are not obligated to allocate funding to each type of eligible expense.

Please see below for details on how to upload supporting material for your budget.

PROJECTED INCOME \$		ELIGIBLE EXPENSES \$	
Ticket Sales	\$	Artist Fees	\$
Bar Take	\$	Crew / Creative Personnel	\$
Grant Funding - MDO Proposed Grant	\$	Booking Agent fees	\$
Other:	\$	Marketing	\$
Other:	\$	Equipment Hire (25% max)	\$
Other:	\$	Equipment Purchase (25% max)	\$
	\$	Accessibility Upgrades (25% max)	\$

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.

Please upload supporting material for your proposed budget, e.g. explanatory notes, breakdown of artist fees, equipment purchase details etc *

Attach a file:

Access2Arts Opportunities

* indicates a required field

Through a **new partnership between the MDO and Access2Arts**, selected Venues Activation Program grantees will have the opportunity to participate in activity designed to help improve their venue's accessibility for a diverse range of audiences.

Access2Arts is a disability-led arts development agency and the peak body for arts and disability in South Australia. It supports arts and cultural organisations to become more inclusive and accessible, opening the doors for art lovers and artists with disability around SA and Australia.

Selected VAP grantees will receive:

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- an **Accessibility and Inclusion Masterclass** to build their knowledge and capability in venue accessibility and inclusion, and
- an **Accessibility Audit and Roadmap** tailored to the venue.

See Program Guidelines for details.

What are the current accessibility and inclusion challenges at your venue, and how do these impact participation by people with disability? (100 words) *

Word count:

How would participation in the Accessibility and Inclusion Masterclass and the Accessibility Audit and Roadmap help your venue improve accessibility for artists, audiences, or communities with disability? Please outline any planned actions or outcomes? (150 words) *

Word count:

How valuable would participation in the Accessibility and Inclusion Masterclass and the Accessibility Audit and Roadmap be for your venue at this time? *

- ☐ Essential: this support is critically needed and would address significant accessibility gaps.
- ☐ Very valuable: this support would help us make important accessibility improvements.
- ☐ Moderately valuable: this support would be beneficial but is not a current priority.
- ☐ Slightly valuable: this support would provide some benefit but limited impact.
- ☐ Not currently valuable: this support is not a current need for our venue.

Please describe why participation in the above opportunities is not a current need for your venue. *

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.

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(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 Department / Music Development Office 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.

(e) If my application is successful, I acknowledge and agree to the Applicants name, details of the Applicants business, details of the Project 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 Project 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 Governments [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) including contact details.

(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

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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 Venues Activation Program? *

☐ 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: