

MDO Project Support Grants - April 2026 (Both Streams)

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):

Stream

IF YOU ARE AN ARTIST, ALWAYS SELECT STREAM A, regardless of whether your project involves 'business activity' e.g. marketing, mentoring etc.

Which Stream best suits your project activity: *

- Stream A - ARTISTS
- Stream B - MUSIC BUSINESSES

Stream A 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

Stream B 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.

Have you been based in and operating in South Australia for at least the six months prior to the current round opening date? *

- Yes
- No

Do you have any overdue funding acquittals with the Music Development Office? *

- Yes
- Unsure
- No

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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:

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.

Contact Details

* indicates a required field

Applicant (Main Contact) *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Role *

'TRADING AS' name - this is the PUBLIC business name that you use for your brand- OR - the Band or Artist name you PERFORM AS: *

Email *

Primary Phone Number *

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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: *

- | | | |
|---|--|---|
| <input type="radio"/> Adelaide CBD | <input type="radio"/> Adelaide Hills | <input type="radio"/> Eyre and Western |
| <input type="radio"/> Adelaide Metro Northern Suburbs | <input type="radio"/> Barossa | <input type="radio"/> Light and Lower North |
| <input type="radio"/> Adelaide Metro Southern Suburbs | <input type="radio"/> Fleurieu and Kangaroo Island | <input type="radio"/> Limestone Coast |
| <input type="radio"/> Adelaide Metro Eastern Suburbs | <input type="radio"/> Yorke and Mid North | <input type="radio"/> Murray and Mallee (Riverland) |
| <input type="radio"/> Adelaide Metro Western Suburbs | <input type="radio"/> Far North | |

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

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

Do you have a South Australian registered ABN? *

- Yes No

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

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ACNC Registration
Tax Concessions
Main business location

Do you identify as any of the following? *

- | | |
|----------------------------------|---|
| <input type="radio"/> Female | <input type="radio"/> Gender Diverse |
| <input type="radio"/> Male | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Non-Binary | <input type="radio"/> Other: |
-

Do you identify as any of the following? *

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

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

- | | |
|--------------------------------|---|
| <input type="radio"/> Under 18 | <input type="radio"/> 51-65 |
| <input type="radio"/> 18-25 | <input type="radio"/> 65+ |
| <input type="radio"/> 26-35 | <input type="radio"/> Prefer not to say |
| <input type="radio"/> 36-50 | |

Do you have an Auspice? *

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

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

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent and/or Guardian Email *

Parent and/ or Guardian Mobile Phone *

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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

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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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Secondary Contact Position / Role

Secondary Email

Secondary Contact Phone Number

Secondary Contact Address

Address

<input type="text"/>
<input type="text"/>

DON'T FORGET TO SAVE YOUR PROGRESS REGULARLY

Business Details

* indicates a required field

General

Please specify your business structure: *

Sole Trader Freelancer
 Partnership Other:

Business

How many years have you (your band / business) been in operation? *

6 months - 1 year 6 - 10 years
 1+ year - 3 years 10+ years
 4 - 5 years

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What is your core music activity? *

- | | | | |
|------------------------------|---|--------------------------------------|-------------------------------------|
| <input type="radio"/> Artist | <input type="radio"/> Record Label | <input type="radio"/> Media / PR | <input type="radio"/> Training |
| <input type="radio"/> Venue | <input type="radio"/> Manager | <input type="radio"/> Retail | <input type="radio"/> Manufacturing |
| <input type="radio"/> Studio | <input type="radio"/> Promoter / Events | <input type="radio"/> Rehearsal Room | <input type="radio"/> Other: |

- Producer / Engineer Agent

Do you have any other core music activities? *

- Yes No

Please tick all other core business activities: *

- | | | | |
|---------------------------------|--|---|--|
| <input type="checkbox"/> Artist | <input type="checkbox"/> Record Label | <input type="checkbox"/> Media / PR | <input type="checkbox"/> Training |
| <input type="checkbox"/> Venue | <input type="checkbox"/> Manager | <input type="checkbox"/> Retail | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Studio | <input type="checkbox"/> Promoter / Events | <input type="checkbox"/> Rehearsal Room | <input type="checkbox"/> Other: |

- Producer / Engineer Agent

Venue Questions

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

- | | |
|--|---|
| <input type="radio"/> Pub or Hotel not serving meals | <input type="radio"/> Café or Restaurant |
| <input type="radio"/> Pub or Hotel serving meals | <input type="radio"/> Brewery or Distillery |
| <input type="radio"/> Dedicated Live Music Venue | <input type="radio"/> Sporting Club |
| <input type="radio"/> Theatre or Performance Hall | <input type="radio"/> Other: |

- Winery

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

Do you have a Liquor Licence? *

- Yes No

Do you have a current OneMusic Licence or equivalent? *

- Yes No

Please specify why you do not have a Liquor Licence. *

Please specify why you do not have a OneMusic Licence. *

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What percentage (%) of your music activity is directly related to contemporary ORIGINAL music? *

Which of the following best describes income you earn specifically from contemporary original music activity? *

- This is my ONLY source of income
- This is my MAIN source of income
- This is NOT my main income source, but I am unable to survive without it
- This is NOT my main income source. It is supplementary income, I can survive day to day without it

What percentage (%) of income from your core music activity is from South Australia? *

What percentage (%) of income from your core music activity is from interstate? *

What percentage (%) of income from your core music activity is international? *

In the question below, select the groups that your project will support or benefit the MOST (if any are applicable). Select 'UNIVERSAL' if the benefits of the activity are not distinct to particular populations/groups.

Who are the primary beneficiaries of this project/program?

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of who will benefit from this your proposed project.

Artist Management

Do you have a Manager? *

- Yes
- No

Do you have a Tour Manager? *

- Yes
- No

Do you have a Publicist? *

- Yes
- No

Do you have a Contract with a Record and/or Publishing Label? *

- Yes
- No

Are you primarily a Solo Act? *

- Yes
- No

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Artist Managers, Agents and Labels

Which artist(s) do you represent? *

Of the artists you represent, what percentage (%) are South Australian? *

Who are the South Australian artists you represent? *

Manager Details

Manager Name *

First Name

Last Name

Manager Company Name *

Tour Manager Details

Tour Manager Name *

First Name

Last Name

Tour Manager Company Name *

Publicist Details

Publicist Name *

First Name

Last Name

Publicist Company Name *

Label Details

Label Name *

Organisation Name

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Which type(s) of deal do you have? *

- Recording
- Publishing
- Both

Label Location *

Where is your label based, e.g. Australian city / state, Overseas city / country

If you have more than one label, please describe below:

E.g. "My recording deal is with the above label, my publishing deal is with XXXX, located in XXXXXX"

Artist Participants

How many artists (musicians) are regularly in your band? *

Employment Status

How many staff (FTE) work within your business? *

How many staff are Full Time? *

How many staff are Part Time? *

How many staff are Casual? *

How many staff are Contract? *

How many staff are Volunteers? *

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Project Details

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* indicates a required field

Applicant Background

Business Description or Artist Bio (250 words) *

Word count:

Key Achievements / Career Highlights (250 words) *

Word count:

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Project Activity Details

Project Title *

Word count:

Must be no more than 8 words.

Please be DESCRIPTIVE of your activity, e.g. "Band's New LP" "Marketing for Tour", "Business Re-Branding"

Total Amount Requested *

\$

This is the total financial support you are requesting from the MDO in this application (to a maximum of \$15,000). Must be a whole dollar amount (no cents).

Start Date *

Must be a date and no earlier than 1/7/2026.

End Date *

Must be a date and no later than 30/6/2027.

Project Description - Overview (500 words) *

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Word count:

What are the key activities? (150 words) *

Word count:

BRIEFLY LIST (bullet points) the specific activities that will take place and where they will take place.

Why does this project need to take place? (150 words) *

Word count:

Describe the specific issue(s) or need(s) you want to address.

What are the expected outcomes of the project? (150 words) *

Word count:

Describe a few things you want the project to achieve in terms of benefits for participants and/or others

How will you know if these outcomes have been achieved? (150 words) *

Word count:

Describe a few changes you will see if you achieve the expected outcomes of the project.

How will you market your project activity? (250 words) *

Word count:

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

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

- | | |
|---|---|
| <input type="checkbox"/> Adelaide: CBD | <input type="checkbox"/> Eyre and Western |
| <input type="checkbox"/> Adelaide: Northern Suburbs | <input type="checkbox"/> Fleurieu and Kangaroo Island |
| <input type="checkbox"/> Adelaide: Southern Suburbs | <input type="checkbox"/> Light and Lower North |
| <input type="checkbox"/> Adelaide: Eastern Suburbs | <input type="checkbox"/> Limestone Coast |

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- | | |
|--|--|
| <input type="checkbox"/> Adelaide: Western Suburbs | <input type="checkbox"/> Murray and Mallee |
| <input type="checkbox"/> Adelaide Hills | <input type="checkbox"/> Yorke and Mid North |
| <input type="checkbox"/> Barossa | <input type="checkbox"/> Interstate |
| <input type="checkbox"/> Far North | <input type="checkbox"/> Overseas |

Does your project activity contribute to a progressive South Australian music sector through any of the following? (Tick all that apply) *

- Collaboration and working with local artists/businesses
- Innovation
- Skills development and/or diversification of business models and revenue streams
- Promotion or championing of the local industry
- Inclusion and access for under-represented groups
- Export Activity
- NONE OF THE ABOVE

Please elaborate on this contribution. (150 words) *

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Project Budget

* indicates a required field

Total Amount Requested from MDO Project Support Grant Funding (as per your previous answer)

\$

READ ONLY

Total Project Cost *

\$

What is the TOTAL budgeted cost (dollars) of your project? Must be a whole dollar amount (no cents). This figure may either be the same as your funding request, or more.

Budget Income

Income Source: List the type of Income source to support your activity, e.g. ticket or record sales, own financial contribution, in-kind support, grants. You may include the amount of grant funding you are requesting in this application as a 'projected' income source.

Income Amount (\$): Include the dollar (\$) amount of income each of these sources will provide.

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You must fill out at least one row. (You do not need to fill *all* of the rows provided, only those you need. You can add more rows if required).

Income Source	Income Amount (\$)
	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Income Total

Total Income Amount

\$

This number/amount is calculated.

How much money from non-government sources will be invested in this project? *

\$

Must be a whole dollar amount (no cents).

Budget Expenditure

Expenditure Type:List the various expenses you will incur in the delivery of your project, e.g. artist fees, venue hire, marketing, administration, travel costs etc.

Expenditure Amount (\$):Include the dollar (\$) amount that each of these expenses will cost.

You must fill out at least one row. (You do not need to fill *all* of the rows provided, only those you need. You can add more rows if required).

Expenditure Type	Expenditure Amount (\$)
	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Expenditure Total

Total Expenditure Amount

\$

This number/amount is calculated.

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BUDGET TOTALS

Internal use only - numbers will automatically calculate from your above list of income and expenses.

Total Income

\$

This number/amount is calculated.

Total Expenditure

\$

This number/amount is calculated.

Balance

\$

This number/amount is calculated.

Budget Explanation

It is highly recommended that you provide Budget Explanatory Notes to assist the Assessment Panel in their review of your application.

For instance, explain how you calculated your budget (e.g. artist fees); alternatively you can upload documents to explain your budget.

Budget Explanatory Notes

Word count:

Budget Supporting Material (e.g. quotes for expenses, summary or explanatory notes)

Attach a file:

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Support Material

Music and Video Links

Provide links to sites where your music or video is **streaming**. **DO NOT link to online files** in **Dropbox or any site** that requires the MDO to download your material. For security purposes, such material will not be downloaded.

Unreleased material may be hosted on private pages (e.g. Soundcloud); provide access codes or password below.

Music or Video link #1

Music or Video link #2

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Music or Video link #3

Link access codes /passwords

If access to the above urls requires a password or code, please enter it here.

Spotify Link

Spotify Streams (highest value)

Explanatory notes for streaming statistics

Social Media and Other Weblinks

Facebook Link

Number of Facebook followers

Instagram Link

Number of Instagram followers

TikTok Link

Number of TikTok followers

Other Weblink

Other Support Material

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This may include **Letters of Support**, marketing material representing your band / business or activity, or other material in support of your proposed project.

It is recommended that you **only include your strongest material**, in that excessive submissions may not be reviewed.

Supporting Files:

Attach a file:

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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 of the Premier and Cabinet 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 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 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)*.

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(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 of the Premier and Cabinet 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 Project Support Grants 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:

