

MDO Project Support Grants - October 2026 (All 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

Select the Stream that best suits your project activity: *

- ☐ Recording
- ☐ Touring
- ☐ Marketing
- ☐ Festivals and Events
- ☐ Live Music Venues
- ☐ Professional Development
- ☐ Industry Pathways

Select the appropriate type of applicant: *

- | | | |
|---|---|--|
| ☐ Professional South Australian original artist* (musician), writing and performing their own music | ☐ Artist Manager or Label applying ON BEHALF OF a South Australian original artist* | ☐ South Australian 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.

Managers Applying on Behalf of Artist

Under the "**Applicant**" section, list the **ARTIST'S TRADING NAME** (not your business name).

You can add your own contact details.

Are you (the applicant) an Australian citizen or have permanent resident status ?

*

- ☐ Yes ☐ No

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

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☐ Yes

☐ No

Do you (the applicant) have an active ABN and are not insolvent?

☐ Yes

☐ No

Do you (the applicant) 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 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 have answered truthfully to the above questions. *

☐ Yes

Go to Application

*

☐ Tick here to continue

WARNING:

YOU ARE SEEING THIS MESSAGE BECAUSE YOU MAY BE INELIGIBLE FOR THIS PROGRAM.

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.

While the system may technically allow you to 'submit' this form you will **not be given access to application questions** and any form you submit **will be blank and not reviewed**.

Contact Details

* indicates a required field

Applicant (Main Contact) *

Title

First Name

Last Name

Role *

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Trading As *

"TRADING AS" =

This is the PUBLIC business name that you use for your business/ brand - OR - the Band or Artist name you PERFORM AS

Business Name - for those applying on behalf of an artist *

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

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

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

Applicant ABN *

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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 | ☐ 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: |

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 |
|---------------------------|--------------------------|

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

Parent or Guardian

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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.

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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

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Business Details

* indicates a required field

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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

What is your core music activity? *

- ☐ Artist ☐ Record Label ☐ Media / PR ☐ Training
☐ Venue ☐ Manager ☐ Retail ☐ Manufacturing
☐ Studio ☐ Promoter / Events ☐ Rehearsal Room ☐ Other:

- ☐ Producer / Engineer ☐ Agent

Do you have any other core music activities? *

- ☐ Yes ☐ No

Please tick all other core business activities: *

- ☐ Artist ☐ Record Label ☐ Media / PR ☐ Training
☐ Venue ☐ Manager ☐ Retail ☐ Manufacturing
☐ Studio ☐ Promoter / Events ☐ Rehearsal Room ☐ Other:

- ☐ Producer / Engineer ☐ Agent

Venue Questions

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

- ☐ Pub or Hotel not serving meals ☐ Café or Restaurant
☐ Pub or Hotel serving meals ☐ Brewery or Distillery
☐ Dedicated Live Music Venue ☐ Sporting Club
☐ Theatre or Performance Hall ☐ 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

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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. *

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
☐ Other:

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

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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

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

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Publicist Name *

First Name

Last Name

Publicist Company Name ***Label Details****Label Name ***

Organisation Name

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? ***

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How many staff are Contract? *

How many staff are Volunteers? *

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Project Details

** indicates a required field*

Applicant Background

Business Description or Artist Bio (250 words) *

Word count:

Key Achievements / Career Highlights (250 words) *

Word count:

****DON'T FORGET TO SAVE YOUR PROGRESS REGULARLY****

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 *

Whole numbers only (no cents).

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This is the total financial support you are requesting from the MDO in this application.

You cannot request more than the maximum allowed for your stream:

Recording - up to \$10,000 Touring - up to \$15,000 Marketing - up to \$5,000 Festivals and Events - up to \$15,000 Live Music Venues - up to \$15,000 Professional or Business Development - up to \$5,000 Industry Pathways - up to \$10,000

Start Date *

Must be a date and no earlier than 1/1/2027.

End Date *

Must be a date and no later than 31/12/2027.

Project Description - Overview (500 words) *

Word count:

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

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

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) *

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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

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).
	\$
	\$
	\$
	\$
	\$
	\$
	\$

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	\$
--	----

Expenditure Total

Total Expenditure Amount

\$

This number/amount is calculated.

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 **QUOTES** or other 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

* indicates a required field

Demo Material

Applicants must provide links to demo material for at least 25% of the music proposed for recording.

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Provide a link to where your unreleased demo music or video is **available for private access by the panel (e.g. Soundcloud page). 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.

Provide access codes or password below (if required for access).

Link to Demo Material *

Link access codes /passwords

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

Comments (optional)

Published Music and Video

Music or Video link #1

Music or Video link #2

Spotify Link

Spotify Streams (highest value)

Explanatory notes for streaming statistics

Social Media and Other Weblinks

Facebook Link

Number of Facebook followers

Instagram Link

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Number of Instagram followers

TikTok Link

Number of TikTok followers

Other Weblink

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Tour Dates Confirmation

Applicants must provide written evidence of at least **three confirmed performances** at the time of application.

These performances must be confirmed and supported by documentation from the venue owner, booking agent, festival promoter or other booking representative.

An updated touring itinerary may be submitted via email before funding decisions are made, following discussion with the MDO

Confirmation of Dates *

Attach a file:

Other Confirmation Material

This can include emails, word documents, pdfs, screencaps of text messages, etc.

The following are strongly encouraged for particular streams, when relevant to the proposed activity:

- Recording - confirmation of participation by any high profile personnel (e.g. renowned producers)
- Touring - confirmation of other acts on the tour (e.g. headliner, if applying as a support act; where applicable)
- Marketing - confirmation of participation by publicist (if part of the proposed activity)
- Festivals and Events - confirmation of acceptance of performance by headliners or high profile acts
- Live Music Venues - confirmation of building owner consent and/or professional advice for accessibility upgrades (if part of the proposed activity)

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- Professional or Business Development - confirmation of invitation to residency, masterclass, mentorship, collaboration (where relevant)
- Industry Pathways - confirmation of any delivery partner participation (if relevant)

Supporting Files for Confirmation:

Attach a file:

Other Support Material

This may include:

- Letters of Support from external parties who endorse your proposed activity
- Marketing material representing your band / business or activity
- Other material in support of your proposed project.

It is recommended that you **only include your strongest / most relevant material**.

Excessive submissions may not be reviewed.

General Support Material:

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 / CreateSA 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.

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(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)*.

(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 / CreateSA 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. *

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- ☐ Yes
- ☐ No

Lastly, how did you find out about the MDO's Project Support Grants program? *

- | | |
|--|--|
| ☐ MDO Website | ☐ Print Media |
| ☐ Word of Mouth | ☐ Online Media (e.g. apps, news websites) |
| ☐ Social Media (e.g Facebook) | ☐ MDO Grant Info Session |
| ☐ E-newsletter | ☐ Other: <input type="text"/> |