Expression of Interest

* indicates a required field

Before you begin:

This is an expression of interest for a 12-month <u>Creative Spaces</u> Licence at Shop 54, 54 Errol St, North Melbourne. Please ensure you fill out all fields for your application to be considered.

Each applicant must complete and submit all sections of the form.

You must visit the space before submitting an application.

Site visits to inspect the Premises are available on the following dates:

- Friday 8th November, 12pm
- Friday 15th November, 12pm

If you are unable to visit on the above listed dates, you are welcome to designate a proxy or contact <u>Creative Spaces.</u>

Please ensure you have read and viewed the **Guidelines**.

Successful applicants will enter into a licence agreement outlining obligations and terms and conditions.

Below is a brief outline of the attachments and uploads required to complete this form:

- Individual applicants will provide a current CV related to your creative practice and up to 6 images of your work.
- Businesses and/or organisations will provide details about your business or program.
- Supporting material (such as articles, catalogues, audio or video files).
- A timeline including move-in date.
- Two reference letters.

Creatives who have specific needs or require additional support to complete and submit an application (which could involve using an alternative format) can seek assistance in the following ways:

Deaf and Disabled artists

Applicants can contact Arts Access Victoria (AAV) for resources and support. Contact info@artsaccess.com.au or phone (03) 8640 6001.

If you are deaf, hearing-impaired, or speech-impaired, contact us via the National Relay Service 133 677 (ask for 03 9658 9658) or email creativespaces@melbourne.vic.gov.au

Artists from culturally diverse backgrounds

Applicants can contact Multicultural Arts Victoria (MAV) for resources and support. Contact office@multiculturalarts.com.au

Our multilingual information telephone service provides access to <u>translators</u> and information in different languages.

Technical assistance

Refer to the SmartyGrants <u>Help Guide</u> for technical assistance. The <u>SmartyGrants</u> support desk is open 9am - 5pm Monday to Friday. Contact service@smartygrants.com.au or 03 9320 6888.

Please contact creativespaces@melbourne.vic.gov.au or on 03 9658 9893 with any concerns or queries you may have regarding the application process.

Shop 54

The shop you are applying for is **Shop 54**

Please refer to the refer to Floor Plan for more information on site specifications.

Shop 54:

- 47.3 square metres shopfront (approx.)
- \$1,600 per month + GST

I have read and acknowledge the Shop 54 Guidelines. *☐ Yes				
Applicant Details				
* indicates a required field				
Applicant * O Individual Organisation Organisation Name				
Title First Name Last Name				
This person will be listed as the primary licensee				
If sharing, please indicate if you are the primary contact person O I am the primary contact person for administrative purposes Only one person entering a shared studio should tick this box				
What is your art form? Please select all that apply. * ☐ Visual arts ☐ Multimedia ☐ Design ☐ Fashion ☐ Music ☐ Theatre/Live Art ☐ Dance ☐ Workshop ☐ Creative Retail ☐ Gallery/Exhibition ☐ Education/Workshops Other				

Creative Spaces supports expressions of interest from organisations, businesses and individuals working in partnership who may wish to share a space. In this instance, one

application with all parties details is to be submitted.

Are you applying as group? ☐ Yes ☐ No				
Do you share the same art pr ☐ Yes ☐ No	actice?			
Please list all creative practit the space.	ioners, businesses and organis	ations who will share		
Application trading name				
Applicant Trading Name (if ap	oplicable)			
Applicant ABN (if applicable)				
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 Busi	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.				
Applicant Postal Address * Address				
Address Line 1, Suburb/Town, State/I	Province, Postcode, and Country are re	quired.		

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Applicant Primary Phone Number *

Must be an Australian phone number.
Applicant Primary Email *
Must be an email address.
I confirm that I am over the age of 18 years * Yes
Applicants must be over the age of 18 to qualify for a studio
Do you identify as Aboriginal and/or Torres Strait Islander? ○ Yes ○ No
Is your business/organisation Aboriginal and/or Torres Strait Islander owned or operated? O Yes O No
Creative Evaluation
* indicates a required field
Your Creative Practice: 40%
Would you describe yourself as * ☐ An emerging artist / creative practitioner / organisation ☐ A mid-career artist / creative practitioner / arts organisation ☐ An established artist / creative practitioner or an established arts organisation ☐ Other:
Provide a brief overview of your creative organisation or creative practice: 200 words max. *
Word count: Must be no more than 200 words.
Please describe how your practice/organisation/business will use the space(s) and how you will enliven the shop front: 400 words max. *
Word count
Word count:

Please provide an outline of the promotional activities you will be undertaking: 200 words max *
Word count: Must be no more than 200 words.
What types of tools/equipment do you use in your practice?: 200 Words max *
Word count:
Must be no more than 200 words.
Does your work involve the use of dangerous goods or hazardous substances? ○ Yes ○ No
Please attach your procedure for the management of dangerous goods. Attach a file:
Will you be using Aboriginal or Torres Strait Islander stories or cultural materia that is not your own? ☐ Yes ☐ No
Please provide evidence of community consultation and cultural permissions.
Creative Sector Engagement: 40%
If applying as a group, please provide examples from all parties.
How does your practice engage with the wider creative sector? *
Word count: Must be no more than 200 words.
Who uses and/or benefits from your business and/or art practice? *
Word count:

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Must be no more than 300 words. Why is your practice / service / business a great addition to the City of Melbourne's creative industry? * Word count: Must be no more than 300 words. Financial Capacity: 20% How much rent do you currently pay per annum? * Must be a number. Please provide details of your financial capacity to commit to the licence. * Revenue streams, income against costs, grants and funding etc History Have you managed a shop front or a public facing space previously? * Yes \bigcirc No If applying as a group, please provide examples from all parties. Where was your previous space and what was your reason for leaving? How often do you intend to use the space at Shop 54? * Licensees are expected to open the shop 5 days per week. How many people/bodies will be occupying the shop at the same time? * Access requirements If applying as a group, please provide details from all parties. Do you have any access requirements we should know about? * Yes \bigcirc No

Please tell us your access requirements below:				
Supporting material				
If applying as a group, please provide examples from all parties.				
Please provide material to support your application. We require up to six examples (this can be of previous work or the actual work you are proposing for the space) and accept other supporting material including portfolios, CVs, peer/industry support letters, reviews, websites and social media.				
Please attach your proposed timeline - including move-in date * Attach a file:				
Attach up to six files of your work, upload file(s) * Attach a file:				
Tip: You can select multiple files from the same folder on your computer to upload them at the same time.				
Upload file(s) * Attach a file:				
Attach a nie:				
Upload file(s) * Attach a file:				
Unload files(s) *				
Upload files(s) * Attach a file:				
Upload file(s)				
Attach a file:				
Upload file(s)				
Attach a file:				

References, CV's or business / organisation detail

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Businesses / Organisations please consider attaching documents such as your annual report, business strategy or business plan. First reference letter * Attach a file: Second reference letter * Attach a file: Individual applicants please attach a current CV that outlines any relevant qualifications and/or work experience. Attach a file: Businesses applicants please attach any reports, business plans, and other relevant documents that supports the application. Attach a file: Website (optional) Social media handles, audio/video web links Advocating for the Creative Spaces Program How will you advocate for the Creative Spaces program? (select all options that apply) $\ \square$ Tag Creative Spaces in social media posts ☐ Mention Creative Spaces or my shop in my social media bios ☐ Acknowledge Creative Spaces or my shop on my website Mention my shop or Creative Spaces as part of a media article/interview ☐ Include the Creative Spaces program acknowledgement and/or logo on either event materials, an artwork description or elsewhere ☐ Other:

Data Collection & Submission

* indicates a required field

Wł	nat age group do you fit in? *	
	18-24	
	25-34	
	35-44 45-54	
	55-64	
	65+	
	051	
Но	w do you identify? *	
	Female	
	Male	
	Non-binary	
	Prefer not to say	
Ple	ease indicate if you identify with one or more of the following groups:	
	Aboriginal or Torres Strait Islander	
	Culturally and Linguistically Diverse	
	Living with a disability	
	From regional or remote communities	
	LGBTQI+	
Ш	Prefer not to say	
WŁ	ny are you interested in a Creative Spaces site? (tick all that apply)	
	Location	
	Affordability	
	Connection to other artists	
	Security	
	Council-run facility	
	Reputation of good management	
	Other:	
	w did you find out about Shop 54? *	
	creativespaces.net.au	
	Word of mouth Social media	
_	Newsletter	
	Other:	
C.	hmit your application	
Su	bmit your application	
By ticking this box, I abide by the terms above and confirm that all my information is true and correct * O I agree		
	onfirm that I have completed a site visit (or designated a proxy). * Yes	
I c	onfirm that I will *	

\square Provide proof of Public Liability Insurance coverage of \$20 million for	or the duration of				
occupation (upon commencement).					
☐ Have any electrical appliances brought into the space test and tagg	ged for electrical				
safety before use.					
 Notify Creative Spaces of any material forming part of the project t 	hat is or may be				
controversial, prior to making the work public.	•				
☐ Fill out a short six monthly project report throughout the duration a	it Shop 54.				
	·				
I confirm that the above is my own work, or I have permission from all					
participants to include their work in this proposal. *					
○ Yes					