26/27 - Generations Western Sydney Music Fellowship
Form Preview

About the Grant

* indicates a required field

Grant Information

Generations is a fellowship program in partnership with Sound NSW, Powerhouse Museum and Blacktown Arts to support Western Sydney (early career) contemporary musicians/ bands and their development within the NSW music industry.

Grant amount: $25,000 (ex GST) in financial support for two Fellowships, plus six months of studio space through Blacktown Arts and Powerhouse Museum and six months of structured mentorship, delivered concurrently.

Applications Open: 19 October 2026

Applications Close: 16 November 2026 at 2pm

Sound NSW Support

Find the answers to frequently asked questions **here.**

Powerhouse Museum staff are here to help you and can be contacted between 9am and 5pm Monday to Friday (excluding public holidays) via:

- Telephone: Nikki Brogan, Manager Program Curatorial - Powerhouse Museum (02) 9125 6278
- Email: nikki.brogan@powerhouse.com.au

Sound NSW Updates

Do you wish to receive updates about other grant opportunities, initiatives or events from Sound NSW?

*

○ Yes ○ No

Eligibility

* indicates a required field

Eligibility Requirements

This program is open to artists and groups from Western Sydney.

Funding recipients must:

- be 18 years or older
- be an individual/group that lives or has a strong connection to Western Sydney

- self-identify as an early career contemporary musician, songwriter or music producer
- be unsigned and not have professional representation across label or publishing.

Note: For the purpose of this program contemporary music refers to artists and acts performing new and original music.

Artforms not supported through this program are:

- experimental music and sound art
- contemporary classical, opera, choral and ensembles
- music theatre.

These applicants should refer to **Create NSW's Arts and Cultural Funding Program (ACFP) guidelines**.

What are you applying as? *
○ Act ○ Artist
Act refers to two or more artists working together to record or perform new and original contemporary music (eg a band or group).

Are you able to travel to Blacktown and Parramatta for your studio time? *
○ Yes ○ No

Are you/members of the act 18 years or older? *
○ Yes ○ No
This is at the time of submitting this application.

Which area/s do you/your group live, work or have a strong connection to? *
☐ Blacktown City Council
☐ Blue Mountains City Council
☐ Camden Council
☐ Campbelltown City Council
☐ Canterbury-Bankstown Council
☐ City of Parramatta Council
☐ Cumberland Council
☐ Fairfield City Council
☐ Hawkesbury City Council
☐ Liverpool City Council
☐ Penrith City Council
☐ Wollondilly Shire Council
Please select the area/s most applicable to you/your group.

What stage are you at with your career *
○ Early career artist/s ○ Mid-career artist/s ○ Established artist/s

Have you signed a contract with a recording label or publisher? *
○ Yes ○ No
An unsigned artist/group should not already have label or publishing representation.

Have you previously completed/currently completing a fellowship with Sound NSW, Blacktown Arts or Powerhouse? *
○ Yes ○ No

Unable to continue

Based on your response to one of the above Eligibility questions, you are unable to continue and apply. Refer to the grant guidelines for more details.

Powerhouse Museum staff are here to help you and can be contacted between 9am and 5pm Monday to Friday (excluding public holidays) via:

- Telephone: Nikki Brogan, Manager Program Curatorial - Powerhouse Museum (02) 9125 6278
- Email: nikki.brogan@powerhouse.com.au

Eligibility Confirmation

Please declare that this application meets the eligibility criteria:

I confirm that I've read the guidelines and the information supporting my/our eligibility is accurate. *
○ Yes

Applicant Details

* indicates a required field

Does the applicant organisation have an Australian Business Number (ABN)? *
○ Yes ○ No

If you don't currently have an ABN you have two options:

- you can engage a Funds Administrator to administer the funding on your behalf; **OR**
- apply for an ABN now, and if successful you will need to let us know the ABN at the point of contracting.

Funds Administrator

A funds administrator is an external organisation that will manage the funding for you. This could be a manager or a music organisation in your community.

You will need a Funds Administrator if:

- you don’t currently have an ABN, OR
- you want us to make payment to another organisation (eg a manager or a music organisation).

Do you need to engage a Funds Administrator to administer the grant on your behalf? *

○ Yes ○ No

Applying with a Funds Administrator

We don't need the details of the Funds Administrator now, but if your application is successful, you will be required to provide their name, ABN, address and contact details prior to contracting and release of funds.

Please select 'No' to the question above - Does the applicant organisation have an Australian Business Number (ABN)?

In the Applicant Details section:

- select Individual
- enter the details of the applicant lead/contact:
    - Title, First name and Last name
    - address and contact details.

What is your entity type as per your ABN?

Please select the entity type as per the ABN you are applying with, and if successful, we will contract with *

○ Individual / Sole Trader
○ Partnership
○ Trust
○ Other Incorporated entity
○ Australian Private Company (Pty Ltd)
○ Australian Public Company (Ltd)

Applying as an individual/sole trader

You have selected you are applying with an individual/sole trader ABN. If successful, we will contract with this ABN name and pay the funds to a bank account in the same name.

Please enter your ABN in the space below.

In the Applicant Details section:

- select Individual
- enter your Title, First name and Last name
- enter your address and contact details.

Applying as a partnership

You have selected you are applying with a partnership ABN. If successful, we will contract with this ABN name and pay the funds to the bank account of the applicant lead (someone clearly listed in the partnership).

Please enter your ABN in the space below.

In the Applicant Details section:

- select Individual
- enter the details of the applicant lead - this person needs to be listed in the partnership:
    - Title, First name and Last name
    - address and contact details.

Applying as an organisation

You have selected you are applying with an organisation's ABN. If successful, we will contract with this ABN name and pay the funds to a bank account in the same name.

Please enter your ABN in the space below.

In the Applicant Details section:

- select Organisation
- enter the Organisation name (as per the entity name on your ABN)
- enter the address and contact details of the organisation.

In the Primary Contact Details section:

- enter the name and contact details of the primary contact for this application.

Applicant Organisation 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.

Applicant Details

Applicant *

○ Individual ○ Organisation

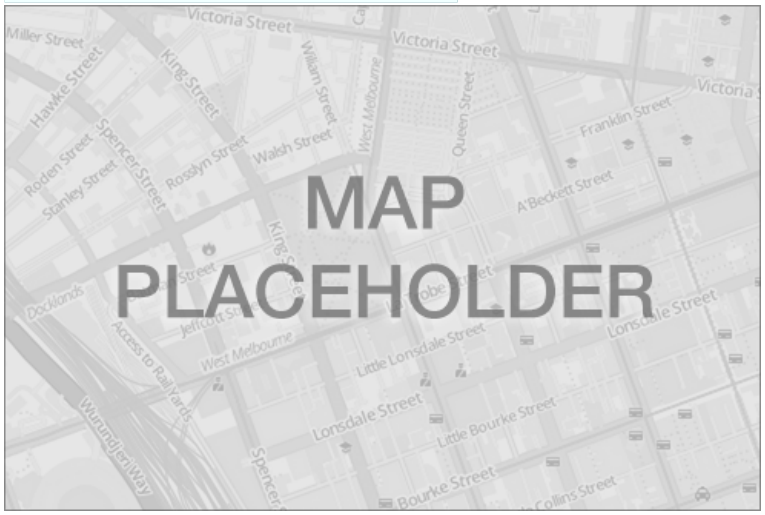
Organisation Name

Title | First Name | Last Name

For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Primary Address

Address



Applicant Postal Address

Address

Applicant Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Applicant Email Address *

Must be an email address.

Applicant Website

Must be a URL.

Primary Contact Details

Primary Contact *

Title | First Name | Last Name

This is the person we will correspond with about this grant.

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

This is the address we will use to correspond with you about this grant.

Artist or Group Information

* indicates a required field

What is the name of the artist or group undertaking the Fellowship? *

Which practice/s best apply to you/your group? *

☐ Music Producer ☐ Musician ☐ Songwriter ☐ Other

You have selected Other. Briefly describe your practice in the space below. *

Word count:
Must be no more than 5 words.

What genre best describes your music? *

Word count:
Must be no more than 5 words.

Select a genre from the list below that best describes your music *

How many people in your group? *

Must be a number.

A diverse contemporary music sector in NSW

Sound NSW is committed to a diverse contemporary music sector in NSW and encourages applications from Aboriginal and/or Torres Strait Islander people, people who identify as women and non-binary, people with disability, people from culturally and linguistically diverse backgrounds and people from Western Sydney and regional and remote communities.

The data will be used to help us understand the contemporary music industry and support future diversity initiatives. For more information, please refer to the Privacy Notice available here.

Do you identify as:

○ Man or male ○ Woman or female ○ Non-Binary ○ Prefer not to say ○ Option not listed

Aboriginal and/or Torres Strait Islander *
○ Yes ○ No

Living in Western Sydney *
○ Yes ○ No

A person with disability and/or who is d/Deaf *
○ Yes ○ No

Living in regional and remote communities *
○ Yes ○ No

Culturally and linguistically diverse *
○ Yes ○ No

Under 25 years of age *
○ Yes ○ No

Enter 0 if not applicable.

How many people in the act identify as:

Woman or female *
Must be a number.

Non-binary *
Must be a number.

Option not listed *
Must be a number.

Man or male *
Must be a number.

Prefer not to say *
Must be a number.

Aboriginal and/or Torres Strait Islander *
Must be a number.

Living in Western Sydney *
Must be a number.

A person with disability and/or who is d/Deaf *
Must be a number.

Living in regional and remote communities *
Must be a number.

Culturally and linguistically diverse *
Must be a number.

Under 25 years of age *
Must be a number.

Fellowship Details

* indicates a required field

In the **Primary location of your initiative** field please add in 'Blacktown'.

Anticipated Start and End Dates: Please note that fellowships must take place between **1 February 2027** and 3**1 December 2027**. If successful, you will discuss with Sound NSW, Powerhouse Museum and Blacktown Arts which defined 6 month period to undertake the fellowship. This is to ensure you are available throughout this time period.

Title *

Word count:
Must be no more than 25 words.
Provide a name for your initiative. Your title should be short but descriptive.

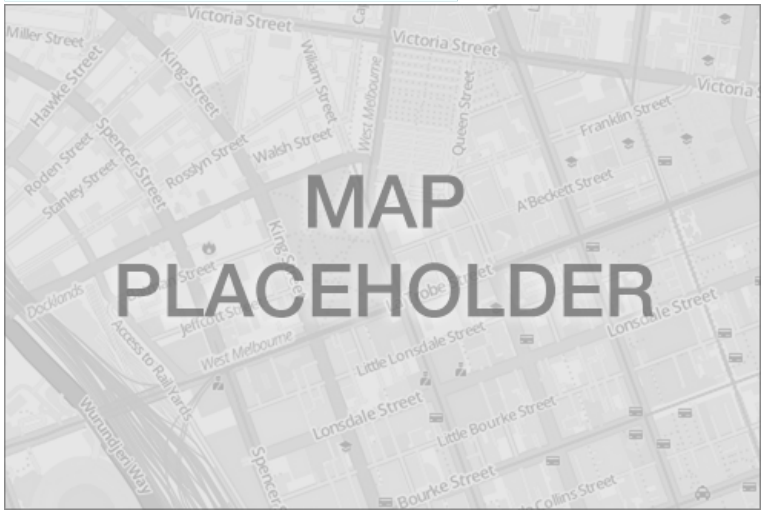
Brief description *

Word count:
Must be no more than 50 words.
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Anticipated end date *

Primary location of your initiative
Address



Any, but at least one field is required.
Primary location does not need to be a specific address, and can be postcode, suburb, state, etc If delivered online, please specify the area of focus for delivery.

The start or end date you have entered makes this application ineligible

Activity for this program cannot start before 1 February 2027 and must be completed by 31 December 2027. Please include only activity happening within these dates.

About You

* indicates a required field

You can answer the following questions in text or by video.

Video responses will be assessed on their answers to the questions only. The production and performance qualities of the video are not assessed.

Brief Bio

Tell us about you or your group, your music career to date, and previous achievements.

How would you like to submit your responses to the above questions?
- ○ I would like to submit a text response
- ○ I would like to submit a video response by uploading a short video
- ○ I would like to submit a video response by providing a URL

If you are uploading a video response make sure the link/URL works and passwords are correct and remain accessible for the next 6 weeks during the assessment period.

Tell us about you or your group, your music career to date, and previous achievements *

Word count:
Must be no more than 300 words.

Tell us about you or your group, your music career to date, and previous achievements by uploading a video of no more than 5 minutes. *
Attach a file:

A maximum of 1 file may be attached.
Files must not exceed 25MB. Zip files will not be accepted.

Tell us about you or your group, your music career to date, and previous achievements by providing a URL to a short video of no more than 5 minutes. *

Must be a URL.

Inspirations and Influences

Tell us about you/your groups inspiration and influences.

How would you like to submit your responses to the above questions?
- ○ I would like to submit a text response
- ○ I would like to submit a video response by uploading a short video
- ○ I would like to submit a video response by providing a URL

Tell us about you/your groups inspiration and influences *

Word count:
Must be no more than 200 words.

Tell us about you/your groups inspiration and influences by uploading a short video of no more than 5 minutes. *
Attach a file:

A maximum of 1 file may be attached.
Files must not exceed 25MB. Zip files will not be accepted.

Tell us about you/your groups inspiration and influences by providing a URL to a short video of no more than 5 minutes. *

Must be a URL.

Impact on Career

* indicates a required field

You can answer the following questions in text or by video.

Video responses will be assessed on their answers to the questions only. The production and performance qualities of the video are not assessed.

Career Development Plan

Outline your career development plan. What are your short, medium and long-term goals and how will this fellowship assist with achieving these?

How would you like to submit your reponses to the above question? *
- ○ I would like to submit a text response
- ○ I would like to a submit video response by uploading a short video
- ○ I would like to a submit video response by providing a URL

If you are uploading a video response make sure the link/URL works and passwords are correct and remain accessible for the next 6 weeks during the assessment period.

Outline your career development plan. What are your short, medium and long-term goals and how will this fellowship assist with achieving these? *

Word count:
Must be no more than 300 words.

Outline your career development plan, including your short, medium and long-term goals and how this fellowship will assist with achieving these, by uploading a short video of no more than 5 minutes. *
Attach a file:

A maximum of 1 file may be attached.
Files must not exceed 25MB. Zip files will not be accepted.

Outline your career development plan, including your short, medium and long-term goals and how this fellowship will assist with achieving these, by uploading a URL to a short video of no more than 5 minutes. *

Must be a URL.

Importance of undertaking the activity now

Tell us why you want to pursue this opportunity at this stage of your career?

How would you like to submit your reponses to the above question?
- ○ I would like to submit a text response
- ○ I would like to a submit video response by uploading a short video
- ○ I would like to a submit video response by providing a URL

If you are uploading a video response make sure the link/URL works and passwords are correct and remain accessible for the next 6 weeks during the assessment period.

Tell us why you want to pursue this opportunity at this stage of your career? *

Word count:
Must be no more than 300 words.

Tell us why you want to pursue this opportunity at this stage of your career, by uploading a short video of no more than 5 minutes. *
Attach a file:

A maximum of 1 file may be attached.

Files must not exceed 25MB. Zip files will not be accepted.

Tell us why you want to pursue this opportunity at this stage of your career, by uploading a URL to a short video of no more than 5 minutes. *

Must be a URL.

Budget

* indicates a required field

Budget Information

Funding of $25,000 can support:

- producer and artist collaborator fees
- studio, recording, mixing and mastering costs
- digital marketing, publicity services, photography and content creation
- fees to attend or participate in workshops, camps, mentorships, residencies and other career development opportunities including exploring technology
- the purchase of equipment essential to your music career, including instruments, hardware and software (up to $5,000).

Budgets are expected to balance. Budgets that demonstrate a profit may not be considered a priority for funding.

Please enter the amount in whole dollars (no decimal places).

Total Project Cost *

$

What is the total budgeted cost (dollars) of your project?

Total Amount Requested *

$

What is the total financial support you are requesting under this grant?

Incorrect Total Amount Requested

Please update the Total Amount Requested section to $25,000.

Income

In the table below list all of the income associated with your application, including cash and in-kind.

Include the amount requested from this grant program, and ensure it matches the Total Amount Requested included above.

All amounts should be GST exclusive.

Income type	Income amount (ex GST)	Status	Notes
This Grant Government Grants Philanthropic Grants Donations Earned Income Other Income Cash co-contribution In-kind contribution	$		
	$		

Total Income Amount (ex GST)

$

This number/amount is calculated.

Expenditure

In the table below list all costs associated with your proposed activity. Use the 'Funding Source' column to indicate whether the cost will be covered by the Sound NSW funding request.

All items should be GST exclusive.

Expenditure type	Expenditure amount (ex. GST)	Funding Source	Notes
	$		
	$		

Project Cost Calculations

Total Project Cost (ex. GST)

$

This number/amount is calculated.
Enter this amount into the Total Project Cost field above.

Applicant Co-contribution

This number/amount is calculated.
Total Project Cost - Total Amount Requested.

Applicant Co-contribution %

This number/amount is calculated.

Support Material

* indicates a required field

Support Material

As part of your application you will need to provide the following support material:

- examples of your music
- links to social media
- letters of support.

Please note all attachments must be provided at the time your application is submitted.

Support material can be submitted as:

- audio/visual - maximum 3 examples, up to 10 minutes
- written material - maximum 5 pages (provided as one document).

Restrictions on Attachments

- files must not exceed 25MB
- please provide attachments in .pdf format where possible.
- zip files cannot be accepted.

Note: Assessors will not view or consider support materials that exceed the above limits.

Examples of your music

Provide a link (and password if required) to recent examples or demos of your music.

Note: Make sure the link/URL works and passwords are correct and remain accessible for the next 6 weeks during the assessment period. Assessors will only be able to spend a limited time listening to music, so please ensure you choose the most relevant and strongest examples.

Website	Password	Description
Must be a URL.		

Social media

Provide a link to any of your social media platforms.

Note: Make sure the link/URL works and remains accessible for the next 6 weeks during the assessment period.

Social media	Description
Must be a URL.	

Letters of Support

Confirmation letters/emails/videos of support related to your fellowship (provided as one document of no more than 5 pages).

Attach letters of support here: *
Attach a file:

A maximum of 1 file may be attached.
Provide as one document

Declaration and Authorisation

* indicates a required field

Disclaimer

The applicant acknowledges and agrees that:

- Changes to the application and any additional materials cannot be submitted after the advertised closing date and time.
- Sound NSW has the right to investigate any information provided in this application and/or to request additional information where Sound NSW deems it necessary for the purpose of assessing your application or administering the Program.
- Sound NSW may re-open an application after the closing date, provided it doesn't give the applicant an advantage over other applicants.
- Sound NSW staff are not able to provide advice on content or choices required within an application.

Privacy Notice

Sound NSW (part of the Department of Creative Industries, Tourism, Hospitality and Sport) is collecting your personal information. Personal information collected in managed in accordance with the *Privacy and Personal Information Protection Act*.

Sound NSW collect your personal information for the purpose of:

- Assessing your application against the eligibility criteria for the Generations Western Sydney Music Fellowship (**Program**) and contacting you to discuss your application;
- If your application is deemed eligible, to manage and administer the Program;
- To monitor and evaluate the Program.

Providing us with your personal information is not required by law. However, if you choose not to provide us with the requested information, Sound NSW will be unable to assess your eligibility for the Program.

Your personal information may be disclosed by Sound NSW:

- In accordance with the requirements of the NSW Government's Grants Administration Guide;
- To comply with our obligations under the *Government Information (Public Access) Act*;
- To comply with an order for the production of documents to Parliament under Standing Order 52.

We may share your personal information with consultants and contractors who help us assess your application or provide evaluation services.

We only share your personal information with them when it is necessary and we make sure they follow the privacy law.

Otherwise, your personal information will not be provided to a third party without your consent or unless it is authorised by law.

To access or seek amendment of your personal information, or for more information on our privacy obligations, contact the Department's Privacy Officer at information@dciths.nsw.gov.au. For more information about how DCITHS complies with its privacy obligations visit its website.

Use of Information

The applicant acknowledges and agrees that:

- Subject to privacy legislation, if Sound NSW assesses your application as successful, the information contained in this application form may be used for media and communication purposes by Sound NSW and/or the NSW Government.

Do you agree that subject to privacy legislation and if Sound NSW assesses your application as successful, the information provided in the application will be used for media and communication purposes by Sound NSW and/or the NSW Government? *

○ Yes ○ No

Declaration

Before you can complete and submit this application, you must accept the following conditions by declaring:

- If an entity is the applicant, I have the authority to complete and submit this application on the entity's behalf.
- All information supplied as part of this application is true and accurate to the best of my knowledge.
- All activities proposed by this application will be conducted in accordance with applicable law, including but not limited to, complying with Working with Children legislation.

- I acknowledge:
  - funding will not be granted or released if the applicant has outstanding acquittals for this or other projects/programs across Sound NSW or the Department of Creative Industries, Tourism, Hospitality and Sport (DCITHS);
  - Sound NSW may withdraw any offer of funding or demand the return of funds already paid if this declaration is found to be incorrect or misleading; and
  - Sound NSW and DCITHS may disclose any information in this application as described in the NSW Government's *Grants Administration Guide*, or according to applicable law.

Authorisation

I agree *

☐ Yes

Name of authorised person *

Title | First Name | Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.