

# Community Broadcasting Foundation

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## Grant Application

## Form D.1

# Digital Delivery Network (DDN) Player Grant

Applications are accepted at any time.

1. Station Call Sign			
2. Name of organisation:			
3. What is your Australian Business Number (ABN)?			
4. Is your organisation GST registered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Postal address:			
	City:	State:	Postcode:
6. Contact person:			
7. Position:			
8. Phone number:	Fax number:		
9. Email address of contact person:			

10. Do you currently have satellite equipment installed?  Yes  No

11. Do you currently rebroadcast CRN (ComRadSat) programming?  Yes  No

*If you responded 'no' to either question 10 or 11, contact the CBF before completing this form.*

### 12. Application Checklist

Please tick the boxes to check your supporting material. You must provide all the required material for your application to be considered.

#### Grant information

(check that forms are fully complete)  
send one copy each of:

This Form D.1

#### Applicant information

(you must include one copy each if not sent previously)

Any overdue grant reports from previous CBF grants

Most recent Annual Report with audited annual financial statements

Certificate of Incorporation

**13.** Detail your current use of CRN (ComRadSat) programs between 5am and 12 midnight.

Radio program	Duration (minutes)	Local rebroadcast time		
		Day	Time	Live from satellite?
<i>eg. Radio Babylon</i>	<i>60 mins</i>	<i>Wednesday</i>	<i>13:00</i>	<i>Yes</i>

**14.** Detail your expected use of CRN (ComRadSat) programs between 5am and 12 midnight with DDN functionality including live and/or time-shifted programming. You do not need to include programs identified at question 13 that will only be broadcast live via satellite.

Radio program	Duration (minutes)	Local rebroadcast time		
		Day	Time	Live from satellite?
<i>eg. Radio Babylon</i>	<i>60 min</i>	<i>Thursday</i>	<i>14:30</i>	<i>No</i>

**15.** How do you believe access to DDN will enhance station programming?

**16.** What programming do you intend to access via the DDN data channel (datacasting) for instance festivals, CSAs and program shorts?

**17.** In addition to time shifting CRN programs, what other functions do you intend to use the DDN Player computer for?

**18.** Describe how you will install and use the DDN Player system?

**19.** How will you ensure that the DDN programming is accessible to all broadcasters?

**20.** Outline the timeframe for installation of the DDN Player computer. If your application is successful you should receive the DDN Player computer in March/April 2008.

**21.** Of all music broadcast on your station, what is the average percentage that is Australian music (music composed in Australia)?

%

**22.** Please indicate:

- (a) Does your station currently use computer facilities for broadcast replay?     Yes     No
- (b) Does your station currently use computer facilities for audio production?     Yes     No
- (c) If yes to (a) or (b), are computer facilities networked?     Yes     No
- (d) Do you intend to network the DDN Player?     Yes     No

**23. DECLARATION**

“I declare that to the best of my knowledge the information given in this application is true and accurate.”

**Authorised organisation’s representative**

Signature:	Name:
Date:	Position:

*Send your application by the due date to the postal address at the top of the form.*

**Your Privacy** - The Community Broadcasting Foundation (CBF) respects your right to privacy protection. For more information please see our Privacy Policy at [www.cbf.com.au/privacy.htm](http://www.cbf.com.au/privacy.htm) or contact the Foundation’s Executive Director on (03) 9419 8055 or by e-mail via [exec@cbf.com.au](mailto:exec@cbf.com.au).

We would be interested in any comments or suggestions you have about the CBF grants process. Please give us your feedback through the CBF website <<http://www.cbf.com.au/feedback.htm>>.