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| Creative Communities Scheme |
| **Application Form** |
| **Funding for local arts projects**  **Ngā pūtea mō ngā toi te hautāinga** |

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| **Open and Closing Dates** | 27 March 2024 – 24 April 2024 |
| **For Projects that take place between** | 1 May 2024 to 30 April 2025 |
| **To submit your Creative Communities Scheme application please complete, print and return this form to:** | Email: [grants@whakatane.govt.nz](mailto:grants@whakatane.govt.nz)  Deliver: Whakatāne District Council, 4 Commerce Street, Whakatāne, marked Attention: Community Funding Advisor |

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| **Read the *Creative Communities Scheme Application Guide***  Before you prepare your application, you should read the *Creative Communities Scheme Application Guide*. This guide tells you:   * whether you are able to apply for Creative Communities Scheme funding for your project * which projects and costs are eligible and ineligible * what information you will need to include in your application. | | | |
| **Complete the *Creative Communities Scheme Application Form***   * Applications can only be submitted using this document (*Creative Communities Scheme Application Form* or an online version of this document) * To complete this application form in Microsoft Word (version 2003 or newer) you need to type your answers to each question in the boxes provided * Privacy Note:  Your privacy is important to Council.  Please note any information contained in this application will be made publicly available when the Council agenda is released.  Please leave any fields blank that you do not want to be made public. | | | |
| Example: | | | Type your answer here |
| * **IMPORTANT – DO NOT edit any text outside of these boxes** * **If you are unable to type into the boxes provided, please print a copy and complete by hand** * If you need more space, attach information to the back of this application form. Please include the section headings to help assessors. * We recommend that you keep a copy of your completed application for your own reference * Contact the CCS administrator if you need advice on your application (see contact details on the cover page). | | | |
| **Before submitting your application, complete this checklist:** *(mark with an X)* | | | |
|  | | My project has an arts focus | |
|  | | My project takes place in the local authority district that I am applying to | |
|  | | I have answered all the questions in this form | |
|  | | I have provided quotes and other financial details | |
|  | | I have provided other supporting documentation | |
|  | | I have read and signed the declaration | |
|  | | I have made a copy of this application for my records | |

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| **Name and contact details** | | | | | | | | | | | | | | | | | | | | | |
| Are you applying as an individual or group? | | | | | | | | | | Individual | | | |  | | Group | | | |  |
| Full name of applicant: | | | | | |  | | | | | | | | | | | | | | | |
| Contact person (for a group): | | | | | |  | | | | | | | | | | | | | | | |
| Street address/PO Box: | | | | | |  | | | | | | | | | | | | | | | |
| Suburb: | | | | | |  | | | | | | Town/City: | | | | |  | | | | |
| Postcode: | | | | | |  | | | | | | Country: | | | | |  | | | | |
| Email: | | | | | |  | | | | | | | | | | | | | | | |
| Telephone (day): | | | | | |  | | | | | | | | | | | | | | | |
| All correspondence will be sent to the above email or postal address | | | | | | | | | | | | | | | | | | | | | |
| Name on bank account: | | | | | |  | | | | | | | | | GST number: | | | |  | | |
| Bank account number: | | | | | |  | | | | | | | | | | | | | | | |
| If you are successful, your grant will be deposited into this account | | | | | | | | | | | | | | | | | | | | | |
| **Ethnicity of applicant/group (Note: Not your intended audience)**  *Mark with an X, you can select multiple options)* | | | | | | | | | | | | | | | | | | | | | |
| New Zealand European/Pākehā: | | | | | | | | |  | | Detail: | |  | | | | | | | | |
| Māori: | | | | | | | | |  | | Detail: | |  | | | | | | | | |
| Pacific Peoples: | | | | | | | | |  | | Detail: | |  | | | | | | | | |
| Asian: | | | | | | | | |  | | Detail: | |  | | | | | | | | |
| Middle Eastern/Latin American/African: | | | | | | | | |  | | Detail | |  | | | | | | | | |
| Other: | | | | | | | | |  | | Detail: | |  | | | | | | | | |
| **Would you like to speak in support of your application at the CCS assessment committee meeting?** | | | | | | | | | | | | | | | | | | | | | |
| Yes: | |  | No: |  |
| If you mark yes, please advise your local CCS administrator of who will be speaking. You will generally have five minutes to address the Committee | | | | | | | | | | | | | | | | | | | | | |
| **How did you hear about the Creative Communities Scheme?** *(select* ***ONE,*** *mark with X)* | | | | | | | | | | | | | | | | | | | | | |
|  | Council website | | | | | |  | Creative NZ website | | | | | | | |  | | Social media | | | |
|  | Council mail-out | | | | | |  | Local newspaper | | | | | | | |  | | Radio | | | |
|  | Council staff member | | | | | |  | Poster/flyer/brochure | | | | | | | |  | | Word of mouth | | | |
|  | Other (please provide detail) | | | | | |  | | | | | | | | | | | | | | |

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| **Project name:** | |  | | | | | | | | | |
| Brief description of project: | | | | | | | | | | | |
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| **Project location, timing and numbers** | | | | | | | | | | | |
| Venue and suburb or town: | | | | |  | | | | | | |
| Start date: | | | | |  | | | Finish date: | | |  |
| Number of *active* participants: | | | | |  | | |
| Number of viewers/audience members: | | | | |  | | |
| **Funding criteria:** *(select* ***ONE*** *and mark with an X)*  Which of the schemes three funding criteria are you applying under? If your project meets more than one criterion, choose the one that is the project’s main focus. | | | | | | | | | | | |
|  | **Access and participation:** *Create opportunities for local communities to engage with, and participate in local arts activities* | | | | | | | | | | |
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|  | **Diversity:** *Support the diverse artistic cultural traditions of local communities* | | | | | | | | | | |
|  | **Young people:** *Enable young people (under 18 years of age) to engage with, and participate in the arts* | | | | | | | | | | |
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| **Artform or cultural arts practice:** *(select* ***ONE*** *and mark with an X.)* | | | | | | | | | | | |
|  | Craft/object art | |  | Dance | | | | |  | Inter-arts | |
|  | Literature | |  | Music | | | | |  | Ngā toi Māori | |
|  | Pacific arts | |  | Multi-artform (including film) | | | | |  | Theatre | |
|  | Visual arts | | | | | | | | | | |
| **Activity best describes your project?** *(select* ***ONE*** *and mark with an X)* | | | | | | | | | | | |
|  | Creation only | | | | |  | Presentation only (performance or concert) | | | | |
|  | Creation and presentation | | | | |  | Presentation only (exhibition) | | | | |
|  | Workshop/wānanga | | | | | | | | | | |

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| **Project details**  The boxes below **will expand as you type**.  *If you are completing this application by hand* you may need to **expand these boxes *before*** you print this form and/or add additional sheets. If you do, please clearly label these additional sheets using the headings below. | |
| 1. **The idea/Te kaupapa:** What do you want to do? | |
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| 1. **The process/Te whakatutuki:** How will the project happen? | |
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| 1. **The people/Ngā tāngata:** Tell us about the key people and/or the groups involved. | |
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| 1. **The criteria/ Ngā paearu:** Tell us how this project will deliver to your selected criterion: access and participation, diversity, or young people. | |
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| 1. **The budget/Ngā pūtea** | | | | | |
| See the CCS Application Guide for more detail on how to complete this section. | | | | | |
| Are you GST registered? | | Yes |  | **Do NOT** include GST in your budget | |
|  | | No |  | **Include** GST in your budget | |
| **Project costs** | Write down all the costs of your project and include the details, eg materials, venue hire, promotion, equipment hire, artist fees and personnel costs. | | | | |
| **Item** *eg hall hire* | **Detail** *eg 3 days’ hire at $100 per day* | | | | **Amount** *eg $300* |
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| **Total Costs** |  | | | |  |
| Project Income | Write down all the income you will get for your project from ticket sales, sale of artwork, other grants, donations, your own funds, other fundraising. Do not include the amount you will be requesting from CCS. | | | | |
| **Income** *eg ticket sales* | **Detail** *eg 250 tickets at $15 per ticket* | | | | **Amount** *eg $3,750* |
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| **Total Income** |  | | | | **$** |
| **Costs less income** | ***This is the maximum amount you can request from CCS*** | | | |  |
| **Amount you are requesting from the Creative Communities Scheme** | | | | | **$** |

**Other financial information**

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| Tell us about any other funding you have applied for or received for this project (remember you can’t receive funds for your project from both CCS and Creative New Zealand’s other funding programmes). | | | |
| Date applied | Who to | How much | Confirmed/  unconfirmed |
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| Tell us about other grants you have received through the Creative Communities Scheme in the past three years. | | | |
| Date | Project title | Amount received | Project completion report submitted (yes/no) |
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| **Other financial information**  **Groups or organisations must provide a copy of their latest financial statements**. This can be a copy of the audited accounts, an income and expenditure statement or a copy of the unaudited management accounts.  If your group or organisation has reserves which are not being used for this project, you should include your reserves statement or policy. | | | |

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| **You must read and sign the following. Please place an X in each box to show that you have read the information and agree to each section.** | | |
|  | I/We understand that if this application is successful I/we cannot receive funds for the same project from Creative New Zealand’s other funding programmes. | |
|  |
|  | I/We declare that the details contained in this application are correct and that I/we have authority to commit to the following conditions. | |
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| **If this application is successful, I/we agree to:** | | |
|  | complete the project as outlined in this application (or request permission in writing from the CCS Administrator for any significant change to the project) | |
|  |
|  | complete the project within a year of the funding being approved | |
|  | complete and return a project report form (this will be sent with the grant approval letter) within two months after the project is completed | |
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|  | return any unspent funds | |
|  | keep receipts and a record of all expenditure for seven years | |
|  | participate in any funding audit of my organisation or project conducted by the local council | |
|  | contact the CCS administrator to advise of any public event or presentation funded by the scheme | |
|  | acknowledge CCS funding at event openings, presentations, or performances | |
|  | use the **CCS** logo in all publicity (eg poster, flyers, e-newsletters) for the project and follow the guidelines for use of the logo. Logo and guidelines can be downloaded from the Creative New Zealand website: <http://www.creativenz.govt.nz/about-creative-new-zealand/logos> | |
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|  | I understand that Whakatāne District Council is bound by the Local Government Official Information and Meetings Act 1987 | |
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|  | I/we consent to Whakatāne District Council recording the personal contact details provided in this application, retaining, and using these details, and disclosing them to Creative New Zealand for the purpose of evaluating the Creative Communities Scheme. | |
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|  | I/we understand that my/our name and brief details about the project may be released to the media or appear in publicity material. | |
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|  | I/we undertake that I/we have obtained the consent of all people involved to provide these details. I/we understand that I/we have the right to have access to this information.  This consent is given in accordance with the Privacy Act 2020  NB: All applications by person/s under the age of 18 must be signed by applicant’s parent or legal guardian | |
|  |
| Name | |  |
|  | | (Print name of contact person/applicant) |
| Signed: | |  |
|  | | (Applicant or arts organisation’s contact person) |
| Date: | |  |