

Important Information

- Fill out one application form per project.
- This application form will be photocopied. For clarity, please type or print in **black ink** and ensure attachments are clear.
- To be eligible for funding, your project must not take place before the assessment committee's meeting date.
- Please ensure all information requested, especially financial information, is submitted with your application.

1. Are you eligible for a Creative Communities grant?

Eligibility criteria and priorities are set out in the accompanying guidelines. Please read these carefully before filling in this form.

Please tick one or more of the following three questions if they apply to your project:

YES

Will your project increase community participation in the arts?

Will your project increase community interest in the arts?

Will your project enhance or strengthen the local arts structures?

Please continue, but first check if funding is sought for any of the following:

If you tick any of the following, your project MAY NOT be eligible so please contact the local scheme administrator as soon as possible before you complete and submit your application.

- | | |
|---|--|
| <input type="checkbox"/> Development of facilities? | <input type="checkbox"/> Purchasing art works for a gallery? |
| <input type="checkbox"/> A project in an education institution? | <input type="checkbox"/> Debt servicing? |
| <input type="checkbox"/> A project which will have started by the times the grants are announced? | <input type="checkbox"/> Catering costs? |
| <input type="checkbox"/> An ongoing expense in your organisation? | <input type="checkbox"/> Fundraising? |
| <input type="checkbox"/> A project already funded by Creative NZ? | |

2. Tell us about yourself

(If you are an individual some of these questions might not apply)

2.1 Full name of individual or organisation

Commonly used named (if different from above)

2.2 Street address

2.3 Postal address

2.4 Telephone no

Fax number

Email

2.5 Contacts (Please name two people we can contact if we need further information)

Name

Telephone (day)

Fax

Name

Telephone (day)

Fax

2.6 What are your organisation's objectives?

2.7 Is your organisation a legally constituted trust or incorporated society?

YES / NO

2.8 How many members does your organisation have?

2.9 Are you registered for GST?

YES / NO

If yes, your GST number is:

Please note:

- Applicants who are not GST registered need to provide budget figures that are GST inclusive
- Applicants who are GST registered need to provide budget figures that exclude the GST component. Successful applicants who are GST registered must submit a separate GST invoice to their local authority.

4.4* Are you seeking (please tick one box):

A grant Guarantee against loss Loan

4.5 What other grants, loans, guarantees against loss have you applied for with this project?

Date	Source	Type	Amount	Funding Advice Date

5. Financial Background

5.1 If you are an existing group or organisation, provide details from your last set of annual accounts.

5.2 Provide details of any grants, loans or guarantees against loss that you have previously received through the *Creative Communities Scheme*.

Date	Project	Type	Amount

PTO for final check

6. Final Check

I declare that the information supplied here is correct. If the application is successful, I/we agree to:

- i. Return the project report form (which will be sent to me in due course by the local authority)
- ii. Participate in any funding audit of my organisation or project, conducted by the local authority

I consent to the **Clutha District Council** collecting the personal contact details provided above, retaining and using these details and disclosing them to Creative New Zealand for the purpose of review of the *Creative Communities New Zealand* scheme. I undertake that I have obtained the consent of the other contact person to provide these details. We acknowledge our right to have access to this information. This consent is given in accordance with the Privacy Act 1993.

Name

Signature

Position in organisation

Date

Checklist

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you answered all the questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you checked that your figures add up? Please check! | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you provided <u>FULL</u> financial details? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you provided <u>FULL</u> details of your project? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you provided daytime phone numbers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The Committee will not be able to assess your application
If it is incomplete | | |

Please return form to:

**Alison Ludemann
CCS Administrator
Clutha District Council
PO Box 25, Balclutha 9240
Ph: 03 419 0200**

Clutha District Council, 1 Rosebank Terrace, PO Box 25, Balclutha 9240
P: 03 419 0200; F: 03 418 3185; E: help.desk@cluthadc.govt.nz
www.cluthadc.govt.nz