

Creative Communities Scheme

Project Application Form 2009



Deliver to: Community Development Co-ordinator
 South Waikato District Council
 Private Bag 7
 Torphin Crescent
 TOKOROA 3444



Please complete ONE APPLICATION FORM PER PROJECT.

If you require assistance contact the Community Development Co-ordinator, on (07) 885 0776

Check your eligibility

Will the project increase community participation in the arts?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the project increase community interest in the arts?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the project enhance or strengthen arts structures in the South Waikato?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you have answered **YES** to any of the above, continue.

Is funding sought for:

Facility development?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Purchasing art works for a gallery?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
A project in an education institution?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
An ongoing expense in your organisation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
A project which will have started by the time grants are announced?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Catering costs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Debt servicing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fundraising?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
A project already funded by Creative Communities NZ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you have answered **YES** to any of the above, your project **may not** be eligible. Contact the Community Development Co-ordinator, on (07) 885 0776 before continuing.

1. Tell us about yourself (if you are an individual, some of these questions may not apply)

1.1	Full name of individual or organisation:	
1.2	Contact Name	
1.3	Street Address:	
	Postal Address:	
1.4	Telephone/Fax Number:	

1.5	Contacts: Please name two people we can contact if we need further information				
		Referee 1	Referee 2		
	Name:				
	Daytime Phone:				
	Mobile:				
	Email:				
1.6	How many members belong to your organisation?				
	How many participants will be involved in this project?				
	Did a representative of your organisation attend the South Waikato District Council funding workshops held in 2009?				
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, name of person who attended
1.7	What are your organisation's objectives?				
1.8	Is your organisation a legally constituted Trust or incorporated society?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.9	Are you registered for GST?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			N	o	If Yes, GST No:
1.10	Direct Credit to bank Account <i>(included Encoded Deposit Slip if possible)</i>				
	Account Name:				
	Account Number:				
	Bank:				
	Branch:				

2.7	What art form grouping best suits your project (tick one box only)
	<input type="checkbox"/> Language arts and literature (eg, poetry, story telling, fiction, whai korero).
	<input type="checkbox"/> Performing arts (eg, dance, music, theatre).
	<input type="checkbox"/> Visual arts (eg, painting, craft, toi whakairo).
	<input type="checkbox"/> Multi-disciplinary (projects which cross over two or more of the above categories).
2.8	What will be the benefits of your project taking place? <i>(It is useful to refer back to the criteria of the scheme and to tell us how your project relates to those aims)</i>
2.9	How will you advertise or promote the project?

3. Money and Resources

3.1	<p>Expenditure</p> <p>Outline the costs of your project:</p> <ul style="list-style-type: none"> ➤ You may include a percentage of overhead costs, including salary (except volunteer labour) which apply to the project. ➤ Where appropriate, please include written quotes. ➤ Organisations not registered for GST should include GST with their estimates. 																					
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A	Total Cost	\$																				

3.2	Income Please outline how you intend to fund the project:					
	(a) Donated material				\$	
	(b) Cash in hand towards the project				\$	
	(c) Loans/mortgage/debenture				\$	
	(d) Charge to participants or membership subscription				\$	
	(e) Other sponsorship/grant (please specify source)				\$	
	(f) Intended fundraising (provide an estimate)				\$	
	(g) Expenditure on project to date				\$	
	(h) Other				\$	
	B	Other Funds for Project6			\$	
3.3	Please specify amount of funding requested. The total cost of project (A) minus total funds available for the project (B) will usually equal the amount requested from the Creative Community NZ Scheme.					
	A	Total cost of project			\$	
	B	Less total funds available			\$	
	C	Difference			\$	
	D	Amount requested from Creative NZ			\$	
	If (D) is greater or different from amount (C) please tell us how you have calculated that amount and why you are requesting it.					
3.4	Are you seeking:		A Grant			
3.5	Tell us about any other grants, loans and guarantees against loss you have applied for, for this project:					
	Date	Source	Type	Amount	Funding Date	Advice

4. Financial Background

4.1 If you are an existing group or organisation, provide your last two sets of annual accounts.

4.2 Provide details of any grants, loans or guarantees against loss you have previously received through the Creative Communities NZ Scheme or any others.

Date	Project	Source	Type	Amount

5. Final Check - Before you send this in please check

<input type="checkbox"/>	Have you answered all questions?
<input type="checkbox"/>	Do your project figures add up? Please check.
<input type="checkbox"/>	Have you included copies of your last two years' financial accounts?
<input type="checkbox"/>	Have you photocopied this completed application form to keep a copy for your records?

6. Declaration

I declare that the information supplied here is correct. If the application is successful, I/We agree to participate in any funding audit of my organisation or project conducted by the local authority.

I consent to the South Waikato District Council collecting the personal contact details provided above, retaining and using these details and disclosing them to Creative Communities NZ for the purpose of review of the Creative Communities NZ 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.

Chair's Name:	
Chair's Signature:	
Date:	

**APPLICATIONS CLOSE AT 12 NOON
ON FRIDAY 28 AUGUST 2009**