



Creative Communities  
Scheme (CCS)  
Application Form

Funding for local arts

Ngā kaupapa auaha a te iwi whānui  
Te tono pūtea mō ngā manahau a te iwi kāinga

This funding round closes on **Friday 31 March 2017.**

Projects have to start after **Monday 17 April 2017 when applicants will be notified of funding decisions.**

## Read the *Creative Communities Scheme (CCS) Application Guide*

This guide tells you –

* if you are able to apply for a CCS Grant for your project
* what information you will need to include in your application
* how to submit your application.

You can print this document out and handwrite your application or you may like to save a copy of this application to your desktop and enter the information this way. If you need more space attach information to the back of this application form. Please include the section number and heading for easy assessing.

Contact the CCS administrator if you need advice on your application.

**The administrator is Derek Blight who can be contacted at 03 756 9047 or at derek.blight@westlanddc.govt.nz**

# Applicant details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you applying as an individual or group? | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | Individual | |  | | | Group | | | | |
|  | | | | | | | | | | | |
| Full name of applicant | | | | | | | |  | | | |
|  | | | | | | | | | | | |
| Contact person (for a group) | | | | | | | |  | | | |
|  | | | | | | | | | | | |
| Daytime phone number | | | | | | | |  | | | |
|  | | | | | | | | | | | |
| Postal address | | | | | | | | | | | |
| All correspondence will be sent to this address. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Street/PO Box | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| Suburb | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| Postcode | | |  | | | | | | City | |  |
|  | | |  | | | | | | | | |
| Email | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| Ethnicity of applicant | | | | | | | | | | | |
| Please tick and provide detail e.g. Ethnicity: Pacific Island, Detail: Samoan. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Ethnicity | | | | | Detail | | | | | | |
|  | | |  | | | | | | | | |
|  | NZ European | | | | |  | | | | | |
|  |  | | | | |  | | | | | |
|  | Māori | | | | |  | | | | | |
|  |  | | | | | | | | | | |
|  | Pacific Island | | | | |  | | | | | |
|  |  | | | | |  | | | | | |
|  | Asian | | | | |  | | | | | |
|  |  | | | | |  | | | | | |
|  | Middle Eastern/Latin American/African | | | | | | | | |  | |
|  |  | | | | |  | | | | | |
|  | Other | | | | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Would you like to speak in support of your application at the  local assessment committee meeting? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you mark yes, talk to your local CCS administrator before you go so you know who you will be speaking to and for how long. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | |  | | | No | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank account name and number  This is where funds will be deposited if your application is successful. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account number | | |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Project details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project name | | | | |
| For example, South Taranaki children’s ceramic workshops. | | | | |
|  | | | | |
|  | | | | |
|  | |  | | |
| Brief description | | | | |
| For example, six ceramic workshops during the school holidays for children aged 8–12. | | | | |
|  | |  | | |
|  | | | | |
|  | | | | |
| Does your project have an arts or creative cultural focus? | | | | |
|  | | | | |
|  | Yes | |  | No |
|  | | | | |
| Will your project take place within the city or district where the application is made? | | | | |
|  | | | | |
|  | Yes | |  | No |
|  | | | | |
| If the answer is no to either of these questions your project is likely to be ineligible. Please contact your CCS administrator. | | | | |

|  |  |
| --- | --- |
|  | |
| Funding criteria | |
| Which of the scheme’s three funding criteria are you applying under.  Please select one. If your project meets more than one criteria, choose the one that is the project’s main focus.  You can find examples of each criteria in the CCS Application Guide page 10 | |
|  | |
|  | **Participation**: Create opportunities for local communities to engage with, and participate in local arts activities. |
|  |  |
|  | **Diversity**: Support the diverse arts and creative cultural traditions of  local communities. |
|  |  |
|  | **Young people**: Enable young people (under 18 years) to engage with, and participate in the arts. |
|  |  |
| If you do not know which of the three fits your project, contact your CCS administrator. | |

# The idea/He aha te kaupapa

 See the CCS Application Guide on page 2

|  |
| --- |
| What do you want to do? |
|  |
|  |

# The benefit/He aha ngā hua

 See CCS Application Guide page 3

|  |
| --- |
| How will your project benefit your community? |
|  |
|  |

# The process/Pehea te whakatutuki

 See CCS Application Guide page 3

|  |
| --- |
| Where, when and how will the project happen? |
|  |
| Venue/location:  Project start and finish dates:  Details of how the project will happen: |

# The people/Ko wai ngā tāngata

 See CCS Application Guide page 5

|  |  |
| --- | --- |
| Tell us about the key people and/or community involved | |
|  | |
|  | |
|  | |
| Estimated number of active participants |  |
|  | |
| Estimated number of attendees |  |

# The budget/He pūtea

## How much will it cost?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you GST registered? | | | | |  | Yes | | | | |  | No | | |
|  | | | | | | | | | | | | | | |
| GST number | |  | | |  | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | |
| **If you are GST registered, do not include GST in these amounts.**  **If you are *not* GST registered, please provide the amounts including GST.** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | This budget includes GST | | | | | |  | | This budget does not include GST | | | | | |

## Project costs

Write down *all* the costs of your project and include the details.

For example materials, venue hire, promotion, equipment hire, artist fees

and personnel costs.

 See CCS Application Guide page 6

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Item | Detail | Amount | | e.g. Hall hire | e.g. 3 days hire at $100.00 per day | e.g. $300.00 | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | | A: Total cost | | **$** | |  | | | |

## 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Item | Detail | Amount | | e.g. Ticket sales | e.g. 250 tickets at $15.00 per ticket | e.g. $3,750.00 | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | | B: Total income | | **$** | |  | | | |

Calculate your requests from CCS using this table.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | A: | Total cost of project | $ | | B: | Less total income | $ | | C: | Difference | $ | | D: | Amount requested from CCS | $ | |  | | | |

## Financial background

Tell us about any other funding you have applied for or received for this project (including funds from Creative New Zealand’s other funding programmes).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Date  applied | Source of funding | Type of funding e.g. grant | Date of result | Amount | |  |  |  |  | $ | |  |  |  |  | $ | |  |  |  |  | $ | |  |  |  |  | $ | |  |  |  |  | $ | |

Tell us about other grants you have received through CCS in the past

three years.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Date | Project title | Have you submitted a project completion report for this project? | Amount | |  |  |  | $ | |  |  |  | $ | |  |  |  | $ | |  |  |  | $ | |  |  |  | $ | |  |  |  |  | |

Groups or organisations must provide a copy of their latest financial statement.

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.

# Artform, activity and cultural tradition

## Which of the following artforms best describes your project?

Please select one. If your project combines more than one artform select combined arts.

 See CCS Application Guide page 6 for definitions of each artform

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Combined arts |  | Māori arts |
|  |  |  |  |
|  | Craft/Object art |  | Music |
|  |  |  |  |
|  | Dance |  | Pacific arts |
|  |  |  |  |
|  | Film |  | Theatre |
|  |  |  |  |
|  | Literature |  | Visual arts |

## Which of the following activities best describes your project?

Please select one.

 See CCS Application Guide page 8 for definitions

|  |  |
| --- | --- |
|  |  |
|  | Creation only |
|  |  |
|  | Creation and presentation |
|  |  |
|  | Presentation only (performance or concert) |
|  |  |
|  | Presentation only (exhibition) |
|  |  |
|  | Workshop |

## What is the cultural tradition of your project?

The cultural tradition of your project relates to the particular heritage that your project is part of. Cultural tradition **does not relate** to your group’s ethnic affiliations or geographical origins.

Select the cultural tradition that best relates to your project and give additional information if needed.

For example, a kapa haka performance would be categorised as Māori arts or a traditional Polish dancing workshop would be Cultural tradition: European, Detail: Polish.

|  |  |  |  |
| --- | --- | --- | --- |
| Cultural tradition | | Detail | |
|  | |  | |
|  | European |  | |
|  |  |  | |
|  | Māori arts |  | |
|  |  | | |
|  | Pacific arts |  | |
|  |  |  | |
|  | Asian |  | |
|  |  |  | |
|  | Middle Eastern/Latin American/African | |  |
|  |  |  | |
|  | Other |  | |

# Declaration

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.

If this application is successful, I/we agree to:

* complete the project as outlined in this application
* 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
* return any unspent funds
* participate in any funding audit of my organisation or project conducted by the local council if required
* contact the CCS administrator to let them know of any public event or presentation that is funded by the scheme
* acknowledge CCS funding at event openings, presentations or performances
* use the CCS logo in all publicity (e.g. poster, flyers, e-newsletters) for the project and follow the guidelines for use of the logo. Logo and guidelines can be downloaded from www.creativenz.govt.nz/logo.

I understand that the Westland District Council

* is bound by the Local Government Official Information and Meetings Act 1987
* I/we also consent to it 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
* I/we understand that my/our name and brief details about the project may be released to the media or appear in publicity material
* 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 1993.

|  |  |  |
| --- | --- | --- |
|  |  | |
| Name |  | |
|  |  |  |
| Signature |  |  |

Name and signature of parent or guardian if applicant is under 16 years of age:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
|  |  | |  |
| Signature |  | |  |
|  | | | |
| Position in organisation if applicable | |  | |
|  |  | |  |
| Date |  | | |

## How did you hear about this fund?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Council website |  | Radio |
|  |  |  |  |
|  | Council mail out |  | Social media |
|  |  |  |  |
|  | Council staff member |  | Word of mouth |
|  |  |  |  |
|  | Creative New Zealand website |  | Other (please give detail): |
|  |  |  |  |
|  | Local Newspaper |  |  |
|  |  |  |  |
|  | Poster/flyer |  |  |

# Final check

## Make sure you have

|  |  |
| --- | --- |
|  | Completed all the sections |
|  |  | |
|  | Checked that your budget balances | |
|  |  | |
|  | Provided quotes and financial details | |
|  |  | |
|  | Attached supporting documents | |
|  |  | |

## Submitting your application

Mail your application to:

The Administrator, Westland District Council, Private Bag 704, Hokitika 7842

Courier or hand deliver your application to:

The Administrator, Westland District Council, 36 Weld Street, Hokitika 7810