



Application to Creative Communities New Zealand

NEED HELP? If you would like some help to fill in this form, please contact a committee member or the Iwi and Community Partnership Manager, 07 824 8633 or 0800 4 Waikato.

Full Name of Organisation / Applicant _____

Address Postal _____ **Physical** _____

Is your organisation a legal entity? Yes No **If Yes, is it a...**
 Trust Incorporated Society Statutory Body Other _____

Objectives of your organisation _____

What is your group's primary cultural or ethnic affiliation? Tick ONE box only

Maori Pacific Islands General Community Other

How many members belong to your organisation? _____

Contacts (these are the people we can contact if we need further information about this project – one should be the person who fills in this form)

Name _____ **Name** _____
(Person who fills in form)

Position Held _____ **Position Held** _____

Phone _____ **Phone** _____

Are you a first time applicant? Yes No

I have read the notes attached to this application form before completing Yes No

What is your project? (full details) _____

Which of the following Creative Communities Scheme criteria best describes your project? Tick ONE box only (Refer to guidelines for further information)

- Projects that increase participation in the arts (usually involves opportunity for active participation by the target audience)
- Projects that increase the range and diversity of the arts available to communities (often involve presentation of new works and experiences to the community the project is targeting)
- Projects that enhance and strengthen the local arts sector (may involve training, engagement of consultants, networking and seminars)

Which art form grouping best describes your project? Tick ONE box only

- Language arts and literature (e.g. poetry, storytelling, fiction, whaikorero)
- Performing arts (e.g. dance, music, theatre)
- Visual arts (e.g. painting, craft, toi whakairo)
- Multi-disciplinary (projects which cross over two or more of the above categories)

FINANCIAL - Are you seeking a Grant **or a** Guarantee Against Loss

Are you GST registered? No Yes **GST Number** ___/___/___

Bank account details: ___/___/___

Bank _____ **Branch** _____

(A coded deposit slip must be included to support the above information)

If you are GST registered please list all details below exclusive of GST. If you are not GST registered you need to list all details below inclusive of GST.

You may include a percentage of overhead costs including salaries (except volunteer labour), which applies to the project. Where appropriate, please attach written quotes.

Project Costs – List all associated costs	\$	Income - How is finance made up	\$
Total Cost of Project (A)		Total Income (B)	

How much money are you applying for? (i.e. A minus B) \$ _____

If there is a shortfall (i.e. you receive less than this request) **how will you meet this?** _____

If you have you listed administration costs in any form in your budget you must define or break them down in the space below:

Has any funding been spent on this project to date?

Briefly describe any voluntary effort or donated material provided for the project

What are your usual sources of funds? (e.g. fees, grants, sponsorship, sales, fundraising)

Summary for financial year ending ___/___/___ **OR period from** ___/___/___ **to** ___/___/___

Income \$ _____

Expenditure \$ _____

Surplus (Deficit) \$ _____

Current funds in hand \$ _____ **at** ___/___/___

Indicate if any of the funds are tagged for specific purposes _____

Have you applied for other funding for this project, which has not yet been received?

Organisations	Amount requested	Result Date

Do you anticipate any significant change in your organisation's financial circumstances in the next 12 months? No Yes If yes, explain _____

Have you received funding from or through the Creative Communities Scheme for any project previously? *If so list below*

Project	Amount Received	Date

Declaration

I hereby declare that the information supplied here on behalf of our organisation is correct. We understand that the information supplied in this application will become public information. We consent to the Waikato District Council collecting the personal contact details provided in the application and using these details. This consent is given in accordance with the Privacy Act 1993.

Name _____

Position in Organisation _____

Signature _____ **Date** _____

Your application should be clearly marked on the envelope "Creative Communities New Zealand" for the attention of the Iwi and Community Partnership Manager and can be submitted by:

- Post** Waikato District Council, Private Bag 544, Ngaruawahia; or
- Courier** Waikato District Council, 114 Great South Road, Ngaruawahia; or
- Hand delivery** To any of the Council's offices in Ngaruawahia, Huntly, or Raglan

Applications close at 4.00pm on the closing date

**CURRENT YEAR ROUNDS CLOSE
31 March or 1 October**