



Application No. \_\_\_\_\_  
(for Office use only)

**CREATIVE COMMUNITIES NZ FUNDING SCHEME  
UNDER \$500 APPLICATION FORM**

- Before proceeding, please read the attached information sheet to check your eligibility.
- Please complete one application form per project.
- If your project or membership is regional you should apply for funding from all Councils concerned.
- Your project cannot have already received Creative New Zealand funding for the same purpose.
- **Important** - please note your project **cannot** start before it has been assessed.
- Funds must be expended and an accountability form returned within the specified timeframe or the grant must be forfeited and returned

**1. YOUR DETAILS**

a) Name of organisation/individual: \_\_\_\_\_

b) Postal address: \_\_\_\_\_

c) Street address: \_\_\_\_\_

d) Name two people we can contact if the Assessment Committee requires further information. The first contact must be the person who filled out the form. Under the Privacy Act (1993) consent from the other contact must be given before their details are recorded here.

Name: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ Phone: (night) \_\_\_\_\_

Name: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ Phone: (night) \_\_\_\_\_

e) What are your organisation's objectives:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f) If you **are registered for GST**, please supply your GST number: \_\_\_\_/\_\_\_\_/\_\_\_\_

g) Is your organisation a legally constituted trust or incorporated society?  
 Yes  No

h) What is your, or your group's, primary cultural or ethnic affiliation?  
 General Community  Maori  Pacific Islands  Other defined community

i) Please name up to two referees for you and your project.

Name: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ Phone: (night) \_\_\_\_\_

Name: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ Phone: (night) \_\_\_\_\_

2. THE PROJECT

a) Is the project  A new activity?  A development of an existing activity?

b) Please tell us about your project in full (attach additional sheets if you wish).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) When will your project take place?  
\_\_\_\_\_

d) In which local authority area(s) will your project take place?  
\_\_\_\_\_

e) What district do the participants, or those whom you expect to benefit from your project, come from? \_\_\_\_\_

f) How many participants do you anticipate being involved in your project? \_\_\_\_

g) Will the project primarily involve a particular cultural or ethnic group?  
 General Community  Maori  Pacific Islands  Other defined community

h) Does your project target a particular age group?  Under 25  Over 25  All

i) Which of the following Creative Communities Scheme funding criteria **best** describes your project? (tick one box only)

|  |                          |
|--|--------------------------|
| For a project that increases participation in the arts.                                    | <input type="checkbox"/> |
| For a project that increases the range and diversity of the arts available to a community. | <input type="checkbox"/> |
| For a project that enhances and strengthens the local arts sector.                         | <input type="checkbox"/> |

j) What artform grouping best describes your project? (tick one box only)

|   |                          |
|---|--------------------------|
| Language arts and literature (e.g., poetry, storytelling, whaikorero).            | <input type="checkbox"/> |
| Performing arts (e.g., dance, music, theatre).                                    | <input type="checkbox"/> |
| Visual arts (e.g., painting, craft, toi whakairo).                                | <input type="checkbox"/> |
| Multi-disciplinary (projects that cross over two or more of the above categories) | <input type="checkbox"/> |

k) Describe who will benefit and how from your project:  
\_\_\_\_\_



**3. MONEY AND RESOURCES**

- a) Are you seeking:     A Grant             A Guarantee Against Loss
- b) Please outline the costs of your project. You may include a percentage of overhead costs, including salaries which **apply to the project**. Where appropriate, please include written quotes.
- If you are registered for GST please do not include GST in these costs
  - If you are not registered for GST, please include GST in these costs
  - Please round all figures to the nearest dollar

| <b>Project Costs</b><br><i>Please itemise costs for this project</i> | \$        | <b>Income</b><br><i>How will your group contribute financially to the project</i> | \$        |
|--|-----------|---|-----------|
|  |           | Donated material  |           |
|  |           | Cash in hand towards project  |           |
|  |           | Loans/mortgage/debenture  |           |
|  |           | Charge to participants or membership subscriptions                                |           |
|  |           | Other sponsorship and/or fundraising  |           |
|  |           | Other   |           |
| <b>Total Cost (A)</b>  | <b>\$</b> | <b>Total Income (B)</b>   | <b>\$</b> |
|  |           | <b>Funding Shortfall (A minus B)</b>  |           |
|  |           | <b>Less grants (C below)</b>  |           |
|  |           | <b>Amount of application:</b>   | <b>\$</b> |

*As part of the eligibility criteria it is part of the Local Assessment Committee's policy that all applicants contribute a minimum of 30% of the total cost of the project. Equipment purchase contribution required is 50% of the total cost.*

- c) What other grants, loans, guarantees against loss have you applied for, for this project?

| <b>Organisation</b>              | <b>Amount Requested</b> | <b>Amount received</b> | <b>Result Date</b> |
|----------------------------------|-------------------------|------------------------|--------------------|
|                                  |                         |                        |                    |
|                                  |                         |                        |                    |
|                                  |                         |                        |                    |
| <b>Total Amount Received (C)</b> |                         |                        |                    |

**4. FINANCIAL BACKGROUND**

- a) If you are an existing group or organisation, please attach audited accounts or balance sheets. It is essential that if audited accounts or balance sheets are not available, a bank or financial statement be provided.

- b) Please provide details of any grants, loans or guarantees against loss you have previously received through the Creative Communities Scheme.

| Date | Project | Type | Amount |
|------|---------|------|--------|
|      |         |      |        |
|      |         |      |        |
|      |         |      |        |

**DECLARATION**

I hereby declare that the information supplied here on behalf of our organisation is correct. If the application is successful my organisation agrees to:

- i) Return a completed project accountability form (supplied by the Napier City Council) on completion of the project. *(Failure to return this form will jeopardise any future funding requests you may require.)*
- ii) Comply with any audit or inspection of this society/organisation or this project that may be directed by an officer from the Napier City Council.

I consent to the Napier City 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 review of the Creative Communities Scheme. I understand that my name and brief details about the project may be released to the media or appear in publicity material. 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 \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your application to:  
Creative Napier  
PO Box 1083  
NAPIER**

| CHECKLIST  |                          |
|--|--------------------------|
| Have you answered all the questions?                               | <input type="checkbox"/> |
| Do your figures add up? Please check!                              | <input type="checkbox"/> |
| Provided full financial details?                                   | <input type="checkbox"/> |
| Provided full details of your project?                             | <input type="checkbox"/> |
| Relevant information about artists/tutors involved in your project | <input type="checkbox"/> |
| Letters of support (do not send originals)                         | <input type="checkbox"/> |
| <b>Have you kept a copy of your application?</b>                   | <input type="checkbox"/> |