

# Creative Communities Scheme Application Form



## Before You Start

### Read the Creative Communities Scheme Application Guide

Before you prepare your application you should read the Creative Communities Scheme Application Guide. This guide tells you:

- Whether you are able to apply for Creative Communities Scheme funding for your project.
- Which projects and costs are eligible and ineligible.
- What information you will need to include in your application.

### Note the local funding priorities for the Creative Communities Scheme Waitaki District

Priority will be given to applications that:

- Demonstrate growth.
- Demonstrate quality and excellence.
- Promote partnership and inclusion.

### Complete the Creative Communities Scheme Application Form

- Applications can only be submitted using this document (Creative Communities Scheme Application Form or an online version of this document).
- To complete this application form in Adobe Acrobat or Reader you need to type your answers to each question in the boxes provided.

### Example

- If you need more space, attach information to the back of this application form. Please include the section headings to help assessors.
- We recommend that you keep a copy of your completed application for your own reference.
- Contact the Creative Communities Scheme administrator if you need advice on your application.  
(see contact details on the cover page)

## Checklist

Before submitting your application, complete this checklist

(Select multiple options)

My project has an arts or creative cultural focus

My project takes place in the local authority district that I am applying to

I have answered all the questions in this form

I have provided quotes and other financial details

I have provided other supporting documentation

I have read and signed the declaration

I have made a copy of this application for my records

# Creative Communities Scheme Application Form



## Applicant Details

Are you applying as an individual or group?

(Select one option)

Individual

Group

Full Name of Applicant

Contact Person (for a group)

Postal Address

(include postcode)

  
  

Phone Number

Email Address

Full Account Name (in BLOCK letters)

Account Number (please enter one digit in each box)

GST Number

Ethnicity of Applicant/Group

(Select multiple options)

Detail

New Zealand European/Pākehā

Māori

Pacific Island

Asian

Middle Eastern/Latin American/African

Other

## Committee Meeting

Would you like to speak in support of your application at the CCS assessment committee meeting?

(Select one option)

Yes

No

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.

## Creative Communities Scheme

How did you hear about the Creative Communities Scheme?

(Select one option)

Council Website

Creative NZ Website

Social Media

Council Mail-out

Local newspaper

Radio

Council Mail-out

Poster/Flyer/Brochure

Word of Mouth

Other

# Creative Communities Scheme Application Form



## Project Details

Project Name

Brief Description

Venue and Suburb or Town

Start Date

Finish Date

Number of Active Participants

Number of Viewers/Audience Members

## Funding Criteria

Which of the schemes three funding criteria are you applying under? (If your project meets more than one criterion, choose the one that is the project's main focus)  
(Select one option)

**Access and participation:** Create opportunities for local communities to engage with, and participate in local arts activities.

**Diversity:** Support the diverse artistic cultural traditions of local communities.

**Young people:** Enable young people (under 18 years of age) to engage with, and participate in the arts

Artform or cultural arts practice

(Select one option)

Craft/Object Art

Dance

Inter-arts

Literature

Music

Ngā toi Māori

Pacific Arts

Multi-Artform (including film)

Theatre

Visual Arts

Activity that best describes your project

(Select one option)

Creation Only

Creation and Presentation

Workshop/  
Wānanga

Presentation Only  
(performance or concert)

Presentation Only  
(exhibition)

Cultural tradition of your project

(Select multiple options)

Detail

European

Māori

Pacific Island

Asian

Middle Eastern/Latin American/African

Other

# Creative Communities Scheme Application Form



## Project Details (Budget)

The Idea / Te Kuapapa (What do you want to do?)

Blank lined area for writing the project idea.

The Process / Te Whakatutuki (How will the project happen?)

Blank lined area for writing the project process.

The People / Ngā Tāngata (Tell us about the key people and/or the groups involved)

Blank lined area for writing about the people involved.

The Criteria / Ngā Paearu (Tell us how this project will deliver to your selected criterion - Access & Participation, Diversity or Young People)

Blank lined area for writing about the criteria.



# Creative Communities Scheme Application Form



## The Budget Continued

Tell us about any other funding you have applied for or received for this project (remember you can't receive funds for your project from both Creative Communities Scheme and Creative New Zealand's other funding programmes).

Date Applied					Who Applied To	Amount	Confirmed/ Unconfirmed
DD	MM	YYYY				\$	
DD	MM	YYYY				\$	
DD	MM	YYYY				\$	
DD	MM	YYYY				\$	
DD	MM	YYYY				\$	

Tell us about other grants you have received through the Creative Communities Scheme in the past three years.

Date					Project Title	Amount Received	Project completion report submitted (Yes/No)
DD	MM	YYYY				\$	
DD	MM	YYYY				\$	
DD	MM	YYYY				\$	
DD	MM	YYYY				\$	
DD	MM	YYYY				\$	

### Other Financial Information

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.



## Declaration

You must read and sign the following. Please place an **X** in each box to show that you have read the information and agree to each section.

(Select all options)

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:

(Select all options)

Complete the project as outlined in this application (or request permission in writing from the CCS Administrator for any significant change to the project).

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.

Keep receipts and a record of all expenditure for seven years.

Participate in any funding audit of my organisation or project conducted by the local council.

Complete the project as outlined in this application (or request permission in writing from the CCS Administrator for any significant change to the project).

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 the Creative New Zealand website:  
<http://www.creativenz.govt.nz/about-creative-new-zealand/logos>

I understand that the Waitaki District Council is bound by the **Local Government Official Information and Meetings Act 1987**.

I/we consent to Waitaki District 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 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

(Print name of contact person/applicant)

Name

(Print name of parent/guardian for applicants under 16 years of age)

Signature

(Applicant or arts organisation's contact person)

Signature

(Parent/guardian for applicants under 16 years of age)

Date

  

Date

# Creditor Application Form



## Creditor Details

Name

Trading Name

Postal Address  
(include postcode)

  
  

NZBN Number

GST Number

Phone Number

Contact Name

Email Address (for remittance advices)

Email Address (for general enquiries etc)

Credit Terms

  
  

## Bank Account Details

Full Account Name (in BLOCK letters)

Account Number (please enter one digit in each box)

### Please Note:

- 1 Applications without a contact phone number and email address will not be processed.
- 2 Right align all bank account numbers e.g. Enter 02 suffix as 002.
- 3 Credit terms indicated on this form must match with the terms reflected on the invoice. Otherwise, the default payment terms, which is 20<sup>th</sup> of the following month from the invoice date, will be used.
- 4 'Waitaki District Council' will appear in the "particulars" column of your bank statement.
- 5 The creation of profile may take up to **3 working days** to be processed. Invoice can only be processed after the profile is created.

## Declaration

By completing and signing this form, I declare and confirm that I have the necessary authority to complete and submit this form to Waitaki District Council.

Name

Position

Signature

Date

Please email completed form to [accounts@waitaki.govt.nz](mailto:accounts@waitaki.govt.nz)

## Office Use Only

Requested By

Department

Entered By

Reviewed By