Form Preview

## Eligibility

\* indicates a required field

Applicants: please note

Before completing this application form, you should have read the program guidelines: {{
Creative Communities Scheme | Palmerston North City Council }}.

Incomplete applications and/or applications received after the closing date will not be considered.

If you have any questions, please contact - Funding Advisor on 06 356 8199 or email communityfunding@pncc.govt.nz

## Confirmation of Eligibility

Confirmation of Eligibility is designed to help you, and us, understand if you are eligible for this grant. Please take a moment to read the statement carefully before applying.

### Please confirm the following:

- Individuals applying must be New Zealand citizens or permanent resident.
- Groups must be based in New Zealand.
- You have read and understood the program guidelines.
- Your project has an arts focus.
- Project is to take place within the city or district of Palmerston North.
- Be completed within 12 months of funding being approved.
- Not have started or finished your project before Creative Communities Scheme funding is approved.
- If you have already received funding from Creative Community Scheme for a project, you must complete a report on that project before making another application, unless the project is still in progress.
- You or your organisation does not owe any reports or money as a result of previous funding or grants.

You	must confirm	n that all statem	ents above are t	rue and correct. *
□ Y	′es			

### Contact Details

\* indicates a required field

### Applicant Details

Applicant *	
○ Individual	<ul> <li>Organisation</li> </ul>
Organisation Name	

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Title First Name Last Name
Make sure you provide the same name that is listed in official documentation
Applicant primary address
Address
Project location
Address
Miller Street Wictoria Street Wictoria Street
Victoria :
Had Street Age In Street Watch
AND ABELIEF SHEET
PLACEHOLDER STORE TO
ta a west street
Lons date Little Bourne
Bourke Street Street
Applicant primary phone number *
Must be a New Zealand phone number.
Applicant email address *
Must be an email address.
Applicant website
Applicant Website
Must be a URL.
Ethnicity of Applicant/Group

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correctly.

Please select			- 1111 - 1 11
○ Maori	<ul><li>Pacific Peop</li></ul>	ole	<ul><li>Middle Eastern/Latin</li><li>American/African</li></ul>
○ New Zealand European	<ul><li>Asian</li></ul>		Other:
Interview			
Are you available to speak members in support of you ☐ Yes		ve Communitie  □ No	s Scheme committee
What date would you prefe  ☐ Tuesday 18th of March	er to speak to	the panel? □ Thursday 20	Oth of March
·		•	
Organisation Details			
* indicates a required field			
•			
Does your organisation Do  ○ NZBN	es your organi CRN	isation have a	n NZBN or CRN? *  O Neither
Applicant NZBN *			
The NZBN provided will be use check that you have entered t			mation. Click Lookup above to
New Zealand Companies Registe	er Information		
NZBN			
Entity Name			
Registration Date			
Entity Status			
Entity Type			
Registered Address			
Office Address			
Must be formatted correctly.			
	_		
Applicant NZ Charity Regis	stration Numbe	er (CRN) *	
The Charity Registration Num	ber provided wil	l be used to look	c up the following information.

Click Lookup above to check that you have entered the Charity Registration Number

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New Zealand Charities Register Information	
Charity Registration	
Number	
Organisation Name	
Other Names	
Status	
Street Address	
Postal Address	
Telephone	
Fax	
Email	
Website	
Date Registered	
Must be formatted correctly.	
Project Details	
* indicates a required field	
Project title *	
Must be no more than 25 words.  Provide a name for your project/program/initiative. Your title should be shor	rt but descriptive
Anticipated start date * Anticipated end date *	
Anticipated start date	
Number of participants *	
Number of viewers/audiences *	
Please provide a brief description of the project. *	
riease provide a brief description of the project.	
The idea/Te kaupapa: What do you want to do? *	

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The process/Te whakatut	uki: How will the proje	ct happen?	
The people/Ngā tāngata:	Tell us about the key	people and/or	the groups involved
Which criteria best aligns  Access and Participation  No more than 1 choice may be a Select the only one that is the plocal communities to engage will artistic cultural traditions of local age) to engage with, and participations	☐ <b>Diversity</b> selected. project main focus. Access a th, and participate in local a al communities. Young peop	nd participation: orts activities. Div	versity: Support the diverse
Explain how your project	will deliver to the crite	erion you hav	e chosen *
What is activity that best  ☐ Creation only ☐ Presentation only (performance or concert)	<ul><li>☐ Creation and prese</li><li>☐ Presentation only</li></ul>		rkshop/wananga
Which artform or cultural apply.	arts practice best des	scribes your v	vork? Select all that
☐ Craft / Object Art	☐ Music	□ Mu film)	lti-artform (including
<ul><li>□ Dance</li><li>□ Inter-arts</li><li>□ Literature</li></ul>	<ul><li>☐ Nga toi Maori</li><li>☐ Pacific arts</li></ul>	□ The	eatre ual arts
Please upload letters of s Attach a file:	upport (if available/re	levant)	
A maximum of 5 files can be att	cached		

## **Project Budget**

\* indicates a required field

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calculated.

Total Amount Requested *		Total Project/	/Program Cost *		
What is the total fina requesting in this ap		e What is th project?	e total budgeted cost	t (dollars) of your	
Are you GST registered? O Yes Do NOT include GST in O No Include GST in your bud					
Budget					
			openditure tables both her it has been con		
Provide clear desc	riptions for each bu	udget item.			
Examples of incom 'sponsorships'.	ne could include ' c	reative communiti	es scheme', 'ticket :	sales',	
Examples of exper	nditure could includ	de 'venue', 'office s	supplies', "promotio	n".	
Use the 'Notes' col	umn for any additi	onal information y	ou think we should	be aware of.	
	If you have costs that cannot be covered by creative communities' scheme, you should still include these costs in your budget.				
<b>Groups or organisations</b> 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.					
Attach quotes fo	Attach quotes for important items.				
Please <b>do not add commas</b> to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.					
{{ Consider sample budget }}					
Income Description	Income Type	Confirmed Funding?	Income Amount	Notes	
	•				
Expenditure Description	Expenditure	Type Expendi	ture AmountNote	es	
Budget Totals					
Total Income Amount	Total Exp	penditure Amount	Income - Expenditure		
This number/amount	is This nu	umber/amount is	This number/a	amount is	

calculated.

calculated.

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Please attach quotes for those expendit	ure (cost)
Attach a file:	

### Declaration and Feedback

\* indicates a required field

### Declaration

### You must read and sign the following.

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 (or request permission in writing 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.

Acknowledge Palmerston North Council and CCS funding at event openings, presentations or performances

Use the Palmerston North City Council and CCS logo in all publicity (eg poster, flyers, enewsletters) 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 Palmerston North City Council is bound by the Local Government Official Information and Meetings Act 1987

I/we consent to Palmerston North 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 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

To ensure that service delivery adheres to legislative requirements, including requirements under the Children's Act 2014, Health and Safety at Work Act 2015, and Employment Relations Act 2000.

To review the following Council policies for the funded events and ensure the funded event complies where relevant:

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healthy-beverage-policy-2017.pdf

Sun protection policy - PNCC

auahi-kore-smokefree-and-vapefree-policy-2020.pdf

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined.

I agree *	□ Yes			
Name of authorised person *		First Name senior staff member, volunteer	Last Name , trustee or appropr	iately
New Question				
Position *	Position he	eld in applicant orgar	nisation (e.g. CEO, T	reasurer)
Contact phone number *		ontact you to verify t licant organisation	hat this application	is authorised
Contact Email *				
Date *	Must be ar	n email address. date		
Applicant Feedback				
You are nearing the end of the ap click the <b>SUBMIT</b> button please t would rather provide anonymous <b>to an anonymous survey or de</b>	ake a few feedback,	moments to provide please go to <b>{{ G</b>	de some feedback	c. (If you
Please indicate how you found O Very easy O Easy	d the onli			ery difficult
How many minutes in total di	d it take	you to complete	this application	? *
Estimate in minutes i.e. 1 hour = 60				

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How did you hear about the Creative Cor	mmunities Scheme		
<ul> <li>Council website</li> </ul>	○ Social Media		
<ul> <li>Council staff member</li> </ul>	<ul> <li>Word of mouth</li> </ul>		
<ul> <li>Creative NZ Website</li> </ul>	Other:		
<ul><li>Poster/Flyer/Brochure</li></ul>			
Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.			