

Creative Communities Scheme 2024-2025 (Round 2) Application Form

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 that all statements above are true and correct. *

☐ Yes

Contact Details

* indicates a required field

Applicant Details

Applicant *

☐ Individual ☐ Organisation
Organisation Name

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Title First Name Last Name

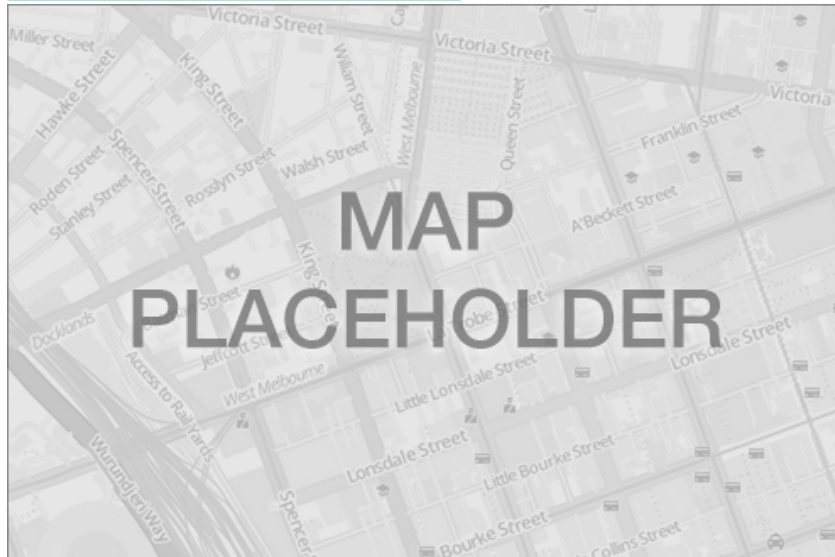
Make sure you provide the same name that is listed in official documentation.

Applicant primary address

Address

Project location

Address



Applicant primary phone number *

Must be a New Zealand phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Ethnicity of Applicant/Group

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Please select

- ☐ Maori
- ☐ Pacific People
- ☐ Middle Eastern/Latin American/African
- ☐ New Zealand European
- ☐ Asian
- ☐ Other:
-

Interview

Are you available to speak to our Creative Communities Scheme committee members in support of your application.

- ☐ Yes
- ☐ No

What date would you prefer to speak to the panel?

- ☐ Tuesday 18th of March
- ☐ Thursday 20th of March

Organisation Details

* indicates a required field

Does your organisation Does your organisation have an NZBN or CRN? *

- ☐ NZBN
- ☐ CRN
- ☐ Neither

Applicant NZBN *

The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.

New Zealand Companies Register Information
NZBN
Entity Name
Registration Date
Entity Status
Entity Type
Registered Address
Office Address

Must be formatted correctly.

Applicant NZ Charity Registration Number (CRN) *

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

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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 short but descriptive

Anticipated start date *

Anticipated end date *

Number of participants *

Number of viewers/audiences *

Please provide a brief description of the project. *

The idea/Te kaupapa: What do you want to do? *

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The process/Te whakatutuki: How will the project happen?

The people/Ngā tāngata: Tell us about the key people and/or the groups involved.

*

Which criteria best aligns with your project?

☐ Access and Participation ☐ Diversity ☐ Young People

No more than 1 choice may be selected.

Select the only one that is the project main focus. 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.

Explain how your project will deliver to the criterion you have chosen *

What is activity that best describes your project

☐ Creation only ☐ Creation and presentation ☐ Workshop/wananga
☐ Presentation only (performance or concert) ☐ Presentation only (exhibition)

Which artform or cultural arts practice best describes your work? Select all that apply.

☐ Craft / Object Art ☐ Music ☐ Multi-artform (including film)
☐ Dance ☐ Nga toi Maori ☐ Theatre
☐ Inter-arts ☐ Pacific arts ☐ Visual arts
☐ Literature

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Project Budget

* indicates a required field

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Total Amount Requested *

What is the total financial support you are requesting in this application?

Total Project/Program Cost *

What is the total budgeted cost (dollars) of your project?

Are you GST registered?

- ☐ Yes Do NOT include GST in your budget
☐ No Include GST in your budget

Budget

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item.

Examples of income could include 'creative communities scheme', 'ticket sales', 'sponsorships'.

Examples of expenditure could include 'venue', 'office supplies', 'promotion'.

Use the 'Notes' column for any additional information you 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.

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.

Attach quotes for important items.

Please **do not add commas** 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	Expenditure Amount	Notes

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

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Please attach quotes for those expenditure (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, 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 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 *

Title

First Name

Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

New Question

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback. (If you would rather provide anonymous feedback, please go to **{{ Grantmakers: provide a link to an anonymous survey or delete this sentence }}**).

Please indicate how you found the online application process:

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

How many minutes in total did 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 Communities Scheme

- | | |
|--|-------------------------------------|
| <input type="radio"/> Council website | <input type="radio"/> Social Media |
| <input type="radio"/> Council staff member | <input type="radio"/> Word of mouth |
| <input type="radio"/> Creative NZ Website | <input type="radio"/> Other: |

- ☐ Poster/Flyer/Brochure

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.