

Application Form

Central Lakes Arts Support Scheme

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In partnership with



Please refer to the guidelines when completing this application form.

Project Overview

Has your organisation sought CLASS or Central Lakes Trust funding in the last 12 months?

☐ Yes ☐ No

If Yes, please contact your local community arts council prior to completing this application.

Total project cost	\$
Amount requested from CLASS	\$
Estimated volunteer hours for this project	

Organisation details

Organisation name	
Postal address	
Website	
Social media address/es	

Primary Contact:

Name:	Position:
Contact number:	Email:

Secondary Contact:

Name:	Position:
Contact number:	Email:

Organisation's legal status: [Please tick the boxes that apply.](#)

- ☐ Incorporated society
- ☐ Informal group (not a legal entity)
- ☐ Charitable trust [please supply registration number if applicable.](#)
- ☐ Other (e.g. school, church, local authority)

CC

Please provide a brief overview of your organisation's mission and purpose:

What year was your organisation formed?	
How many people are involved in running your organisation?	Paid full time:
	Paid part time:
	Volunteers:

Project details

1. Which of the following art forms best describes your project? [Please tick one.](#)

- ☐ Language & literature (e.g. poetry, writing, storytelling)
- ☐ Performance (e.g. dance, music, theatre)
- ☐ Visual (e.g. painting, craft)
- ☐ Multi-disciplinary (projects that cross over more than one category)

2. Please briefly describe your project:

3. When and where will your project take place? [Please provide dates.](#)

4. How does your project benefit the community? [Please tick all that apply.](#)

- ☐ Promotes wellbeing through the arts
- ☐ Increases participation in the arts at a local level
- ☐ Increases the range and diversity of the arts at a local level
- ☐ Enhances and strengthens the local arts sector

Briefly highlight the benefits to those involved and the wider community. [Please include estimated number of beneficiaries.](#)

5. Has your organisation sought estimates or quotes e.g. hire of equipment, venue, resources, facilitator fees? [Your arts council may ask for them if not provided and deemed necessary.](#)

- ☐ No ☐ Yes [If Yes, please provide copies with your application.](#)

Financials

Budget summary notes

Project budget:

- The budget you provide should only include figures relating to this application, not those of your entire organisation/group's annual budget.
- "Funds raised to date" means funds already raised by way of fundraising activities and/or received/confirmed from other funders.
- "Funds still to be raised" is what you anticipate being able to raise via fundraising activities, and funding applications for which an outcome has yet to be advised.

Goods and Services Tax

- If your organisation is registered for GST, figures below should be GST exclusive.
- If your organisation is not registered for GST figures below should be GST inclusive.

General

- Please round figures to the nearest whole dollar.
- Total expenses must equal total income – you must plan to at least 'break even'
- If you have in kind support please include associated costs as expenses and income to show the true cost of your project.

[Examples of in kind support include: lighting valued at \\$800 \(expense\) provided for free \(income of \\$800\) or marketing valued at \\$500 \(expense\) provided for \\$250 \(income of \\$250\).](#)

Budget summary

Please complete this summary or attach your budget showing income and expenditure.

Costs/Expenditure			Income/Funding	
Expenses	Amount\$		Funds raised to date <i>(Name the source of funds)</i>	Amount\$
			TOTAL	
			Funds still to be raised <i>(please include a date when you expect to hear)</i>	
TOTAL			TOTAL	

Bank account name:	
Bank account number:	

Is your organisation registered for GST?

☐ No ☐ Yes, **please provide your GST number:**

Required documentation

The following documents should accompany grant applications if applicable.

- ☐ A copy of your organisation's most recent, prepared, reviewed or audited financial statements.
- ☐ Copies of quotes (if available).
- ☐ Confirmation of bank account details showing name and bank account number.

Further information such as copies of constitution/rules or registration with charities services may be requested if not available online.

Declaration and authorisation

- We confirm that we have not submitted any other CLASS applications to alternative community arts councils.
- We are authorised to submit this application and that any grant received will be used for the purpose for which it was approved.
- This application has the formal approval of our committee/board or controlling body, if applicable.
- If this application is successful, our organisation/group will not be applying to Central Lakes Trust through its normal grant application process for this particular project.
- We understand that the local arts council will use the information provided for the purposes of the consideration and administration of this application, and in any necessary reporting to Central Lakes Trust.
- We authorise the local arts council to make enquiries of any third parties, (which may involve discussing information contained in this application), in connection with this application.
- The project has not been started or financially committed to.
- The information provided is true and factual, to the best of our knowledge.
- We agree that the Central Lakes Trust may make public the name of our organisation and the amount of the grant approved if this application is successful, including the use of any photographs provided by our organisation, and disclose any information to other funding agencies.
- We will comply with any reasonable request from the local arts council to monitor performance and accountability.
- We acknowledge that any decision made by the local community arts council is final.
- We acknowledge that if this application is incomplete in any respect, the application will be returned to us for completion, thus delaying any decision.
- Please ensure you keep a copy of this completed application form and attachments for your own records.

Authorisation acknowledgement

By signing, you acknowledge that the details in this application are correct and that you accept and understand the terms and conditions.

Primary contact

Name:	Signature:	Date:
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Secondary contact

Name:	Signature:	Date:
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Now you have completed your application, please send it together with the required supporting documents to Creative Queenstown: Jan.Maxwell@qldc.govt.nz