**Cavan County Council**

**ARTS AWARDS**

**Application Form**

For projects taking place between March 2015 and February 2016

**Deadline for submission of completed application: 3 February 2015**

**\*Please read the guidelines and application checklist before completing this form\***

**Section A**

1. Name and Address of Organisation, Group or Individual:

2. Name and Address of Secretary or Applicant if different from above:

3.Contact Details:

Tel:

Mobile:

Email:

Web:

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Please detail the structure of your organisation e.g. Chair, Secretary, Treasurer etc. *Please list the names and contact details of your officers.*

Chair:

Secretary:

Treasurer: PRO:

Child Protection Officer

4. Tick the award for which you are applying

*Please refer to the guidelines for information on the relevant category*

* Arts Education and Participation Award
* Arts Development Award
* Tyrone Guthrie Award
* Youth Theatre Group Award

**Section B**

1. Does your organisation have a Child Protection Policy?

Yes No

*If yes please refer to question 2*

2. Does your organisation require your volunteers/committee members to read and sign Child Protection Policy?

Yes No

*If your application involves working with young people you must have a Child*

*Protection Policy and follow current Best Practise Guidelines.*

3. If you are organising an arts festival or public event please state whether you have a Health and Safety Plan in place.

(If you are organising an event you MUST have a H and S plan in place)

Yes No

*Please fill in Section F*

4. Please use bullet points to state your organisational Mission Statement or your Individual Artistic Objectives:

5. What is the structure of your organisation? *Please tick*

* Individual
* Company
* Organisation with Constitution
* Other *please detail*

**Section C**

1.a Describe your arts project or rationale for seeking support from Cavan County Council. This might include proposed timeline, artist’s names, arts activities but is not limited to this. *Use an additional sheet if necessary.*

1.b Give a brief description of your track record or arts achievements/projects. This is ESSENTIAL to your application. Please provide copy programmes/photos/DVD’s or other documentation.

2. Financial Details

*Please estimate your budget breakdown*

|  |  |
| --- | --- |
| **Projected Income €** | |
| Sponsorship |  |
| Grant Aid |  |
| Ticket Sales |  |
| Sale of Product |  |
| Income In Kind |  |
| Other Income *please detail below* |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Income |  |

|  |  |
| --- | --- |
| **Projected Expenditure €** | |
| Artist Fees |  |
| Materials |  |
| Advertising & Marketing |  |
| Administration |  |
| Travel |  |
| Insurance |  |
| Rent |  |
| Utilities |  |
| Professional Fees |  |
| Licence/Rights |  |
| Other Expenditure *please detail below* |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Expenditure |  |

3. Bank Details:

Name:

Address:

Bank Account No.:

Sort Code:

IBAN:

BIC or Swift:

Bank Name:

Bank Address:

Currency:

Email Address for remittance advice:

*Please include a recent statement*

**Section D**

Have you made any other funding applications for this project/event?

*If yes please give details of the amount and the agency to which you have applied.*

Yes No

*NB: If you have previously received funding from Cavan County Council please include examples with your application of how you acknowledged this funding i.e. posters, press, tickets or programmes.*

**Section E**

What amount are you requesting from Cavan County Council?

I hereby state that the information given in this form is accurate and true to the best of my knowledge. I have included supporting documentation, as outlined in the application checklist, and I am aware of Cavan County Council Award Guidelines.

Signed Date:

Position in Organisation:

**Section F**

|  |  |
| --- | --- |
| Name of Event |  |
| Date of Event |  |
| Organiser/s  Contact Tel. |  |
| Expected No of Attendees |  |
| Indoor Event |  |
| Outdoor Event |  |
| **Completed By** | Date: |

**Planning and management:**

1. Does this event require a risk assessment?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Has one been carried out?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

***If the event requires a Risk Assessment one must be carried out by a competent person.***

**  **