**Cavan County Council**

**ARTS AWARDS**

**Application Form**

For projects taking place between March 2016 and February 2017

**Deadline for submission of completed application is Thursday 28 January 2016.**

**Organisations who receive Arts Awards will be ineligible to apply for the Cavan County Council Diaspora or the Community Grants.**

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

**Section A**

1. Name and Address of Organisation, Group or Individual: (This must be the same as the name on the bank account to which any payment will be lodged.)

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

3.Contact Details:

 Tel:

 Mobile:

 Email:

 Web:

­­­­­­­­­­­­­­­­­­

*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 Practice 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

*If yes, 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 (If you are applying for the Tyrone Guthrie Award you do not need to fill in Income and Expenditure Sheet)*

|  |
| --- |
| **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:

You will be required to attach invoices and or receipts with your Report Form should you be successful and receive a grant allocation.

**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 or refer to a recent Report Form is such information already submitted.*

**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/sContact 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.***

 **  **