**Cavan County Council**

**ARTS AWARDS**

**Application Form**

For projects taking place up to February 2018

**Deadline for submission of completed application: 26 January 2017**

**\*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 which best describes the nature of your project.

Please refer to the guidelines for information on the relevant category

* Arts Education (specifically for

Education/training contexts)

* Arts Participation 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 will include proposed timeline, artist’s names, arts activities and other relevant information. 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:

(new suppliers will be required to fill in a supplier set up form, this is relevant after grants have been allocated)

**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:**

Your public event requires a risk assessment.

Has one been carried out?

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

**The Risk Assessment one must be carried out by a competent person.**

**  **