Cavan County Council ARTS AWARDS

Application Form

For projects taking place between April 2014 and March 2015 Deadline for submission of completed application: 14 February 2014

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: | |

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

| hair: | |
|--------------------------|--|
| ecretary: | |
| reasurer: | |
| RO: | |
| hild Protection Officer: | |

- 4. Tick the award for which you are applying *Please refer to the guidelines for information on the relevant category*
- · Professional Development Award
- · 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?



If yes please refer to question 2

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

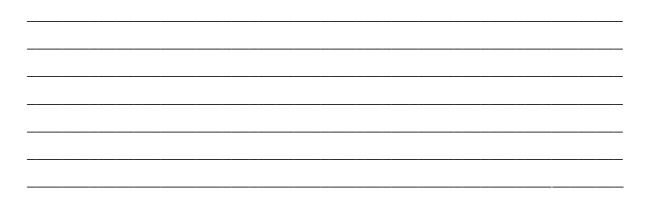


If your application involves working with young people you must have a Child Protection Policy and follow current Best Practise Guidelines.

3. If you are organising a festival or 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)

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



- 4. What is the structure of your organisation? Please tick
- · Individual
- · Company
- · Organisation with Constitution
- · Other please detail

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

| nair: | |
|--------------------------|--|
| ecretary: | |
| easurer: | |
| RO: | |
| nild Protection Officer: | |

Section C

1.a Describe your project or rationale for seeking support from Cavan County Council. This is ESSENTIAL. Use an additional sheet if necessary.



1.b Give a brief description of your recent 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 and Address:

Bank Sort Code:

Bank Account No. _____ 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.

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 | Date of Event | |
|---------------|---------------|--|
|---------------|---------------|--|

| Organiser/s | |
|--------------|--|
| Contact Tel. | |

| Expected No of | |
|----------------|--|
| Attendees | |

| Indoor Event Outdoor Event | 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.

Post application forms to:

Cavan County Council Arts Office ARTS AWARDS Farnham Centre Farnham Street Cavan Co. Cavan

Please note: Applications via email are not accepted.





