

**Ards and North Down Borough Council Arts Project Grant Application Form 24/25**

*For projects taking place between April 2024 – 31 March 2025*

Available to arts, community and special interest groups throughout the Ards and North Down Borough area for arts events, projects or activities up to a maximum of £1,000 per financial year. **Grants will be awarded subject to budget being secured.**

**Deadline for application: Friday 19 April 2024, 12 noon (sharp)**

Please read the guidance notes carefully before completing this form and remember to keep a copy of the completed application form for your own records.

Completed applications should be returned:

**by email to** artsgrants@ardsandnorthdown.gov.uk

or

by post by the deadline to Ards and North Down Borough Council Arts Service at:

Ards Arts Centre

Conway Square

Newtownards

BT23 4NP

Please write on your envelope: Arts Project Grant Application

**SECTION 1 – ABOUT YOUR GROUP**

Name of Organisation (This *should be the same as the name on your constitution*)

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Address of Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City/town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Contact Person’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City/town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**In what year was your organisation started?**

**What type of organisation are you?** (Ö)

*If you are a company AND a recognised charity, please tick both boxes*

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| Unincorporated club or association |  |  |
| Company limited by guarantee |  |  |
| Company limited by shares |  |  |
| Recognised charity |  |  |
| Trust |  |  |
|  Other: Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |  |

Recognised Charity Number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VAT Registration Number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are the main aims of your organisation?**

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**What are the current activities of your organisation?**

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**What geographical area is covered by your organisation/project?**

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**SECTION 2 – PROJECT DESCRIPTION**

**Title of project for which you are requesting funding**

**Please describe the project, explaining the following:**

Maximum 1,000 words (continue on a separate sheet if necessary)

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| * **Describe the aims and objectives of the project**

*(why you want to do the project and what you hope to gain from it)** **Describe the activities that will take place during the project**
* **Describe what the outcomes will be from the project**

*(For example: Include any tangible outcomes such as an exhibition, performance, permanent community artwork for venue, etc, as well as the beneficial outcomes to the group such as improved wellbeing, social inclusion and engagement, etc)*  |

***When will your project start?***

*Must be at least 2 months from the deadline of submission of application*

*Day \_\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_*

***How long will the project last?*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***How many people will benefit from the grant?***

*Audience members \_\_\_\_\_\_\_\_\_\_ Participants \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Tell us about the artists/facilitators involved in the project**. *You* ***must*** *provide information on the artists involved – for example a CV or a DETAILED description of their artistic experience and qualifications*

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**Please explain how your project will be managed.** *Provide information on the person(s) who will be responsible for the management of the project and how the project will be publicised*

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**Please explain what the demand/need is for this project.** *Include who will benefit from it and how they will benefit*

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**SECTION 3 –PROJECT COSTS**

**How much will your project cost and how much do you need from us?**

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| **Item or Activity** | **Total Cost** | **Requested Amount from AND** |
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| **Total Expenditure*****Please check all financial information supplied is correct and totaled accurately*** |  |  |

**Please tell us your expected income below.**

**All projects require at least 20% match funding, this can be in-kind**. If you are expecting income from ticket/book/publication/DVD sales you should tell us how much you are charging.

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| --- | --- | --- |
| **Source of funding/Income**  |  **£** | **Cash or in-kind** |
| **Requested grant from AND Borough Council** |  |  |
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| **Total Income (should be same as total expenditure)*****Please check all financial information supplied is correct and totaled accurately*** |  |  |

**Organisations Current Financial Position**

Please give details of your most recent annual accounts *(these should be no more than one year old).*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Accounts for the year ending:** |  **Day**  |  | **Month** |  | **Year** |  |
| Total (gross) income | £ |
| Total expenditure | £ |
| Profit or loss for the year | £ |
| Savings (reserves, cash or investments) | £ |

**Please list all cheque/withdrawal signatories** (as required by your constitution)

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| **Name** | **Position in Group** |
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**SECTION 7 – ENCLOSURES & CHECKLIST**

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| **I have enclosed the following ESSENTIAL documents** | **YES/NO** | **Comment** |
| CVs and information on artist/s, groups, technical staff, other personnel we propose to employ as part of the project |  |  |
| A signed copy of our constitution |  |  |
| Safe Guarding Policy (if required) |  |  |
| Signed accounts or Income and Expenditure Statement.  |  |  |
| Current Account Bank statement |  |  |
| Copy of Insurance documents |  |  |

**SIGNATURES**

**TWO SIGNATURES ARE REQUIRED ON THIS FORM:**

1. the designated contact person identified in Section 1 of this form,

**AND**

1. the Chairperson, Vice-Chair, Secretary or Treasurer

**NOTE: (A) & (B) CANNOT BE THE SAME PERSON**

**(A) The contact person should sign this section**

I understand that applications are assessed based solely on the information supplied with this application form and support material. I confirm that I have included all information requested and required, and that to the best of my knowledge and belief, all the information in this application form is true and correct.

I understand that you may ask for more information at any stage of the application process.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(B) The Chairperson, Vice-Chair, Secretary or Treasurer must complete and sign this section.**

Title \_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree, on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert group’s name)

that I understand that applications are assessed based solely on the information supplied with this application form and support material. I confirm that I have included all information requested and required, and that to the best of my knowledge and belief, all the information in this application form is true and correct.

I understand that you may ask for more information at any stage of the application process.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please remember to keep a copy of this application form for your own records**

**Data Protection:** *Any personal information you give to us will be processed in accordance with the General Data Protection Regulation (GDPR).*