

**Ards and North Down Borough Council Arts Project Grant Application Form 25/26**

*For projects taking place between April 2025 – 31 March 2026*

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: Tuesday 13 May 2025, 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?** (√)

*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?** **(200 words max)**

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**What are the current activities of your organisation?** **(200 words max)**

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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:**

**(1000 words max)** (continue on a separate sheet if necessary)

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| * **Describe the aims and objectives of the project**
* **Describe the activities that will take place during the project**
* **Describe what the outcomes will be from the project**
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***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. (400 words max)** *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. (400 words max)** *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).*

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| --- | --- | --- | --- | --- | --- | --- |
| **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).*