

**Application Form**

**All Sections should be completed, incomplete applications will not be processed. Please read the Arts Act Grants 2016 Guidelines before completing this form.**

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| **This form must be used for your application to be accepted.**  If you are an organisation complete all sections, if you are an individual complete section 1, 2, 4 & 6   |  | | --- | | **Closing Date is: Thurs 28th Jan 2016 at 3pm** |   **Please return 3 signed copies of your application by post to: The Arts Office, Offaly County Council, Áras an Chontae, Charleville Road, Tullamore, Co. Offaly or a signed e-mail version to** [**arts@offalycoco.ie**](mailto:arts@offalycoco.ie)**. You may only apply for one project** | | | | | |
| **Section 1**: Contact Details | | | | | |
| Name and/or Organisation |  | | | | |
| Contact Address |  | | | | |
| Telephone |  | | | | |
| E-Mail |  | | | | |
| Website |  | | | | |
| Designated coordinator of Project & Telephone number. (if different) |  | | | | |
| **Section 2**: Proposed Art Project 2016 | | | | | |
| Art Category of Project | Visual Arts  Music Dance Film Literature  Drama | | | | |
| Title of Project |  | | | | |
| Start Date & Finish Date |  | | | | |
| Cost to Participant (If any) |  | | | | |
| Numbers participating |  | | | | |
| Venue/ Location |  | | | | |
| Estimated direct time with tutor and participant (if applicable) |  | | | | |
| Name of Professional Artist/s involved: |  | | | | |
| Detailed Description of Proposed Art Project (Ensure guidelines have been read) | | | | | |
| **Please describe your art project and how it intends to fulfil the criteria listed in the Arts Act Grant 2016 Guidelines:** | | | | | |
| **Section 3:** Organisation Details (Only complete this section if applicant is an organisation) | | | | | |
| **Status of your Organisation**  Voluntary Charitable Non for Profit  Limited Membership | | | | | |
| **How is your organisation Governed? Please list member on the board or committee:** | | | | | |
| **Briefly state the aims of your group/organisation:-** | | | | | |
| **Briefly list your achievements to date:-** | | | | | |
| Year organisation established? | | |  | | |
| How many members do you have? | | |  | | |
| Do you have a constitution? (If so include same) | | |  | | |
| Do you have a venue to meet? | | |  | | |
| Will you engage a professional artist?  (If yes - the artist needs to complete Section 4) | | |  | | |
| Does your project involve people under 18?  **If so please submit your Child Protection Policy** | | |  | | |
| Do you have a designated Child Protection Officer? | | |  | | |
| Will your organisation be Garda Vetting Facilitators/professional artists intending to work with the children within your organisation. | | |  | | |
| **Section 4:** Professional Artists Details | | | | | |
| Name | | | |  | |
| Address | | | |  | |
| Telephone | | | |  | |
| E-Mail | | | |  | |
| Art Discipline | | | |  | |
| Qualifications: **Please attach CV** | | | |  | |
| Do you have a Keeping Safe Certificate from the HSE (Applicable if there are young people involved in the project) | | | |  | |
| Do you have public liability and personal insurance – if not will the organisation indemnify you for the duration of the project?(If applicable) | | | |  | |
| **Section 5:** Finance Details of the Organisation/Individual | | | | | |
| Have you been funded by Offaly County Council in the last two years? If yes please give details: | |  | | | |
| How is your organisation/your activities normally funded? | |  | | | |
| Do you have a **Tax Clearance Certificate**?  If so please attach**. (All groups & individuals require a Tax Clearance Certificate. Name on TCC should match organisation name and bank account name)** | |  | | | |
| Bank **Account Name** for Payment | |  | | | |
| Bank **Account Number** for Payment  (Bank Account needs to be eight digits long) | |  | | | |
| Bank Account **Sort Code** for Payment | |  | | | |
| Bank Account **IBAN** number for Payment  (22 digits long usually found on statement) | |  | | | |
| **Section 6**: 2016 Budget Details for the Proposed Project :- Please give consideration to actual costs and identify how you will provide 30% of the funds needed | | | | | |
|  | | **Item** | | | **Cost €** |
| Venue Hire (if applicable) | |  | | |  |
| Professional Artists Fees (if applicable) | |  | | |  |
| Materials: (if applicable) | |  | | |  |
| Other Costs: Please detail | |  | | |  |
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| Total expenditure | |  | | | |
| Sources of Income for the Project:- (30%)  Please detail | |  | | |  |
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|  | |  | | |  |
|  | |  | | |  |
| Total income | |  | | | |
| **Amount of Arts Act Grant Sought:-** | |  | | |  |
| **Section 8**: Declaration :  **If you organisation proposes to work with an artist they must also sign this declaration** | | | | | |
| Signed Organisation:       Artist:    Position:  Dated:       Dated: | | | | | |