



Castlereaugh  
Borough Council

**ARTS GRANT AID APPLICATION FORM**

Please return completed application before 12:00pm 18/05/2011 to:

**Community Services Department  
Castlereaugh Borough Council  
Bradford Court, Upper Galwally  
Castlereaugh, BT8 6RB**

**Arts Development Grant (Up to £200)**

**PLEASE REFER TO THE GUIDANCE NOTES IN THE OUTER MARGIN  
WHILE YOU COMPLETE THIS FORM. PLEASE WRITE CLEARLY IN  
BLACK INK OR TYPED.**

**SECTION 1 – ABOUT YOUR GROUP**

Name of your group?

Date group was formed?

Month

Year

**Please indicate the main activities of your group/organisation?**

**How many people are involved in running your group/organisation?**

Committee Members

Volunteers

Staff

**GUIDANCE  
NOTES**

Please insert the name of your group as it appears on your governing document. (i.e constitution, memorandums etc)

Please insert the date the group adopted its governing document.

Briefly describe the activities of your group and any services provided. If you are a new group, describe the services or activities that you plan to provide.

Please count **EVERYONE** involved in running your group.

**Please indicate the average hours per month spent running your group/organisation by?**

Committee Members       Volunteers

**Please indicate if your group operate from?**

Community/Village Hall       Community House/Flat   
Commercial Premises       Hired Premises   
No Premises       (Daily/Weekly Basis)

**Does your group/organisation link with any networks or forums?**

Yes       No

**If yes please indicate:**

**SECTION 2 CONTACT DETAILS**

**Main Contact**

Title       First Name       Surname

Position held in group

Contact address, including full postal code

Tele Number

Mobile Number

E-mail address

Ensure that the average hours include:

- Organising events
- Attendance at meetings
- Driving Minibuses
- Making Telephone Calls
- Etc.

**PLEASE NOTE**

Groups that maintain their own premises will be ineligible to request venue hire costs from the grant aid scheme.

Please list **ALL** networks and forms that your group link with including:

- Voluntary/Community Forums.
- Statutory Forums etc etc.

Please provide the name and contact details of someone who will be in a position to speak about this application.

The postal address inserted here will be used as the **main postal address** for any communication from the community services section of Castlereagh Borough Council.

**PLEASE INSERT A FULL POST CODE**

## SECTION 3 ABOUT YOUR GRANT

**3.1 Briefly describe your actual project and what you are seeking funding for.** (Please refer to the guidance notes in the outer margin)

**3.2 Please explain how the local community and/or beneficiaries have been involved in planning, running and managing of the project?**

Please describe what you are seeking funding for:

**Examples:**

Programme Costs  
Project Costs

**Evidence of Need**

Please outline how you know that there is a need for this project. This may be via;

Community Surveys  
Public Meetings  
Community Events  
Evaluation Forms.

Explain how this request links back to the main aims and objectives of your group/organisation?

**Community Involvement**

Please outline how the community have or will be involved in the design and delivery of this programme. E.g.

Management Committee  
Action Teams  
Planning Days  
Community Audits

**3.3 Please explain how your project encourages the development of artistic activity and awareness of cultural diversity.**

Please explain how your request for funding meets with the objectives of this scheme.

**3.5 Referring to our Aims and Objectives set out in the guidelines Please demonstrate how your project fits the criteria.**

All applicants must meet at least three out of the four criteria listed in the application guidelines

**3.6 If you have received Grant aid funding from the Arts programme before, please describe how your current project has been built upon previous work and is progressive and challenging for those involved.**

If your group has not received funding before please write N/A

**Please estimate the percentage of people from each of the following categories who will benefit from your project. *(The information is for monitoring purposes only. It will not be used to assess project applications).***

Catholic	
Protestant	
Other (please explain)	
Chinese	
Indian	
Black African	
Irish Traveler	
White	
Any other ethnic group	
Single	
Married	
Divorced or separated	
Widowed	
Female	
Male	
People with disabilities	

Mostly Nationalist	
Mostly Unionist	
Other (please explain)	
Under 16	
Young adults (16 to 24)	
Adults (25 to 49)	
Older people (50 and over)	
Bisexual	
Gay or lesbian	
Heterosexual	
Other	
People with dependants (caring responsibilities)	

Please outline the programme, which your organisation is seeking to deliver through the lifetime of the grant?

Please include activity, type of beneficiaries, number of beneficiaries and timescale.

(PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY)

Activity	Type of beneficiaries	Estimated number of beneficiaries	Timescale

**Activity**  
Clearly outline all the activities you propose to run during the lifetime of your grant. You should include a title for the activity and a short description under the activity box.

**Beneficiaries**  
Outline the types of beneficiaries the activity aims to target. E.g. Young People  
Older People  
People with disabilities  
Unemployed people  
Families  
Parents  
Adults  
Ethnic Minorities

**Number of beneficiaries**  
Indicate a realistic number of beneficiaries for each activity.

**Timescale**  
Outline a realistic timescale for each activity. i.e. Jan-Mar '10 etc.)

**How will your group/organisation measure the success in delivering the programme, and indicate how this will be recorded?**

**What issues might prevent or hinder delivery of your group/organisations activities and what steps will you take to overcome these?**

Please indicate how you will ensure that the work of your group/organisation is on target and of benefit:

**Examples:**

**Registration forms** – used to collect user details and monitoring information.

**Evaluation forms** – to be completed at the end of each event/service.

**Suggestion/Complaints box** – Located within the community facility for users to make anonymous suggestions or complaints.

Please consider all issues which may curtail or prevent the delivery of your programme:

**Examples**

- Lack of Funding
- Lack of Voluntary Support
- No Contingency Planning



**Please indicate any other funding applications you have submitted or plan to submit towards either the revenue or programme costs of your group/organisation?**

Name of Funder & Date of application	Purpose of application	Amount	Approved Yes/No

Please list all funders who your organisation has or intends to approach for funding.

**Example:**

Lottery Funding  
Trust Funding  
Private Funding

Indicating the amount applied for and the current status of the application.

**SECTION 4 FINANCIAL DETAILS**

**Please indicate the groups bank details?**

Account Name	
Bank/Building Society Name	
Bank/Building Society Address	
Sort Code	
Account Number	
Roll Number (for building society accounts)	

Castlereagh Borough Council will only make awards to groups who have a bank or building society account.

The bank account details supplied must be in the name of the applicant organisation.

**How many people have to sign each cheque or withdrawal from this account?**

**The supplied account will be used to pay any successful grant directly into using the BACS system.**

**Please list all cheque/withdrawal signatories?**

Name	Position in group

**We will only** pay into accounts that require a minimum of two unrelated people to sign each cheque or withdrawal from the account.

**Please give details of your most recent annual accounts**

Accounts for year ending:	<b>D</b>	<b>M</b>
	<b>Y</b>	
Total income for the period	£	
Total expenditure for the period	£	
Difference between income & expenditure	£	

**Please DO NOT WRITE 'see enclosed accounts'**

The financial year stated must coincide with the financial year highlighted within your governing document.

## **SECTION 5 DECLARATION**

### **MAIN CONTACT (as named in section 2 of this form)**

**I declare that all the information provided in this application is true and accurate and that I have been given the authority to sign this form on behalf of the applicant group.**

Name (Block Capitals)

Signature

Date

This must be the same person who is name in the form at section 2.

**PLEASE PRINT NAME**

## **SECTION 6 CHECKLIST**

**Please ensure that you have completed the following before submitting this application form:**

Answered all the questions within this application form.

Signed the declaration at section 5 as the main contact.

### **And enclosed the following:**

A copy of your most recent Annual General Meeting minutes.

A signed copy of your Constitution or Articles of association (including the date of adoption) of the organisation.

A list of committee members for the current year.

A copy of the group/organisation most recent set of accounts.

Evidence of appropriate insurance cover (new groups submit an up to date quote)

Please review the checklist and only submit the form when you have ticked **ALL** the boxes.

## **CHILD PROTECTION**

If your group develops and delivers activities or programmes for children and young people, you must provide a copy of your child protection policy. No funding will be issued to any organisation that works directly with children until a child protection policy has been received and approved by Castlereagh Borough Council.

A copy of your child protection policy (if applicable)

## **DATA PROTECTION**

Castlereagh Borough Council collects the data on this form for the purposes of grant administration. This information may be passed onto to other sections of the Castlereagh Council and/or third party community/voluntary organisations.

[www.castlereagh.gov.uk](http://www.castlereagh.gov.uk)

