

# Project funding application form 2007 – 2008

Please refer to The Funding Guide | Ngā Pūtea 2007 – 2008 before completing this form.



Have you (the applicant) ever applied to Creative New Zealand?  
If **YES**, has your address changed since your last application?  
Is this application on behalf of an organisation or group?

- ☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes: please complete section A below  
☐ No: please complete section B below

## Section A: Organisations/groups

### CONTACT PERSON DETAILS

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Middle names: \_\_\_\_\_  
Gender: M ☐ F ☐ Date of birth:     /     /  
Tel: \_\_\_\_\_  
Email: \_\_\_\_\_

### ORGANISATION/GROUP DETAILS

Name: \_\_\_\_\_  
\_\_\_\_\_  
GST number: \_\_\_\_\_  
If relevant, please complete the following (refer to map, p8 of the Application Workbook):  
Iwi affiliation \_\_\_\_\_  
Rohe \_\_\_\_\_  
Marae \_\_\_\_\_  
Pacific Islands group \_\_\_\_\_  
Tel (day): \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Postal address

Street/PO Box: \_\_\_\_\_  
Suburb: \_\_\_\_\_ City: \_\_\_\_\_  
Country: \_\_\_\_\_ Post code: \_\_\_\_\_  
Local authority (refer to map, p7 of the Application Workbook): \_\_\_\_\_

### Physical address (if different from postal)

Street: \_\_\_\_\_  
Suburb: \_\_\_\_\_ City: \_\_\_\_\_  
Country: \_\_\_\_\_ Post code: \_\_\_\_\_

### JOINT APPLICANT DETAILS

Is this a joint application with another person, organisation or group? Yes ☐ No ☐

If **yes**, please complete:

Joint applicant name: \_\_\_\_\_  
Gender: M ☐ F ☐ Date of birth:     /     /  
Tel: \_\_\_\_\_  
Email: \_\_\_\_\_  
Street/PO Box: \_\_\_\_\_  
Suburb: \_\_\_\_\_ City: \_\_\_\_\_  
Country: \_\_\_\_\_ Post code: \_\_\_\_\_

## Section B: Individuals

Media and event organisers often ask Creative New Zealand for artists' contact details. If we're asked, can we release your contact details? Yes ☐ No ☐

Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Middle names: \_\_\_\_\_  
GST number: \_\_\_\_\_  
Gender: M ☐ F ☐ Date of birth:     /     /  
Ethnicity:

☐ New Zealand Māori (refer to map, p8 of the Application Workbook):

Iwi affiliation \_\_\_\_\_  
Rohe \_\_\_\_\_  
Marae \_\_\_\_\_

☐ New Zealand European/Pakeha

☐ Pacific Islands: Island group \_\_\_\_\_

☐ Other \_\_\_\_\_

Tel (day): \_\_\_\_\_ Tel (night): \_\_\_\_\_  
Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Postal address

Street/PO Box: \_\_\_\_\_  
Suburb: \_\_\_\_\_ City: \_\_\_\_\_  
Country: \_\_\_\_\_ Post code: \_\_\_\_\_  
Local authority (refer to map, p7 of the Application Workbook): \_\_\_\_\_

### Physical address (if different from postal)

Street: \_\_\_\_\_  
Suburb: \_\_\_\_\_ City: \_\_\_\_\_  
Country: \_\_\_\_\_ Post code: \_\_\_\_\_

### JOINT APPLICANT DETAILS

Is this a joint application with another person, organisation or group? Yes ☐ No ☐

If **yes**, please complete:

Joint applicant name: \_\_\_\_\_  
Gender: M ☐ F ☐ Date of birth:     /     /  
Tel: \_\_\_\_\_  
Email: \_\_\_\_\_  
Street/PO Box: \_\_\_\_\_  
Suburb: \_\_\_\_\_ City: \_\_\_\_\_  
Country: \_\_\_\_\_ Post code: \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES OF THIS FORM



Ack. sent

### OFFICE USE ONLY

☐ photos ☐ colour copies ☐ slides ☐ CDs ☐ cassettes ☐ VHS ☐ manuscript ☐ book ☐ CD Rom ☐ DVD ☐ other \_\_\_\_\_

**Applicant name:** \_\_\_\_\_

### Project details

Working title of project: \_\_\_\_\_

Describe your project in 20 words or less: to/towards \_\_\_\_\_

Date/s the project is expected to take place: \_\_\_\_\_

Write the name/s of the local authority area/s in which your project will take place, if applicable:

(refer to map, p7 of the Application Workbook) \_\_\_\_\_

If you are GST-registered **do not** include GST in these amounts.

Amount requested: \$ \_\_\_\_\_ Total cost of the project: \$ \_\_\_\_\_

Have you received funding for this project from other sources? Yes ☐ No ☐

If **yes**, please list the source/s of funding and the amounts received:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Are you still waiting to hear the results of other applications for funding to support this project? Yes ☐ No ☐

If **yes**, please list the sources and the amounts you have requested:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

For Creative Communities Scheme funding, please list the part/s of your project for which you've received (or may receive) funding.

### From ONE of the funding bodies below, please:

1. tick the **one programme** you wish your application to be considered under (e.g. New Work, Heritage Arts)

2. also tick the **one committee** you wish to assess your application, if you're applying to the Arts Board.

#### Arts Board (refer to p6, Step 2 of The Funding

Guide | Ngā Pūtea)

- ☐ New Work
- ☐ Creative and Professional Development
- ☐ Music scholarships (e.g. Jack McGill, Butland)
- ☐ Presentation, Promotion and Audience Development

and tick one assessment committee you wish to assess your application

#### Arts Board committee:

- ☐ Craft/Object art (incl applied arts)
- ☐ Visual arts
- ☐ Theatre
- ☐ Dance
- ☐ Music
- ☐ Literature
- ☐ Festivals

#### Te Waka Toi (refer to p6, Step 2 of The Funding

Guide | Ngā Pūtea)

- ☐ Heritage Arts
- ☐ Te Reo
- ☐ New Work
- ☐ Indigenous Links
- ☐ Experiencing Māori Arts

#### Pacific Arts Committee (refer to p6, Step 2 of

The Funding Guide | Ngā Pūtea)

- ☐ Heritage Arts
- ☐ Pacific Arts Development
- ☐ Pacific Arts Promotion
- ☐ Tāngata Whenua Links

#### ☐ Screen Innovation Production Fund

(refer to the guidelines on [www.screeninnovation.govt.nz](http://www.screeninnovation.govt.nz) or contact the Fund Adviser for a copy of the guidelines).

### Send your application to: Creative New Zealand, PO Box 3806 or 131 – 135 Lambton Quay, Wellington

Information in this application will be used to assist with the administration and assessment of the application and any grant. This information is restricted to the boards and committees considering this application, other parties that may need to be consulted, and officers of and people contracted to act on behalf of Creative New Zealand. Information on ethnicity, gender and age is sought only to assist Creative New Zealand to fulfil its obligation under the Arts Council of New Zealand Toi Aotearoa Act 1994. Names of grant recipients and brief details about their projects may be included in Creative New Zealand publications, including our website, and released to the media. You are entitled to access the information and to amend it if required. Other information may be released if requested under the Official Information Act. After 10 years, this application may be transferred to National Archives, where it will be available for public reference.

To the best of my/our knowledge the information provided in this application is correct.

Signed: \_\_\_\_\_ (Applicant or organisations contact person) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Joint applicant or contact person if applicable) Date: \_\_\_\_\_

## Support material

I have enclosed a stamped self-addressed envelope (enough to cover the size and weight of the items to be returned) for the return of my support material.

Please also tick and list the number of copies enclosed with your application.

- ☐ Videos x \_\_\_\_
- ☐ CDs x \_\_\_\_
- ☐ DVDs x \_\_\_\_
- ☐ CD-ROMs x \_\_\_\_
- ☐ Books x \_\_\_\_
- ☐ Magazines/pamphlets x \_\_\_\_
- ☐ Photos x \_\_\_\_
- ☐ Other (please specify) x \_\_\_\_ \_\_\_\_\_

**Please note:** the quantity of paper we receive means that we cannot return paper support material.

## Acknowledgement receipt



### Please complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project working title:

\_\_\_\_\_

\_\_\_\_\_

Date received:

(to be stamped by Creative New Zealand)

\_\_\_\_\_

Applicants will be notified in writing of the outcome of their application three months from the closing date.

Please do not send original artistic support material. We cannot accept responsibility for its safe return.