

1. Contact Details

a) Name of Group or Organisation:

b) Main Contact Name and Address (name of person dealing with application):

c) Email address

d) Daytime and Evening telephone nos.

e) What kind of group is it?

Tick

Tick

Parish Council	<input type="checkbox"/>	Non arts organisation	<input type="checkbox"/>
Voluntary group	<input type="checkbox"/>	Registered Charity. Reg. No.	<input type="checkbox"/>
Voluntary Arts Group (amateur)	<input type="checkbox"/>	School	<input type="checkbox"/>
Arts Organisation (professional)	<input type="checkbox"/>	Youth Group/Playgroup	<input type="checkbox"/>

Other (please give details)

f) When was it set up? _____

g) What are its main aims and activities? (please include a constitution if you have one)

h) How do members become involved _____

i) How many people are involved in it? _____

	FEMALE	MALE
Under 11		
11 -18		
18 - 25		
25 – 65	_____	_____
Over 65		
TOTAL		

j) Number of participants/members resident in Amber Valley? _____

k) Please supply, **on a separate sheet**, brief details of your group's income sources and expenditure over the last 12 months (This is the **group's** income and expenditure – not the income and expenditure expected for this particular project. This information helps us to assess the status of your group).

3. PROJECT COSTS

ESTIMATED EXPENDITURE

(If the headings given are not appropriate to your project please insert your own)

Artists, Arts workers, or
Performers fees _____
Other Professional _____
Fees eg Trainers or
Consultants _____
Equipment and materials _____

Transport _____

Facility Hire Costs _____

Publicity/Marketing _____

Other Expenses _____
(please give details) _____

TOTAL EXPENDITURE _____

ESTIMATED INCOME please include,

Grants from other sources _____
Sponsorship _____
Contributions to the project from your own group's funds _____
Gifts in Kind _____
Income from ticket sales _____

The value of Voluntary Help _____

TOTAL EXPENDITURE _____

TOTAL INCOME _____

AMOUNT REQUESTED FROM THE ENABLING GRANT _____

Please note that the Enabling Grant can only part fund or match fund the total project costs and we will be looking for evidence of self help and other cash funding. If your application is successful the amount of part funding or match funding offered will depend upon the extent to which the project meets local and regional objectives.

GRANT CRITERIA

4. MEETING THE AIMS OF THE ENABLING GRANT

Please tick the criteria that you think your project will meet

Please tell us how and why you think your project will meet the criteria

Contributing to the health, vitality, and quality of life of your neighbourhood		
Strengthening and supporting the existing cultural traditions of the area and celebrating its identity		
Developing new and innovative work		
Developing partnerships between organisations		
Providing work for professional artists and performers		
Encouraging young people and children to participate in cultural activity		
Providing or engaging in Training and Education		
Developing the Creative Industries		
Encouraging access to, and participation in, the arts and cultural activity for everyone		
Developing sustainable cultural activity		
Enhancing, protecting and sustaining the local environment		

5. DECLARATION

a) REFEREES

Please give us the names of two independent referees that we can contact. One should be a recognised person, in a relevant field, who knows about your project and the other should be someone who knows your group, for example, a youth worker or councillor - neither should benefit directly from the grant

<u>Referee 1</u>	<u>Referee 2</u>
Name _____	Name _____
Position _____	Position _____
Tele No. _____	Tele No. _____
Signature _____	Signature _____
How do you know this group? _____	How do you know this group? _____
_____	_____

b) EQUAL OPPORTUNITIES

Amber Valley Borough Council is committed to giving all applicants equal opportunities to gain funding. Awards will be made irrespective of gender, race, nationality, age, ethnic origin, religion, disability, marital status or sexual orientation. By signing below you will be agreeing to match the spirit of this policy in the conduct of your project if it receives Amber Valley Borough Council funding.

Signature _____

c) DECLARATION

I have read and understood the conditions of the grant scheme.

Should grant aid be awarded, it will be used in compliance with these conditions

I/we agree that Amber Valley Borough Council will be acknowledged in all publicity

Signature _____

On behalf of _____ (Organisation Name)

ARTS DEVELOPMENT

Should you wish to provide any further information in support of your application,
please attach additional sheets to this form

Please ensure **you have completed all sections as requested**. Failure to do so
will delay the processing of your application

Information collected will be stored on Amber Valley Borough Council's Arts
Database.

The Council protects this information under the Data Protection Act. From time
to time, ver, external parties involved in Arts Development within
the Borough may request access to such information.

If you do not want this information to be passed on to external parties,
please tick the box

The Council may use this information to send you arts related information .
If you do not want this information, please tick the box.

When complete this form should be sent to:

**The Arts Unit,
Leisure and Cultural Development,
Amber Valley Borough Council,
Town Hall,
Ripley,
Derbyshire, DE5 3TU**