**Eligibility**

**\* indicates a required field**

# Applicants: please note

Before completing this application form, you should have read the program guidelines: [**Creative Communities Scheme | Palmerston North City Council**](https://www.pncc.govt.nz/Community/Community-funding/Creative-Communities-Scheme).

Incomplete applications and/or applications received after the closing date will not be considered.

If you have any questions, please contact - Funding Advisor on 06 356 8199 or email commu[nityfunding@pncc.govt.nz](mailto:nityfunding@pncc.govt.nz)

# Confirmation of Eligibility

## Confirmation of Eligibility is designed to help you, and us, understand if you are eligible for this grant. Please take a moment to read the statement carefully before applying.

**Please confirm the following:**

* Individuals applying must be New Zealand citizens or permanent resident.
* Groups must be based in New Zealand.
* You have read and understood the program guidelines.
* Your project has an arts focus.
* Project is to take place within the city or district of Palmerston North.
* Be completed within 12 months of funding being approved.
* Not have started or finished your project before Creative Communities Scheme funding is approved.
* If you have already received funding from Creative Community Scheme for a project, you must complete a report on that project before making another application, unless the project is still in progress.
* You or your organisation does not owe any reports or money as a result of previous funding or grants.

## You must confirm that all statements above are true and correct. \*

☑ Yes

**Contact Details**

**\* indicates a required field**

# Applicant Details

## Applicant \*

Miss Apple Tree

Make sure you provide the same name that is listed in official documentation.



32 The Square

Palmerston North Palmerston North 4410 New Zealand

## Project location

32 The Square

Palmerston North Palmerston North 4410 New Zealand

## Applicant primary phone number \*

021 123 456

Must be a New Zealand phone number.

## Applicant email address \*

[appletree@pncc.co.nz](mailto:appletree@pncc.co.nz)

Must be an email address.

## Applicant website

Must be a URL.

# Ethnicity of Applicant/Group

|  |  |  |
| --- | --- | --- |
| **Please select** |  | |
| * Maori | * Pacific People | * Middle Eastern/Latin |
|  |  | American/African |
| * New Zealand European   **Interview** | * Asian | * Other: |

## Are you available to speak to our Creative Communities Scheme committee members in support of your application.

☑ Yes ☐ No

## What date would you prefer to speak to the panel?

☑ Tuesday 18th of March ☐ Thursday 20th of March

**Project Details**

**\* indicates a required field**

## Project title \*

Our Stories on Stage

Must be no more than 25 words.

Provide a name for your project/program/initiative. Your title should be short but descriptive

## Anticipated start date \*

21/04/2025

## Number of participants \*

40

## Number of viewers/audiences \*

200

## Anticipated end date \*

28/06/2025

## Please provide a brief description of the project. \*

This project will bring together people from different backgrounds to create and perform short plays based on real community stories. Local theatre professionals will run workshops to help participants turn their experiences into scripts and performances. The final plays will be performed at a free community event.

## The idea/Te kaupapa: What do you want to do? \*

Many people in our community have amazing stories to share, but don’t always have a way to express them. This project will give them a chance to turn their experiences into short performances, with the help of theatre professionals. It will help people build confidence, learn new skills, and connect with others.

Encourage people to try theatre – No experience needed, open to all.

Strengthen community connections – People will share stories and support each other. Create a free public event – A fun and meaningful performance for the community.

Support local artists – Provide work opportunities for theatre professionals.

## The process/Te whakatutuki: How will the project happen?

Storytelling & Scriptwriting Workshops (April):

Participants share personal stories and turn them into short scripts Theatre mentors help shape the stories into performances.

Acting & Rehearsal Sessions (May):

Participants learn acting techniques and rehearse their plays.

Local theatre professionals guide them through the process. Final Performance (June):

A public event where participants perform their stories. Families, friends, and the wider community are invited.

## The people/Ngā tāngata: Tell us about the key people and/or the groups involved.

**\***

Theatre Director: Experienced in community theatre projects. Scriptwriting Mentor: Helps participants develop their stories into scripts.

Community Volunteers & Local Groups: Helping with logistics and event planning.

## Which criteria best aligns with your project?

☑ Access and Participation ☐ Diversity ☐ Young People

No more than 1 choice may be selected.

Select the only one that is the project main focus. Access and participation: Create opportunities for local communities to engage with, and participate in local arts activities. Diversity: Support the diverse artistic cultural traditions of local communities. Young people: Enable young people (under 18 years of age) to engage with, and participate in the arts.

## Explain how your project will deliver to the criterion you have chosen \*

Encourages people to take part in theatre, even if they have no experience. Brings together different cultural groups through shared storytelling.

Creates a public event that the whole community can enjoy.

## What is activity that best describes your project

* Creation only ☐ Creation and presentation ☐ Workshop/wananga

☑ Presentation only (performance or concert)

* Presentation only (exhibition)

## Which artform or cultural arts practice best describes your work? Select all that apply.

|  |  |  |
| --- | --- | --- |
| * Craft / Object Art | * Music | ☑ Multi-artform (including |
|  |  | film) |
| * Dance | * Nga toi Maori | ☑ Theatre |
| * Inter-arts | * Pacific arts | * Visual arts |
| * Literature |  |  |

**Please upload letters of support (if available/relevant)**

*No files have been uploaded*

A maximum of 5 files can be attached

## 

**Project Budget**

**\* indicates a required field**

Total Amount Requested \*

$1,700.00

What is the total financial support you are requesting in this application?

## Are you GST registered?

* Yes Do NOT include GST in your budget
* No Include GST in your budget

Total Project/Program Cost \*

$3,000.00

What is the total budgeted cost (dollars) of your project?

# Budget

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item.

Examples of income could include ' creative communities scheme', 'ticket sales', 'sponsorships'.

Examples of expenditure could include 'venue', 'office supplies', "promotion".

Use the 'Notes' column for any additional information you think we should be aware of.

If you have costs that cannot be covered by creative communities' scheme, you should still include these costs in your budget.

**Groups or organisations** must provide a copy of their latest financial statement. This can be a copy of the audited accounts, an income and expenditure statement or a copy of the unaudited management accounts. If your group or organisation has reserves which are not being used for this project you should include your reserves statement or policy.

## Attach quotes for important items.

Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

**{{ Consider sample budget }}**

**Income Description**

**Income Type Confirmed**

**Funding?**

**Income Amount**

**Notes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Koha from Com- munity | Donations  \* | Unconfirmed  \* | $300.00 |  |
| Door Sales | Other Income \* | Unconfirmed  \* | $1,000.00 | 50% capacity.  $10 per ticket |
|  |  |  |  |  |

**Expenditure Description**

**Expenditure Type Expenditure**

**Amount**

**Notes**

|  |  |  |  |
| --- | --- | --- | --- |
| Lighting | Other Expenditure \* | $300.00 |  |
| Costumes | Other Expenditure \* | $1,000.00 |  |
| Venue Hire | Other Expenditure \* | $700.00 |  |
| Director | Salaries and Wages  \* | $1,000.00 |  |
|  |  |  |  |
|  |  |  |  |



**Declaration and Feedback**

**\* indicates a required field**

# Declaration

## You must read and sign the following.

I/We understand that if this application is successful I/we cannot receive funds for the same project from Creative New Zealand’s other funding programmes.

I/We declare that the details contained in this application are correct and that I/we have authority to commit to the following conditions.

## If this application is successful, I/we agree to:

Complete the project as outlined in this application (or request permission in writing for any significant change to the project).

Complete the project within a year of the funding being approved.

Complete and return a project report form (this will be sent with the grant approval letter) within two months after the project is completed.

Return any unspent funds.

Keep receipts and a record of all expenditure for seven years.

Acknowledge Palmerston North Council and CCS funding at event openings, presentations or performances

Use the Palmerston North City Council and CCS logo in all publicity (eg poster, flyers, e- newsletters) for the project and follow the guidelines for use of the logo. Logo and guidelines can be downloaded from the Creative New Zealand website: <http://www.creativenz.govt.nz/a> bout-creative-new-zealand/logos.

I understand that the Palmerston North City Council is bound by the Local Government Official Information and Meetings Act 1987

I/we consent to Palmerston North City Council recording the personal contact details provided in this application, retaining and using these details, and disclosing them to Creative New Zealand for the purpose of evaluating the Creative Communities Scheme.

I/we understand that my/our name and brief details about the project may be released to the media or appear in publicity material.

I/we undertake that I/we have obtained the consent of all people involved to provide these details. I/we understand that I/we have the right to have access to this information. This consent is given in accordance with the Privacy Act 1993

To ensure that service delivery adheres to legislative requirements, including requirements under the Children's Act 2014, Health and Safety at Work Act 2015, and Employment Relations Act 2000.

To review the following Council policies for the funded events and ensure the funded event complies where relevant:

[healthy-beverage-policy-2017.pdf](https://www.pncc.govt.nz/files/assets/public/v/1/documents/council/policies/healthy-beverage-policy-2017.pdf) [Sun protection policy – PNCC](https://www.pncc.govt.nz/files/assets/public/v/1/documents/council/policies/sun_protection_policy_2010.pdf)

[auahi-kore-smokefree-and-vapefree-policy-2020.pdf](https://www.pncc.govt.nz/files/assets/public/v/1/documents/council/policies/auahi-kore-smokefree-and-vapefree-policy-2020.pdf)

## I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined.

**I agree \*** ☑ Yes

## Name of authorised person \*

Miss Apple Tree

Must be a senior staff member, trustee or appropriately authorised volunteer

**Position \*** Advisor

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \*** 021 123 4567

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \*** [appletree@pncc.govt.nz](mailto:appletree@pncc.govt.nz)

Must be an email address.

**Date \*** 18/02/2025

Must be a date

# Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

## Please indicate how you found the online application process:

* Very easy ◉ Easy ○ Neutral ○ Difficult ○ Very difficult

## How many minutes in total did it take you to complete this application? \*

40

Estimate in minutes i.e. 1 hour = 60

## How did you hear about the Creative Communities Scheme

* Council website ○ Social Media
* Council staff member ○ Word of mouth
* Creative NZ Website ○ Other:
* Poster/Flyer/Brochure

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**