Eligibility

* indicates a required field

Applicants: please note

This fund has been established to harness creativity to promote social cohesion and culture within the communities located in the Western Bay of Plenty district. The fund encourages inclusive creativity through cultural celebrations and engagement, supporting ethnic communities to feel connected and providing opportunities to participate in society.

The definition of ethnic communities is as follows:

Ethnic communities include migrants, former refugees, long-term settlers, and multigenerational New Zealanders who identify as African, Asian, continental European, Latin American, and Middle Eastern.

<u>Click on this link</u> to download a map which shows the Western Bay of Plenty district boundaries. Your activity needs to take place within this geographic area.

Further information, advice or help making an application:

Contact Annie Hill, Creative Bay of Plenty's Strategy & Capability Lead, on email annie@creativebop.org.nz or telephone 021 579 348.

Criteria

- Projects must celebrate cultural arts such as drama, visual or object art, music, dance, performance, creative writing, and photography, and must engage the community.
- To extend our opportunity to partners across the district, applicants can be both for profit and not-for-profit organisations. However, submissions will not be considered from organisations intending to make a profit from the activity applied for.
- Applications must demonstrate impact within the Western Bay of Plenty district boundary and must be open to the wider community, where appropriate.
- The project must have a defined start and finish date or time. Projects cannot have started or finished when funding applications are submitted.
- Applications are capped at a maximum of \$2,000 per project.

Confirmation of Eligibility

I confirm that ...

- I have read and understand the guidelines
- I am able to demonstrate alignment between this project and the aim of this fund
- I will deliver the project in Western Bay of Plenty.

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○ Yes ○ No

You must confirm that all statements above are true and correct to continue.

Contact Details

* indicates a required field

Privacy Notice

We will respect and uphold your rights to privacy protection under the information privacy principles in the New Zealand Privacy Act 2020. To view our specific privacy statement that is applicable to your application and this online grant administration service, go to our Western Bay of Plenty District Council Smarty Grants privacy statement. Grants and Funding - Privacy Statement - Western Bay of Plenty District Council

In addition to collecting information directly from you, we may also collect information about you from third parties, (who you have consented the collecting of information from) as part of your application.

Please consent below: * ○ Yes	○ No
Contact Details	
Are you applying as an Individual or on I	pehalf of an Organisation? * Organisation
Applicant organisation name Organisation Name	
If you are applying on behalf of an organisation, pl spelling and make sure you provide the same nam	ease use your organisation's full name. Check your e that is listed in official documentation.
Primary contact person * Title First Name Last Name	
This is the person we will correspond with about th	is grant
Position held in organisation	
e.g. Manager, Board Member, Fundraising Coordin	ator
Primary phone number *	
Primary contact person's email address	*
This is the address we will use to correspond with	you about this grant.
Applicant Primary Bank Account * Account Name	

Account Number		
Must be a valid New Zealand bank account format. Format: XX-XXXX-XXXXXXXXXXX		
Confirmation of Bank Account * Attach a file:		
Please attach a deposit slip or document showing yo to be paid into.	our bank logo and bank	account number for funds
Are you GST registered? *		
○ Yes ○ No		
If yes, please enter your GST number below.		
If you are GST registered, please enter yo	our number below:	
Project Details		
* indicates a required field		
Project Details		
What does your project celebrate [select		nble]: *
	☐ Music☐ Dance	
<u> </u>	□ Other:	
☐ Cultural festival		
What is your idea (include the creative / components)? *	cultural and commu	unity engagement
Word count:		
Provide a description (350 words recommended) of	your project.	
Who is involved in delivering the project?		
Briefly list (bullet points) the specific activities that	will take place and whe	re they will take place (200

words recommended)

Which of Western Bay of Plenty District of Services within? * □ Katikati/Waihī Beach Ward □ Te Puke/Maketu Ward □ Kaimai Ward □ Multiple Wards At least 1 choice must be selected.	
To view a map of the different wards, go here: http://id:25p4fe6mo17q9stw0v5w/hierarchy/community/%20Map%20Print%20version.pdf	about-the-western-bay/documents/Councillors
How will your project positively benefit t	the community? *
Word count: Describe three changes you will see if the expecter recommended)	d outcomes of the project occur (150 words
How will you ensure your activity is oper	n to the wider community?
Word count: Provide a description (250 words maximum)	
Which ethnic group will primarily benefit ☐ African ☐ Asian ☐ European ☐ Latin American ☐ Middle Eastern ☐ Pacifica ☐ South African European ☐ Other:	t from this project? *
At least 1 choice must be selected.	
Project Timing	
When will it start? *	When will it finish? *
Must be a date and between 14/12/2024 and 30/6/2025. Estimated start date of project.	Must be a date and no later than 30/6/2025. If unknown, provide your best guess or leave blank.
Total Amount Requested *	
Must be a dollar amount and no more than 2000. What is the total financial support you are requesting in this application? The amount	

requested must be no more than \$2,000.

How many active participants do y	you anticipate?			
How many audience members do	you anticipate?			
If the funding is fo	or specific project	costs, please list t	hese?	
Expenditure Description	Expenditure Type	Expenditure Amount (\$)	:Notes	
		\$		
		\$		
		\$		
		\$		
Attach your budget here (include all expenses and income, including volunteer/in-kind): * Attach a file: Please ensure the quotes include GST. Have you received any other funding support for this initiative (please list)?				
Are you awaiting the outcome of any funding applications (please list)?				
Declaration				
* indicates a required f	ïeld			
Declaration				
This section must be co		riately authorised perso ation form).	n (may be different to	
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 in the letter of approval.				
l agree *	○ Yes	○ No		

Name of authorised person *	Title	First Name	Last Name		
	Must be a senior staff member, board member or appropriately authorised volunteer				
Position	Position he	eld in applicant organ	nisation (e.g. CEO, T	reasurer)	
Contact phone number *	Must be a	New Zealand phone	number.		
Contact Email *	Mushlasan	n email address.			
Date of declaration *	Must be a				