



NEIGHBOURHOOD FESTIVAL/EVENT SCHEME APPLICATION FORM

**Please fill in
Name of Group:**

THE DEADLINE IS AS FOLLOWS:

EVENT DATE	CLOSING DATE
1ST APRIL – 31ST AUGUST 2012	12 NOON FRIDAY 3RD FEBRUARY 2012

**This application form should be completed in association with
the Neighbourhood Festival Events Scheme Policy**

Return to:

**Community Development Team
Craigavon Borough Council
Craigavon Civic & Conference Centre
Lakeview Road
Craigavon
Co Armagh
BT64 1AL**

**CLOSING DATE FOR RECEIPT OF APPLICATIONS:
12 NOON – FRIDAY 3RD FEBRUARY 2012**

1. Name of Organisation:

Contact Name: _____ Position in Organisation: _____

Address for Correspondence: _____

Tel No: _____ Mobile Phone No: _____

Email address: _____

When was your group established? _____ Month _____ Year

How many people are involved in running your group?

Committee Members

Volunteers

Paid Staff Full Time

Paid Staff Part Time

2. What are the main activities of your group?

3. Describe the nature of the festival/event.

4. Address/ location where event will be held if different from address for correspondence:

5. One of the key objectives within the Council's Plan is to encourage participation in community life. Outline how your proposal meets this objective.

6. Event date: _____

7. Event start/finish time: _____

8. Where will the festival/event take place? _____

9. Please outline how the event will be monitored (for example through evaluation forms, comments book or speaking to participants):

10. Tell us how much money you need for your event and give a breakdown of what the money is for?

Item / Activity	Total Cost	Amount Requested
Totals	£	£

11. If the total cost is more than you have requested please tell us where the rest of the funding will come from?

12. Will there be a charge to participants?

Yes

No

13. If yes please give an estimate of income generated.

14. If the project / activity for which you are applying for Grant Aid has previously received funding from Craigavon Borough Council (i.e. same project / activity as last year), please detail / demonstrate how the project has developed / progressed.

15. Please give details of your organisation's bank account:

Group's Account Name: _____

Bank/Building Society Name: _____

Bank/Building Society Address: _____

Sort Code: _____ Account No: _____

16. Please tell us how and where you are going to publicise and advertise this project to create awareness. How will Council funding be acknowledged?

17. Please estimate how many people will benefit from the grant? _____

18. What are the projected age groups that will benefit from your festival/event? *Please tick.*

All ages	<input type="checkbox"/>	0 – 5	<input type="checkbox"/>	6 – 10	<input type="checkbox"/>	11 – 16	<input type="checkbox"/>
17 – 18	<input type="checkbox"/>	19 – 25	<input type="checkbox"/>	26 – 59	<input type="checkbox"/>	60 +	<input type="checkbox"/>

19. Has your group completed child protection training? Yes No
(for projects/events targeting young people under 18)

20. Where do most of the people live that will benefit from your festival / event?

Council Ward *(please name)* _____

21. How would you best describe the people that will benefit from your festival/event?

People living in rural areas	<input type="checkbox"/>	Younger people (up to 18 years)	<input type="checkbox"/>
People living in urban areas	<input type="checkbox"/>	Disabled people	<input type="checkbox"/>
People on low income	<input type="checkbox"/>	Carers	<input type="checkbox"/>
People with dependants	<input type="checkbox"/>	Gay/Lesbian/bisexual	<input type="checkbox"/>
Unemployed people	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
Older people (55 years or over)	<input type="checkbox"/>	Ethnic minorities	<input type="checkbox"/>
Other groups (please give details below)	<input type="checkbox"/>		

22. To which community do the majority (over 60%) of the people who will benefit from your festival/event belong?

Mainly Protestant	<input type="checkbox"/>	Mainly Catholic	<input type="checkbox"/>
Both Catholic and Protestant (where neither community is more than 60%)	<input type="checkbox"/>	Other (please give details below)	<input type="checkbox"/>

23. To which gender do the majority (over 60%) of the people who will benefit from your festival/event belong?

Mainly Male	<input type="checkbox"/>	Mainly Female	<input type="checkbox"/>
Both Male and Female (where neither gender is more than 60%)	<input type="checkbox"/>		

Signatures (this must include the signature of the main contact name in Q1)

We certify that all information given is correct. We agree to abide by the set criteria should this application be successful. We agree to provide event/project report as required. We agree to publicise support from Craigavon Borough Council as required and to meet with the assigned Officer, if requested, during the project. As event promoter we agree to ensure that the appropriate licenses are in place for venues used, and that any health and safety regulations are adhered to.

Signed: _____ Office Held: _____ Date: _____

Signed: _____ Office Held _____ Date: _____

**Please complete the template below in order to assist with the assessment of your application*

Neighbourhood Festival Event Scheme

Programme Plan

Name of Event: _____

Date: _____ Time: _____

Location: _____

Goals of the Event (What do you hope to accomplish?)

1.
2.
3.

Objectives of the event (How do you intend to accomplish your goals?)

1.
2.
3.
4.

Publicity How will you publicise the event and encourage good attendance?

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Programme (What will happen at the event?)

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Checklist

I have enclosed all the essential documents

- Constitution
- Copy of most recent annual accounts or an estimate of income and expenditure for the first year
- Original bank statement.
- Insurance
- Accounts of previous event/project (if applicable)
- Minutes of the last AGM / Inaugural Public Meeting
- A list of members of the Committee including details of Office Bearers
- A copy of the programme plan pertaining to the festival / event being organised (See page 7 of application form for template)
- Child Protection Policy (if appropriate)

FAILURE TO PROVIDE THE ABOVE DOCUMENTATION WILL RESULT IN A DELAY IN COUNCIL'S CONSIDERATION OF THE APPLICATION.

Return to:

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Lakeview Road
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Co Armagh
BT64 1AL



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Date application was received: _____ Signed: _____

Further Information Required: Yes/No Date Information Received _____

Grant allocated: Yes/No If yes how much £ _____

Date of Council Meeting: _____

Comments:

Signed: _____

Date: _____