Scéimeanna Tacaíochta Pobail 2021 - Foirm Iarratais



Community Support Schemes 2021 - Application Form

Forbairt Chultúir

Comhairle Chontae na Gaillimhe **Galway County Council**

Cultural Development

| Tá an fhoirm seo le fáil i gcló mór chomh maith This form is also available in large p Tá míle fáilte an fhoirm seo a líonadh i nGaeilge | | - |
|--|--|---|
| | | |

| | PLICANT GROUP: of your Group / Organisation) | | |
|--|--|--------------------------|------------------|
| Please confir | m you have enclosed the following: | | |
| Fully complete | ed and signed Application Form | Yes □ | |
| Evidence of Ta | ax reference number or CHY number showing | Yes 🗆 | |
| | e of your Group/Organisation | | |
| | -date Bank Statement or Credit Union | Yes □ | |
| Statement | | | |
| | Liability Insurance Policy with proof of on for Galway County Council | Yes □ | |
| Quotation(s) f | or each item of equipment/works where | Yes □ | |
| | t is more than €500 le or written consents for works on | v = | Not Applicable [|
| land/buildings | le of written consents for works on | Yes □ | Not Applicable |
| | consents required for works | Yes □ | Not Applicable |
| CV of any prof Arts Grant app | essional artist involved with lication | Yes 🗆 | Not Applicable |
| | licants: Previous promotional material, printed s or programmes | Yes □ | Not Applicable □ |
| | NCOMPLETE OR LATE APPLICATIONS nit your completed application by one of the | | SIDERED. |
| By e-mail to: communitygrants@galwaycoco.ie (this is our preferred method of receipt – please sign the form first, then scan & e-mail it with all supporting documentation). By post to: COMMUNITY GRANTS, Economic Rural & Community Development Department, Galway | | | |
| County Council, County Hall, Prospect Hill, Galway, H91 H6KX. | | | |
| Closi | ing date for receipt of compl 4.00 p.m. on Thursday 25 | | |
| Office Use Only Date Application | | ible, Ref. No. assigned: | |

Seirbhísí Custaiméara Chomhairle Chontae na Gaillimhe – Caighdeán agus seachadadh seirbhísí custaiméara a fheabhsú Galway County Council Customer Services – To enhance quality customer services and delivery GCC-CE-01(E)-03 Cultural 1/9

| SECTION 1: APPLICANT DETAILS | | |
|--|----------------------------|-----------------|
| Name of Applicant Organisation: | | |
| Address of Applicant Organisation: | | |
| Online details of Applicant Organisation: | | |
| (Website, Facebook, Twitter, Other Social Media) | | |
| Is your Organisation registered with the PPN? | Yes 🗆 Reg. No | No 🗆 |
| Is your Group/Organisation non-profit making? | Yes 🗆 | No 🗆 |
| Legal Status of your Group/Organisation: | | |
| If you are registered for tax/VAT, please give your | | |
| Tax Reference No. and e-tax clearance access no. | | |
| If you are a registered Charity, please give your | | |
| Charity Registration no. | | |
| Total No. of Committee / Board Members in your | | |
| Group/Organisation: | | |
| Number of Paid Staff in your Group / Organisation: | Full-Time - | Part-Time - |
| Number of Volunteers in your Group / Organisation: | Full-Time - | Part-Time - |
| Contact Names for Correspondence: | 1. | 2. |
| (Please provide primary and back-up contacts) | | |
| Position in Group/Organisation: | | |
| E-mail Addresses for Correspondence: | | |
| Telephone No.'s for Correspondence: | | |
| Which of the municipal districts are you applying to | Athenry-Oranmore Balling | asloe Conamara |
| for funding? | Loughrea Tuam | |
| | Lougillea 🗀 Tuaill | County-wide |
| Description of any planned event: | | |
| Name of Event / Project: | | |
| Date(s) of Event / Project: | | |
| Cost to participant (if any): | | |
| Location of Event / Project (include Eircode): | | |
| Projected Audience Figure or No. of Participants: | | |
| Does your project/event involve people under 18? | | |
| If yes, please submit your Child Protection Policy. | | |

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| SECTION 2(A): DETAILS OF ARTS | ACTIVITY |
|---|--|
| Is your Group/Organisation? | Professional ☐ Amateur/Community ☐ |
| Which of the following best describe your art for | m? Traditional |
| Please tick one only. | Literature ☐ Music ☐ Dance ☐ Film ☐ |
| | Other |
| Briefly describe the aims of your Group and your | main artistic achievements: (100 words) |
| | |
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| | |
| Please describe your proposed event/artistic pro | posal and highlight its key artistic merits (If you are applying for |
| | now it is directly related to the delivery of your event) (300 |
| words) | |
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| How will your event contribute to the objectives of th | e Arts Act 2003 which are set out in the Guidelines? |
|---|--|
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| Please indicate your: (a) target audience and (b) who | will benefit from this event/project? (100 words) |
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| How will this award benefit your groups/organisations | s artistic development? (100 words) |
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| What measures have you put in place in order to | |
| ensure your project proposal complies with public health measures relating to COVID-19? | |
| Health measures relating to COAID-13: | |
| | |
| Name of any Professional Artist involved in your | |
| project (please attach CV with contact details) | |
| De they have a Kanning Cafe Cartificate from the | |
| Do they have a Keeping Safe Certificate from the HSE (applicable if there are young people involved | Yes No No |
| in the event or project)? | |
| Do they have public liability and personal insurance? | Yes □ No □ |
| If not, will the applicant indemnity them for the duration of the project (if applicable)? | |

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| SE | CTION 2(B): | DETAILS OF HE | RITAGE | E ACTIVITY | , | |
|--|-----------------------------------|---|-------------|-------------------|--------------------|---|
| inv | hat category of heri olved in? | · | Natural [| | Built 🗆 | Cultural 🗆 |
| Describe your Group's heritage activities and list, in bullet points, your achievements to date: | | • | | | | |
| | | | | | | |
| | - | roject under the relev | | | | applying for funding to |
| A. | To gather and sha | re knowledge, e.g. fur | nding for s | urveys, plans | or research | |
| | • | • | | | | nagement and protection of ng its implementation? |
| B. | To increase aware | ness, appreciation an | d participa | ation in herita | ge activities, e.g | g. events, publications, |
| | Heritage Week act | | | | | |
| | • | nt/publication/activity target audience? How | | | | ive? How will you promote |
| C. | To manage and pr | otect our heritage, e. | g. funding | for projects/v | works and associ | iated equipment |
| | _ | ks are you proposing works following complete | | | • | your local heritage? How will |
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| Wł | nat measures have y | ou put in place in ord | er to | | | |
| | | oposal complies with | public | | | |
| hea | alth measures relati | ng to COVID-19? | | | | |
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| SECTION 2(C): DETAILS OF IRISH LANGUAGE PROMOTIONAL ACTIVITY |
|--|
| How many people will participate in your event / |
| project? |
| Describe your Group's aim/purpose and list, in |
| bullet points, your main achievements to date: |
| |
| Please describe your target group, and what need you have identified which will be met by your Irish Language |
| Promotional Activity: |
| • |
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| |
| Please describe your proposed event and highlight how it will most this peed (If you are applying for funding to |
| Please describe your proposed event and highlight how it will meet this need (If you are applying for funding to purchase equipment, please confirm how it is directly related to the delivery of your event): |
| purchase equipment, please commit now it is directly related to the delivery of your eventy. |
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| How will your event (a) increase the knowledge of Irish; (b) create opportunities for the use of Irish; or (c) foster |
| positive attitudes towards its use. |
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| How will you sustain the impact of this event on the use of the Irish Language in your area / by your target |
| group? |
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| What measures have you put in place in order to |
| ensure your project proposal complies with public |
| health measures relating to COVID-19? |
| Treater measures relating to covid 15. |
| |

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| works/event: Amount of funding applied for under this Scheme: Amount of Funding on hand per most recent Bank/Credit Union Account Statement (please attach same): Has your Group / Organisation received any other Council, Agency or Departmental funding or grant-aid over the last year? If Yes, please give details: Have you raised any funding through local fund-raising events or sponsorship over the last year? If Yes, please give details: No □ Sthis proposal part of a phased development or large-scale plans? If Yes, please Yes □ No □ | xpenditure Item(s): | Amount: | Source(s) of Income: | Amount: | |
|--|--|--|--|---------|--|
| - | · • | € | - ' | € | |
| - | - | € | - | € | |
| - | - | € | - | € | |
| - | - | € | - | € | |
| Total Expenditure on proposed works/event: Amount of funding applied for under this Scheme: Amount of Funding on hand per most recent Bank/Credit Union Account Statement (please attach same): Has your Group / Organisation received any other Council, Agency or Departmental funding or grant-aid over the last year? If Yes, please give details: Have you raised any funding through local fund-raising events or sponsorship over the last year? If Yes, please give details: Yes No No | - | € | - | € | |
| Total Expenditure on proposed works/event: Amount of funding applied for under this Scheme: Amount of Funding on hand per most recent Bank/Credit Union Account Statement (please attach same): Has your Group / Organisation received any other Council, Agency or Departmental funding or grant-aid over the last year? If Yes, please give details: Have you raised any funding through local fund-raising events or sponsorship over the last year? If Yes, please give details: No | - | € | - | € | |
| works/event: Amount of funding applied for under this Scheme: E Amount of Funding on hand per most recent Bank/Credit Union Account Statement (please attach same): Has your Group / Organisation received any other Council, Agency or Departmental funding or grant-aid over the last year? If Yes, please give details: Have you raised any funding through local fund-raising events or sponsorship over the last year? If Yes, please give details: No | - | € | - | € | |
| Amount of Funding on hand per most recent Bank/Credit Union Account Statement (please attach same): Has your Group / Organisation received any other Council, Agency or Departmental funding or grant-aid over the last year? If Yes, please give details: Have you raised any funding through local fund-raising events or sponsorship over the last year? If Yes, please give details: Yes No | Total Expenditure on proposed works/event: | € | · · | € | |
| Have you raised any funding through local fund-raising events or sponsorship over the last year? If Yes, please give details: Have you raised any funding through local fund-raising events or sponsorship over the last year? If Yes, please give details: Yes | Amount of funding applied for und | der this Scheme: | € | | |
| Departmental funding or grant-aid over the last year? If Yes, please give details: Have you raised any funding through local fund-raising events or sponsorship over the last year? If Yes, please give details: Yes No | Amount of Funding on hand per most recent Bank/Credit Union Account Statement (please attach same): | | | | |
| Is this proposal part of a phased development or large-scale plans? If Yes, please Yes No | Union Account Statement (please a | ittach same): | | | |
| | Union Account Statement (please a | eived any other Cou | ncil, Agency or Yes |] No □ | |
| 165 116 116 | Union Account Statement (please a Has your Group / Organisation rece Departmental funding or grant-aid | eived any other Cou over the last year? | ncil, Agency or If Yes, please give details: | | |
| | Union Account Statement (please a Has your Group / Organisation rece Departmental funding or grant-aid | eived any other Cou over the last year? | ncil, Agency or If Yes, please give details: | | |

Seirbhísí Custaiméara Chomhairle Chontae na Gaillimhe – Caighdeán agus seachadadh seirbhísí custaiméara a fheabhsú Galway County Council Customer Services – To enhance quality customer services and delivery GCC-CE-01(E)-03 Cultural

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| SECTION 4: ACKNOWLEDGEMENT AND | DECLARATION | |
|--|---|------------------|
| f successful, how will your Group/Organisation acknowle | dge the financial contribution from | Galway County |
| Council? | | |
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| vents ONLY: do you agree to comply with the following s | specific requirements? | |
| To send a summary of your event & photo to commun | • | Yes □ No □ |
| to the Council's Calendar of Events | | |
| To invite the Cathaoirleach of Galway County Council | and/or the Cathaoirleach of the | Yes Die D |
| relevant Municipal District to the event. | | Yes No No |
| On behalf of our Group/Organisation, I confirm that: | | |
| 1. I have read, understood, and accept the Terms & | Conditions applicable to this fundin | ıg. |
| 2. I certify that all information provided in this appli | • • | _ |
| documentation, is truthful and accurate. | | • |
| 3. I agree to the processing and disclosure of inform | nation by Galway County Council and | d to other third |
| parties if required for fund administration, report | • | |
| consent to the disclosure of this information (nar | ., | _ |
| award, details of project/event funded) by these | parties relating to the marketing or | promotion of |
| this funding. | _ | |
| I confirm that we have adequate and comprehen indemnify Galway County Council. | sive insurance cover for our activitie | es, and agree to |
| 5. I understand that this is a competitive process an | d agree to accept the decision of the | e assessment of |
| my application as final. | | |
| 6. I confirm that we have all appropriate policies in | | |
| a) Adequate and appropriate insurance cover | for our activities | Ш |
| b) A Child Protection Policy where our activi- | ties involve children / young people | under 18 |
| c) Other policies relevant to our Group/Organ | isation: | |
| This Declaration must be signed by Chairperson, Secre | etary or Treasurer on hehalf of the | Annlicant |
| Group/Organisation: | tally of Treasurer, on behan or the , | чррисант |
| Name (in block capitals): | | |
| Signed: | | |
| Position in Applicant Organisation: | | |
| Position in Applicant Organisation. | | |
| Date: | | |
| | | |

Seirbhísí Custaiméara Chomhairle Chontae na Gaillimhe – Caighdeán agus seachadadh seirbhísí custaiméara a fheabhsú Galway County Council Customer Services – To enhance quality customer services and delivery

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| | Assessment Criteria for Arts Act Grants |
|------------------------------|--|
| Quality | Artistic merit and quality of arts practice demonstrated in proposal |
| Impact | Extent to which proposal will stimulate public interest in the arts; provide knowledge, appreciation and practice of the arts; and improve the standard of arts in the County. |
| Capacity | Demonstrated track record, artistic achievements to date, previous drawdown performance. |
| Sustainability & Development | Financial feasibility and Project Feasibility of the proposal. Benefit of the award to the Group's artistic development. |
| Collaboration and Inclusion | Level of social inclusion in programming of events, level of participation and involvement by wider community in activities of Group/Organisation. |

| | Assessment Criteria for Heritage Grants |
|------------------------------|--|
| Quality | Quality of proposal and level of need in local community which it is addressing, and alignment with local and national policies |
| Impact | Extent to which proposed activities will gather and share knowledge; increase awareness, appreciation and participation in heritage activities; manage and protect our heritage. |
| Capacity | Demonstrated track record, achievements to date, previous drawdown performance. |
| Sustainability & Development | Financial feasibility and Project Feasibility of the proposal. Benefit of the award to the sustainable development of the area and promotion of its local heritage. |
| Collaboration and Inclusion | Extent of social inclusion in programming of events. Level of local community engagement and participation in Heritage Week activities. |

| Assessm | nent Criteria for Irish Language Promotional Activities Applicants |
|-------------------|--|
| Quality | Quality of proposal and level of need in local community which it is addressing, and |
| | alignment with local and national policies |
| Impact | Extent to which proposed activities will increase the knowledge of Irish, create opportunities |
| | for the use of Irish, foster positive attitudes towards its use. |
| Capacity | Demonstrated track record, achievements to date, previous drawdown performance. |
| Sustainability & | Financial feasibility and Project Feasibility of the proposal. Benefit of the award for the |
| Development | development of Irish locally in the area. |
| Collaboration and | Level of social inclusion in programming of events, level of participation and involvement by |
| Inclusion | wider community in activities of Group/Organisation. |

| Do thuilleadh eolais: | Further information: | T. (091) 509521 |
|-------------------------------|----------------------------|--------------------------------------|
| Scéimeanna Tacaíochta Pobail, | Community Support Schemes, | communitysupportscheme@galwaycoco.ie |
| An Rannóg Forbartha Pobail, | Economic, Rural and | www.gaillimh.ie |
| Tuaithe agus Eacnamaíochta, | Community Development | www.galway.ie |
| Comhairle Chontae na | Department, | |
| Gaillimhe, | Galway County Council, | |
| Áras an Chontae, | County Hall, | |
| Cnoc na Radharc, | Prospect Hill, | |
| Gaillimh. | Galway. | |
| H91 H6KX | H91 H6KX | |

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