

Arts Central
Cromwell & Districts Community Arts Council Inc
Arts Support Scheme Funding Application Form
Project / Event

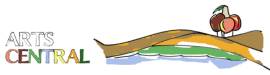
Project Title

Funds Applicant or Organisation

Reason for Event for which the funds will be used

Date of Function or Event:-

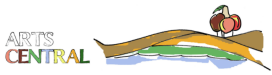
Who will benefit from event



Have you applied for other grants? Have you been successful in your application? If so how much were you granted

Other Comments

	Budget Item	Budget Amount
INCOME:		
FEES		
FUNDING NEEDED		
TOTAL INCOME		
EXPENSES:	Please fill out and describe all areas below	
EVENT COSTS		
VENUE HIRE		
TRAVEL		
ACCOMMODATION		
PRINTING		
WORKSHOP HOURS		
FACILITATOR HOURS		
ADVERTISING		



	Budget Item	Budget Amount
RENTAL ITEMS		
INCIDENTALS		
OTHER COSTS		
	TOTAL COSTS	

Signed: _____ Name: _____ Date: _____

On behalf of _____

Please complete this form and return it to: Hilary Jenkins hillarypjenkins@gmail.com