

2020 ARTLINKS COLLABORATIVE AWARD APPLICATION FORM

CLOSING DATE: WEDNESDAY 22ND JANUARY 2020 AT 4PM

PLEASE ENSURE THAT YOU:

1. Read the Artlinks Bursary Award Guidelines and Conditions
2. Read the form fully and complete all sections

Note: Incomplete applications will not be processed

REMEMBER TO:

- Label all material submitted, including each DVD / CD where appropriate.
- Include a stamped addressed envelope for safe return of submitted material if appropriate.
- Allow sufficient time for completion and delivery of application before closing date.

CHECK LIST

PLEASE ENCLOSE TWO COPIES OF EACH OF THE FOLLOWING:

- | | |
|---|--------------------------|
| 1. Completed application form | <input type="checkbox"/> |
| 2. Short statement of interest | <input type="checkbox"/> |
| 3. Detailed description of proposal | <input type="checkbox"/> |
| 4. Curriculum Vitae from each member of the Collaboration | <input type="checkbox"/> |
| 5. Contents list and support material | <input type="checkbox"/> |

PERSONAL DETAILS

PERSONAL DETAILS OF LEAD PRACTITIONER:

Name:

Address:

Telephone:

Mobile:

Email:

What county are you currently resident in?

How long have you been resident in this ArtLinks Partner county?

(Applicants must be resident in the County for a minimum of 2 years to be eligible The onus is solely on the applicant to ensure that they apply to the correct local authority for funding. Applicants along county borders are advised to check this in advance of making an application as applications sent to the incorrect local authority cannot be considered.)

WHICH ONE ART FORM DOES THIS APPLICATION PRIMARILY INVOLVE?

Dance

Theatre/Drama

Film

Visual Arts

Literature

Community Arts

Music

Multidisciplinary

Arts in Education

(list main art forms involved, e.g. music and dance)

PERSONAL DETAILS COLLABORATION MEMBER 2:

Name:

Address:

What county are you currently resident in?

How long have you been resident in this ArtLinks Partner county? _____

(Applicants must be resident in the County for a minimum of 2 years to be eligible)

PERSONAL DETAILS COLLABORATION MEMBER 3:

Name: _____

Address: _____

What county are you currently resident in? _____

How long have you been resident in this Artlinks Partner county? _____

(Applicants must be resident in the County for a minimum of 2 years to be eligible)

PERSONAL DETAILS COLLABORATION MEMBER 4:

Name: _____

Address: _____

What county are you currently resident in? _____

How long have you been resident in this Artlinks Partner county? _____

(Applicants must be resident in the County for a minimum of 2 years to be eligible)

PREVIOUS AWARDS RECEIVED:

Give details of any previous awards received, including those from national and local organisations, e.g. Arts Council, ArtLinks, Local Authority, other professional organisations. Please list any current applications for which you have recently applied and are awaiting decision.

| TITLE OF AWARD | YEAR RECEIVED | AMOUNT RECEIVED |
|----------------|---------------|-----------------|
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PREVIOUS DEVELOPMENT COURSES:

Please list details of any professional development courses you have attended for your creative work

| TITLE OF COURSE | ORGANISED BY | YEAR ATTENDED |
|-----------------|--------------|---------------|
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| | | |

GIVE A BRIEF DESCRIPTION OF THE PURPOSE FOR WHICH YOU ARE APPLYING FOR THIS AWARD (MAX 300 WORDS)

Please note, a separate detailed description of your proposal is required as part of supporting documentation.

If you are applying for an ArtLinks Bursary Award for study purposes, please give details of the college / course and confirm whether you have been accepted on the course. If not, state the stage your negotiations have reached. If you have not yet applied, give names of colleges / tutors to which you will apply. Bursaries will only be awarded once proof of acceptance on the course has been submitted to ArtLinks.

| | |
|----------------------|--|
| NAME | |
| ADDRESS | |
| COURSE | |
| YEAR OF STUDY | |

BUDGET INFORMATION

PLEASE PROVIDE A DETAILED BUDGET BREAKDOWN OF YOUR PROPOSAL, ITEMISING EXPENDITURE IN DETAIL AND STATING ALL INCOME, INCLUDING ARTS COUNCIL OR ANY OTHER FUNDING, WHICH MAY CONTRIBUTE TO YOUR PROPOSAL.

Expenditure may include college / course fees, costs of undertaking creative research, costs of participation in a new initiative to expand existing practice, overheads and direct administration costs, travel, subsistence, mentoring etc.

Please Note: Income should equal Expenditure

| INCOME/ YOUR CONTRIBUTION TOWARDS YOU PROPOSAL INCL. OTHER FUNDING (PLEASE ITEMISE) | € | € CONFIRMED (PLEASE TICK) |
|--|----------|--------------------------------------|
| PRIVATE INCOME (e.g. own resources, donations etc.) | | |
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| | | |
| SUBTOTAL | | |
| EARNED INCOME (e.g. ticket sales etc.) | | |
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| | | |
| SUBTOTAL | | |
| INCOME IN KIND (e.g. value of services given to you- free) | | |
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| | | |
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| | | |
| SUBTOTAL | | |

| | | |
|---|--|--|
| OTHER INCOME (give details, other funding awards, organisations, trusts, etc.) | | |
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| | | |
| | | |
| SUBTOTAL | | |
| AMOUNT REQUESTED FROM ARTLINKS | | |
| TOTAL INCOME | | |

| EXPENDITURE/ ESTIMATED TOTAL COSTS (PLEASE ITEMISE IN DETAIL. SOME HEADINGS MAY NOT APPLY TO YOUR PROPOSED PROJECT ACTIVITY, PLEASE MARK 'NOT APPLICABLE' N/A) | SUBTOTALS € |
|---|------------------------|
| COURSE / COLLEGE FEES OR PROJECT COST (please provide breakdown of costs) | |
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| | |
| | |
| | |
| SUBTOTAL | |
| OVERHEADS AND ADMINISTRATION COSTS | |
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| | |
| SUBTOTAL | |
| TRAVEL EXPENSES | |
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| | |
| SUBTOTAL | |
| MATERIAL/INSTRUMENT COSTS | |
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| | |
| SUBTOTAL | |
| OTHER COSTS (e.g. evaluation, documentation. Please list these costs) | |
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| | |
| SUBTOTAL | |
| MARKETING / PUBLICITY OF PROPOSED ACTIVITY | |
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| | |
| | |
| SUBTOTAL | |
| TOTAL EXPENDITURE | |

REFERENCES

PLEASE GIVE DETAILS OF TWO PROFESSIONAL REFEREES WHO MAY BE CONTACTED BY ARTLINKS.



Please ensure that you have sought the permission of your referee to be listed, in advance of submission of application. Please note that you may not approach any Arts Officer from the partner counties to act as referee.

REFEREE 1

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

REFEREE 2

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

SUPPORTING DOCUMENTATION

LABEL ALL MATERIAL WITH: A NUMBER, YEAR, TITLE, MEDIUM, DIMENSIONS, AS APPROPRIATE TO YOUR DISCIPLINE.

Clearly identify music or film tracks, or create a disc with a short selection of your best work. Presentation in chronological order is advised; your more recent work first.

| YEAR | TITLE | MEDIUM | DIMENSION |
|------|-------|--------|-----------|
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RETURN OF ENCLOSED MATERIAL

I wish to have material returned

Yes No

9

I enclose a stamped addressed envelope / stamps / money Yes No
order to the value of the postage so my material can be
returned to me

I HAVE READ THE CONDITIONS APPLYING TO ARTLINKS 2020 BURSARY AWARDS. THE INFORMATION I HAVE SUPPLIED IS CORRECT TO THE BEST TO MY KNOWLEDGE. I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS SCHEME.

I CONSENT TO THE PROCESSING AND SHARING OF MY PERSONAL DATA AND THE DATA OF THE COLLABORATING ARTISTS WITH THE WEXFORD, WATERFORD, KILKENNY AND CARLOW COUNTY COUNCILS AND TO EXTERNAL ASSESSORS ALSO FOR THE PURPOSES OF THIS AWARD ONLY. I BELIEVE THAT THIS INFORMATION WILL NOT BE USED FOR ANY OTHER PURPOSES.

PLEASE TICK THE BOX IF YOU WANT TO BE ADDED TO OUR EMAIL DATABASE FOR UPCOMING ACTIVITIES WITH THE ARTS OFFICES Yes No

SIGNATURE:

PRINT NAME:

DATE:

Completed application forms must be received at your

Local Authority Arts Office

Please note that if your collaborative award spans more than one partner county, that all Arts Offices involved must be circulated the same application

no later than:

Wednesday 22nd January 2020 at 4pm

Please note that faxed, emailed or late applications will not be accepted.

Find us at: www.artlinks.ie