**ARTISTS WORKSPACE SCHEME 2021**

**APPLICATION FORM**

**Incomplete forms will NOT be considered. Closing date for receipt of applications is**

**Monday 26th July at 2.00pm**

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| **Section 1: Applicant Details** |
| **Names of Artists from Collective****(At least three artists to be named)** |  |
| **Name of artist to manage space** |  |
| **Email address of artist to manage space** |  |
| **List art forms of each artist** |  |
| **Section 2: Workspace Details** |
| **DETAILS OF WORKSPACE** |
| **Location of workspace** |  |
| **Have you enclosed a copy of tenancy agreement/lease for workspace (Yes/No)** |  |
| **If No please explain reason:** |  |
| **Have you enclosed 5 images of the studio space (Yes/No)** |  |
| **List facilities available to artists in workspace** |  |
| **SUMMARY OF WORKSPACE AND ARTISTS THAT WILL USE THE WORKSPACE – MAX 500 WORDS SUMMARY** Give a brief description of the workspace and artists for which you are applying for this grant (Max 300 words)(Please ensure that you consider these items under the Selection Criteria set out in the guidelines) |
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| **Section 3: Public Engagement Details** |
| **SUMMARY OF PROPOSED ACTIVITIES/ EVENTS – MAX 300 WORDS SUMMARY** Give a brief description of activities/events on engagement with the public (Max 300 words)(Please ensure that you consider this item under the Selection Criteria set out in the guidelines and give a possible timeline for these events to occur) |
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| **Promotion of Activities/Events:**How will you promote these activities/events? Have you any existing websites, social media for this? |
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| **Section 4: Workspace Budget** |
| **Workspace Budget:**Please give details of **all income and expenditure workspace costs****e.g. Private income, sales, insurance costs etc.** |

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| --- | --- |
| **Income Details** | **Amount** |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **€** |
|  |  |
| **Expenditure Details** | **Amount** |
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|  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **€** |
|  |  |
| **Overall Workspace Cost****(Income – Expenditure)** | **€** |
| **\*Grant amount sought** | **€** |
|  | \*(Minimum grant available €3,000 – Maximum grant €5,000) |  |
|  | **Have you received Creative Ireland funding before?**  |  |
|  | **If yes, please state the source and amount of funding.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  | **Have you received or applied for other sources of public funding for this workspace?**  |  |
|  | **If yes, please state the source and amount of funding** |  |

**Checklist:**

Please ensure you have included all sections of the application before sending in application, particularly:

* Section 1 – Applicant details
* Section 2 – Description of Workspace & Collective
* Section 3 – Public Engagement Details
* Section 3 – Budget

Please ensure all supporting documentation has been included with application – no documentation will be accepted after the closing date.

**Closing date for receipt of applications: Monday 26th July on or before 2.00pm**

Digital submissions, either on PDF or Word are preferred, and a signed version of the application must be scanned in and then emailed to arts@wexfordcoco.ie. Applications must not exceed 12 MB in size including support material.

**Disclaimer: Please read carefully**

It will be a condition of any application for funding under the terms and conditions of the Wexford County Council Creative Ireland Programme that the applicant has read, understood and accepted the following:

1. Wexford County Council shall not be liable to the applicant or any other party, in respect of any loss, damage or costs of any nature arising directly or indirectly from:
	1. The application or the subject matter of the application.
	2. The rejection for any reason of any application.
2. Wexford County Council shall not be held responsible or liable, at any time in any circumstances, in relation to any matter whatsoever arising in connection with the administration of activities. In respect of monies provided by Wexford County Council, the council does not undertake the role of ‘Client’ or ‘Employer’ as defined in the Safety, Health and Welfare at Work Act 2005.
3. By submitting an application, applicants agree to the processing and disclosure of the applicant’s information by Wexford County Council, and to other third parties if required, for Fund administration, reporting, evaluation and audit purposes; and successful applicants further consent to the disclosure of this information (e.g. name of successful applicant, amount of award, event details, etc.) by these parties in connection with the marketing or promotion of the Fund.  Personal data will be processed only in accordance with the relevant provisions of the Data Protection legislation.

**Declaration of Applicant (s)**

We have read and understood the information and criteria applicable to the Fund and agree to comply in full therewith. I/we certify that all information provided in this application, and all information given in any documentation submitted in support of the application is truthful and accurate and that we have not applied to any other city / county council for funding for this Event.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date :**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**