



Application Form

General Information – Please Print Clearly

To be completed jointly by the artist and organisation

1. **Name of Applicant Organisation:** _____
2. **Name of Participating group:** _____
3. **Name of contact person :** _____
4. **Organisation Address:**

5. **Phone Number:** _____
Email: _____
6. **Name of Artist:** _____
Artists email address: _____
7. **State if grants or other assistance from any other source have been received or sought for the workshops/project.**
Yes No
If yes please state amounts sought/received and from who: _____

SUMMARY OF YOUR PROPOSAL

**Please summarise in no more than three short points the aims and objectives of your proposal.
(50 words max)**

PROJECT DESCRIPTION

Please provide a short description of the project (100-200 words max)

ARTISTS INFORMATION

**Artists: Please describe the artistic concept for the project.
(What has been the inspiration for the theme/idea, how does it relate specifically to the group, area or context in which the project is located)?**

How does this project differ from previous Embrace projects you have led?

**Is this project developing your practise and that of the artists in the group?
If so, what new approaches, techniques or methods are you exploring?**

DOCUMENTATION AND EVALUATION PROCESS

Please outline how you will document this project (photography-audio- video)?

An appointed Embrace photographer will be in touch with you regarding a suitable date to document your project

An online evaluation form will be sent on completion of the project

ORGANISATIONS STATEMENT

Please describe:

The group profile:

If other groups are involved in the project:

Expected benefits to the group:

BUDGET INFORMATION

ALL SECTIONS MUST BE FILLED IN – IF NO AMOUNT IS APPLICABLE PLEASE INSERT €0-00

1. Artistic Costs Artist Fees € Materials Sub Total 1	
2. Administrative Costs (where applicable) Light, heat and Power Postage and Stationary Publicity Insurance (Liability and All Risks) Monitoring and Evaluation Costs Other Sub Total 2	
3.Support Costs (where applicable) Venue Hire Technical Equipment Transport Other Sub Total 3 Total Expenses (=1+2+3)	
4. Financial contribution by the organisation to the project/workshops *Support in kind contribution e.g. (heat, electricity)	
5. Amount sought from Embrace 50% of artists costs	
Total Income (=4+5)	

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DECLARATION

- **I declare that the foregoing information is correct.**
- **I am aware of the guidelines of the Embrace Programme and I agree to abide by these**
- **I understand that Clare County Council and the Arts Council of Ireland must be credited as assisting with project / event, in the event of any publicity arising from it.**
- **I understand that no payment will be made until the event / project has occurred and an evaluation report has been submitted.**
- **I understand that the creative work produced as a result of the project shall not be used for any purpose without prior agreement of the artist and the individual or group (or their representatives) involved in the making of the work.**

Please place PO NUMBER here for invoices if applicable: _____

Signed: _____

Artist(s): Please print your name clearly

Signed: _____

Organisation: Please print your name clearly

Date: _____

**Please return to Ceara Conway, County Arts Office, Mill Road, Ennis, Co. Clare. Tel: 065 6899091
arts@clarelibrary.ie by Friday, January 13th, 2017**

