

## APPLICATION FOR CCACS SPECIAL PROGRAMS: CREATE/SPACE ARTS + CULTURE INITIATIVE

Before you begin, please read the **CCACS Grant Information and Guidelines** and refer to this document as you complete the application.

	The latest version of Adobe Acrobat			
INTAKE APPLYING FOR:	<u>is required to complete/save this</u>			
<b>SPRING:</b> May 15 deadline for activities taking place between July 1 – June 30	AMOUNT APPLYING FOR: \$			
FALL: Nov 15 deadline for activities taking place between Jan 1 – Dec 3				
SECTION 1: APPLICANT INFORMATION				
Name of Lead Group or Organization:				
Name of Lead Artist or Organizer:				
Mailing Address:				
Street				
	ral Code:			
Telephone: Ema				
Grant Contact Person (the person who will have direct commun	ication with CCACS throughout the grant activities)			
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Telephone: Ema				
· -				
When was the organization(s) established?  Please list your collaborating organizations and/or artists:				
rease list your collaborating organizations and/or artists.				
Has the Society or Community Group received a previous CCAC	S grant? Yes No			
If yes, complete the following:				
Most recent CCACS Grant Amount:	Year of Award:			
Note: If a report on the use of the previous grant was not subm	nitted, your organization is not eligible for a new grant.			
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SECTION 2: APPLICATION QUESTIONS AND RATIONALE			
Program/Project Title:			
At what specific location will the activities take place:	Central Caribo	oo Arts Centre – Williams Lake	
By what date will your program or activities start: By what date will the activities be completed: (Your project report will be due within two months of this date) How many hours will your program be expected to use at the Arts Centre in total:			
How many people are expected to participate in the program: Approximately what percentage of the program's participants/attendees will be from the City and from the			
Central Cariboo region?	City %:	Central Cariboo %:	
WORKSHOP OVERVIEW & OBJECTIVES: Provide a detailed description of how will it contribute to arts and culture engagement in the community workshop / what format will it take? Have you hosted similar workshop single event?	? What specific a	ctivities will take place during the	
COMMUNITY ENGAGEMENT & ACCESSIBILITY: Who is your target audie accessible to a diverse range of participants?	ence, and how wi	ll you ensure the event is inclusive and	

SECTION 2: APPLICATION QUESTIONS AND RATIONALE		
<b>COLLABORATION &amp; PARTICIPATION:</b> Will your workshop involve collaboration with other artists, organizations, or community groups?		
If so, how will these partnerships enhance the experience?		
IMPACT & BENEFITS: How will this event enrich cultural experiences for participants and the broader community? What lasting		
benefits do you hope to achieve?		
<b>OUTREACH &amp; PROMOTION:</b> How do you plan to promote the workshop to ensure strong community participation? What methods will		
you use to reach your target audience?		

SECTION 4: DECLAR	RATION
On behalf of and with	the authority of the organization named above, in signing this application:
☐ I have read and agr	ree to all the conditions outlined in the <b>CCACS Grants Information &amp; Guidelines</b> .
To the best of my k	knowledge, the information provided herein is fair, accurate, and complete.
	tivity/project involves Indigenous culture or knowledge, where appropriate, I have ermission from the relevant Band or Indigenous community.
the appropriate cor consultants. Genera	ation provided in this application and any subsequent reporting may be shared with mmittee(s), board(s), Cariboo Regional District and/or City of Williams Lake staff, and al information about awarded grants and reporting, including photos/media, may also public and/or used for promotional purposes.
are completed in th	ed, I accept responsibility for ensuring that the activities for which funding is received ne manner described in the application. I realize that grants may only be used for the n the application, and any changes must be approved in advance by the CCACS Board
acknowledging the	ed, I undertake to adhere to all <b>Conditions of Funding</b> , including publicly Cariboo Regional District and City of Williams Lake via the Central Cariboo Arts and d providing CCACS with a report on the use of the grant within two months of ompletion.
	ters of participation for all parties involved in the proposed activities, project, or oplication, should they be required as a part of your submission.
Name (organization signing authority) *:	
	*Typing your name above is equivalent to a signed declaration. You application NEEDS a signature in order to be consider by the Committee.
Position / Title:	
Telephone / E-mail:	