

OUTWARD SOUND Application Form

Please ensure that this application is filled out electronically. Hand written applications will not be accepted.

NOTE: It is essential that you make contact with the NZ Music Commission BEFORE you begin filling in this form. This is to let us know which project you will be applying for. To do this, please contact Gary Fortune or Alan Holt by calling (09) 376 0115 or by emailing international@nzmusic.org.nz.

PART 1 APPLICANT DETAILS

OUTWARD SOUND STAGE YOU ARE APPLYING FOR		ONE <input type="checkbox"/>	TWO <input type="checkbox"/>	THREE <input type="checkbox"/>
STATUS OF BUSINESS OR INDIVIDUAL MAKING THE PROPOSAL: (PLEASE CLICK ON THE APPROPRIATE BOX)				
REGISTERED COMPANY: <input type="checkbox"/>		SOLE TRADER: <input type="checkbox"/>		
BUSINESS PARTNERSHIP: <input type="checkbox"/>		OTHER TYPE OF BUSINESS ORGANISATION (Please specify)		
FULL NAME OF APPLICANT <small>(For business this should be the name on the companies register. For individuals this should include first and second names)</small>				
TRADING NAME (if different from above)				
CONTACT PERSON MR/MISS/MS/MRS <small>(If different from above. Please include all first and second names)</small>				
DESIGNATION <small>(Director/Manager/Representative etc)</small>				
STREET ADDRESS				
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)				
PHONE NUMBER		FAX NUMBER		
MOBILE NUMBER		EMAIL ADDRESS		
WEBSITES				

FOR STATISTICAL PURPOSES ONLY:	
IS THE APPLICANT OR PRINCIPAL OF APPLICANT COMPANY A NEW ZEALAND CITIZEN/PERMANENT RESIDENT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS THE APPLICANT A MEMBER OF ANY OF THE FOLLOWING ORGANIZATIONS:	
Independent Music NZ: <input type="checkbox"/>	Music Managers Forum: <input type="checkbox"/>
APRA: <input type="checkbox"/>	RIANZ: <input type="checkbox"/>
AMCOS: <input type="checkbox"/>	
Other (please specify):	

BUSINESS DETAILS		
WHEN DID THE BUSINESS START TRADING?	MONTH	YEAR
Please note: If the business has only recently been established and/or has yet to trade, applicants must include details of other business activities and provide a CV detailing work and business history.		

GST NUMBER:

LABEL/DISTRIBUTION INFORMATION RELATING TO TERRITORY, PLEASE LIST ALL YOUR LABEL AND DISTRIBUTION NETWORKS (BOTH PHYSICAL AND DIGITAL):

HAVE YOU PREVIOUSLY APPLIED TO ANY OTHER GOVERNMENT-FUNDED SCHEMES (SUCCESSFUL OR OTHERWISE) IN RELATION TO THIS ARTIST/COMPANY.	<input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU HAVE ANY OTHER GRANT APPLICATIONS CURRENTLY UNDERWAY WITH ANY OTHER ORGANIZATIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
INCLUDE DETAILS ABOUT PREVIOUS OUTWARD SOUND GRANTS ALSO.	
FAILURE TO DISCLOSE THE ABOVE COULD RESULT IN YOUR APPLICATION BEING INELIGIBLE FOR FUNDING.	

IF YES, PLEASE PROVIDE DETAILS

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PLEASE PROVIDE DETAILS ON HOW YOU WILL FUND THE PROJECT/ACTIVITY AND MEET YOUR SHARE OF THE COSTS FOR WHICH ASSISTANCE IS BEING SOUGHT (E.G. EXISTING TURNOVER, OVERSEAS INVESTMENT, MONEY FROM SPONSORSHIP, ADVANCES, MONEY IN BANK, PERSONAL LOANS, CREDIT CARD, ETC)

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TURNOVER HISTORY			
PLEASE NOTE: THIS IS TURNOVER NOT PROFIT.			
DOMESTIC TURNOVER	LAST YEAR'S ACTUALS	PROJECTED THIS YEAR	PROJECTED NEXT YEAR
MERCHANDISE	\$	\$	\$
SYNC LICENSING	\$	\$	\$
GRANTS/SPONSORSHIP	\$	\$	\$
TOURING	\$	\$	\$
MUSIC SALES - DIGITAL AND PHYSICAL	\$	\$	\$
OTHER TURNOVER: PLEASE STATE	\$	\$	\$
TOTALS	\$	\$	\$

COMMENTS:

TURNOVER HISTORY			
PLEASE NOTE: THIS IS TURNOVER NOT PROFIT.			
EXPORT TURNOVER	LAST YEAR'S ACTUALS	PROJECTED THIS YEAR	PROJECTED NEXT YEAR
MERCHANDISE	\$	\$	\$
SYNC LICENSING	\$	\$	\$
GRANTS/SPONSORSHIP	\$	\$	\$
TOURING	\$	\$	\$
MUSIC SALES - DIGITAL AND PHYSICAL	\$	\$	\$
OTHER TURNOVER: PLEASE STATE	\$	\$	\$
TOTALS	\$	\$	\$

COMMENTS:

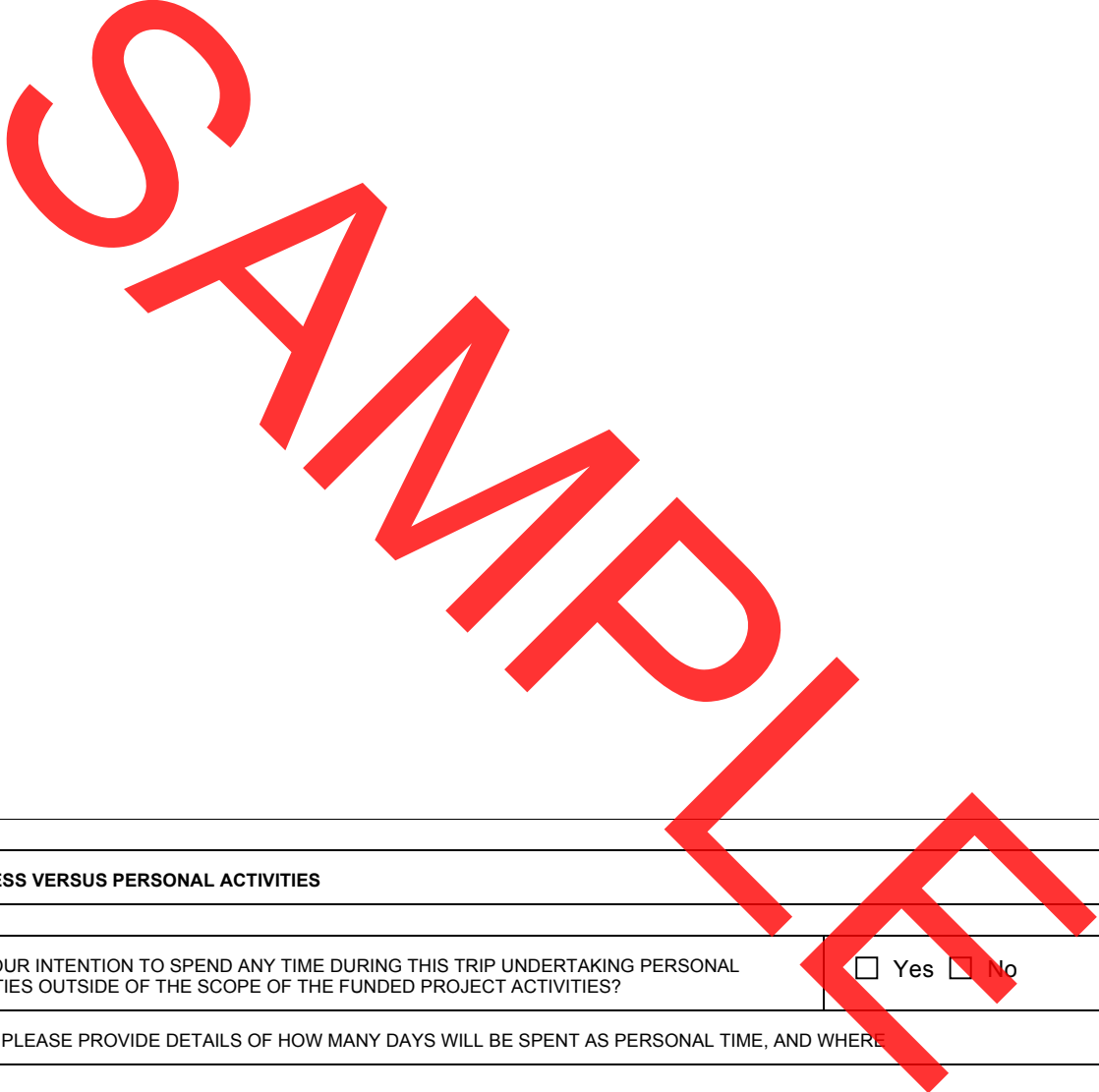
	LAST YEAR'S ACTUALS	PROJECTED THIS YEAR	PROJECTED NEXT YEAR
Annual offshore marketing and promotion budget	\$	\$	\$

COMMENTS:

PART 2 PROJECT PLAN

WRITE A BRIEF OUTLINE OF YOUR PROPOSED PROJECT ACTIVITIES, INCLUDING KEY CONTACTS (LINKED TO SCHEDULE, PART 3) –
PLEASE NOTE THAT THIS SECTION IS COMPULSORY AS WE REQUIRE A BRIEF SUMMARY OF THE PROJECT FOR THE PROCESSING OF YOUR APPLICATION

PART 2 PROJECT MILESTONES (LINKED TO BUSINESS PLAN)

KEY ACTIVITIES	FINISH DATE	MILESTONES & MEASURES OF SUCCESS
		

BUSINESS VERSUS PERSONAL ACTIVITIES

IS IT YOUR INTENTION TO SPEND ANY TIME DURING THIS TRIP UNDERTAKING PERSONAL ACTIVITIES OUTSIDE OF THE SCOPE OF THE FUNDED PROJECT ACTIVITIES? Yes No

IF YES, PLEASE PROVIDE DETAILS OF HOW MANY DAYS WILL BE SPENT AS PERSONAL TIME, AND WHERE

PART 3 SCHEDULE OF PROJECT COSTS

PROJECT START DATE: _____ **PROJECT FINISH DATE:** _____ **DAYS SPENT ON THIS ACTIVITY:** _____

PLEASE NAME THE PEOPLE TAKING PART IN THE PROJECT RELATING TO THESE COSTS:

CATEGORY	Specific item/activity e.g. Flights to Los Angeles	External advisor/supplier e.g. Air NZ, hire company, name of service provider	Costs Forecast costs in NZD and attached quotes where applicable	Claim - 50% of costs	Planned timeframe For this cost/activity – when you will incur this expense	Planned claim date For this cost/activity – when you will claim on this expense	Office Use Only: APPROVED COSTS
Flights and Accom – National: only costs related to the project			\$	\$			
			\$	\$			
			\$	\$			
Flights and Accom – International: include per diems*			\$	\$			
			\$	\$			
			\$	\$			
Production: costs related to showcases e.g., backline hire, excess, crew (names)			\$	\$			
			\$	\$			
			\$	\$			
Administration: Include visas, legal costs, etc			\$	\$			
			\$	\$			
			\$	\$			
Marketing: e.g., in-market consultants, PR, promo items, promo stock			\$	\$			
			\$	\$			
			\$	\$			
Trade Shows: e.g., registration fees, stand hire costs, etc			\$	\$			
			\$	\$			
			\$	\$			
PLEASE NOTE: Total eligible costs may not exceed \$20,000 (Stage One), \$60,000 (Stage Two), or \$120,000 (Stage Three). Please ignore GST amounts (this will be added to the Outward Sound grant) and adjust figures accordingly to make sure total eligible costs do not exceed the limits stated above.			Total eligible costs sought \$	Total grant sought \$	Applicant's Signature:		

* Per Diems can be claimed as an eligible cost up to NZD \$100 per day per person (Outward Sound will pay up to NZD \$50 per person).

PART 4 FULL BUSINESS PLAN AS IT RELATES TO THE MARKET INITIATIVE*	
YOUR BUSINESS PLAN SHOULD COVER, AT LEAST, THE FOLLOWING AREAS (SEND AS A SEPARATE DOCUMENT TO THIS APPLICATION FORM)	
<input type="checkbox"/> Company background and history	<input type="checkbox"/> Financial Information (3 year cash flow forecast)
<input type="checkbox"/> Management team and expertise	<input type="checkbox"/> Risk factors
<input type="checkbox"/> Achievements in the domestic (& international market if already active)	<input type="checkbox"/> People Involved in the project
<input type="checkbox"/> Market niche and customer groups	<input type="checkbox"/> Project impacts (include measures of success)
<input type="checkbox"/> Route to market (including distribution and information on market professionals)	<input type="checkbox"/> Evidence of confirmed external investment (if internal evidence of ability to match)
<input type="checkbox"/> Growth potential	<input type="checkbox"/> Letters of commitment from industry professionals
<input type="checkbox"/> Comparative position in market	
IF YOU HAVE AN EXISTING BUSINESS PLAN, IT MUST BE UPDATED TO REFLECT THE SPECIFIC ACTIVITIES OF THIS PROJECT	

* A market initiative is defined as a strategic international campaign promoting a particular New Zealand artist or portfolio of music in a specified territory over a period of up to three years.

SAMPLE

PART 5 APPLICATION CHECKLIST

HAVE YOU INCLUDED THE FOLLOWING? (MARK WITH AN "X" IN EACH BOX)	
<input type="checkbox"/> Signed the declaration	<input type="checkbox"/> Attached your business plan
<input type="checkbox"/> Completed all sections of the document	<input type="checkbox"/> Completed the project costs being applied for
<input type="checkbox"/> You must attach a deposit slip for a New Zealand bank account that can be used to reimburse claims	<input type="checkbox"/> Attached supplier quotes for items being applied for as part of the grant application
<input type="checkbox"/> Included a full media press kit (bio, music, videos etc) with your application.	
PLEASE NOTE: Your application cannot be accepted unless it is accompanied by a full media press kit.	

As your application CANNOT be assessed until it is complete, please ensure you have included the required information (where possible). You are also welcome to attach additional supporting information in relation to the business/project/activity.

Send your completed application by 5pm on the closing date to:

- POST:**
Outward Sound Applications
NZ Music Commission
PO BOX 68-524
Newton
Auckland 1145
- COURIER:**
Outward Sound Applications
NZ Music Commission
7 Great North Road
Ponsonby
Auckland
- You are required to email a version of your completed application form in Microsoft Word format to international@nzmusic.org.nz before 5pm on the closing date.

Please Note: We recommend that you courier your application to the Outward Sound office. We will not be responsible for any late submissions. Should you choose to post your application please allow seven days for delivery.

Any applications received after 5pm on the closing date will not be considered for that funding round. No exceptions will be made.

PART 6 CONFIRMATION AND ACKNOWLEDGEMENT

CONFIRMATION – I/WE CONFIRM THAT:		ACKNOWLEDGEMENT:	
<ul style="list-style-type: none"> I/We have read the guidelines for making an application for an Outward Sound grant that outlines the procedures, terms, conditions and criteria and I/we understand and agree to these. The assistance sought in the attached application does not relate to expenditure that has been incurred prior to the receipt of this application by NZMC. The application involves a project/activity that is a lawful activity carried out lawfully, and is directed at a commercial development. The balance of the costs sought is not being funded from any other government source. The application is not being made by an organisation that is in receivership or liquidation, or by an individual who is an undischarged bankrupt. The project is not being managed by an undischarged bankrupt or someone prohibited from managing a business. The application is being made by a company or organisation that is resident in New Zealand for the purposes of tax, and/or by an individual who is a New Zealand citizen or who has New Zealand permanent residence status. The information contained in the attached application is true and correct and there has been no omission of any relevant facts nor any misrepresentation made. I/We understand that NZMC may liaise with other government agencies and may refer applications where appropriate. I/We understand that a background check will be undertaken on all applicants/directors. I/We confirm that NZMC may request additional information as part of the evaluation of the application. I/We acknowledge that NZMC may wish to promote any successes that result from our proposal (while respecting our commercial confidentiality). 		<ul style="list-style-type: none"> I/We acknowledge that it will be a condition of receiving a grant that the recipient must remain a resident of New Zealand for tax purposes for at least five years. I/We confirm that where external providers are being employed as part of the project/activity, the relevant providers are not employees, directors or shareholders of the applicant, and nor do they have any other direct or indirect interest in the applicant, whether financial or personal. I/We understand that NZMC may carry out checks to verify the contents of any information provided by me/us as part of the application process, and I/We confirm that I/We will provide access to my/our records and personnel for that purpose. <p>Acknowledgement</p> <p>The undersigned acknowledges that, if a grant is accepted, NZMC may release the following details in relation to the Grant:</p> <ul style="list-style-type: none"> Name of grant recipient Amount of grant Contact details of grant recipient General statement of the nature of the project/activity as agreed by grant recipient and NZMC The outcome of the activity assisted (not before three months after the final project report is received). <p>I/We acknowledge that NZMC may receive requests for information on grants under the Official Information Act 1982 and that this may result in the release of additional information in accordance with that Act.</p> <p>I/We acknowledge that the Government expects regular reports on Outward Sound Grants, including information on its usage. The undersigned acknowledges that data may be made available to other government agencies that have an interest in monitoring the fund's usage.</p> <p>I/we acknowledge that because funding for the Outward Sound Grants is limited, not all applications will be successful. The fact that an application meets eligibility criteria does not guarantee a grant. Allocation of available funding to eligible applicants will be at the sole discretion of NZMC.</p>	
APPLICANT MUST SIGN AND COMPLETE DETAILS BELOW			
SIGNATURE		NAME	
DESIGNATION		DATE	
COMPANY/ENTITY			
(THIS CONFIRMATION/ACKNOWLEDGEMENT MUST BE SIGNED BY THE APPLICANT OR DIRECTOR OF THE APPLICANT COMPANY)			