

WeCare Arts Experiences

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Section 1: Overview

What is WeCare Arts Experiences?

WeCare Arts Experiences is a collaboration between the National Arts Council (NAC) and the five Community Development Councils (CDCs). It encourages beneficiaries from less privileged backgrounds to access ticketed arts and cultural experiences curated by the NAC and Singapore's cultural institutions for free. Beneficiaries are also encouraged to attend with immediate family members, caregivers or befrienders, for the opportunity to bond over a shared arts experience and strengthen social ties.

Social Service Agencies (SSAs), and community partners such as Grassroots Organisations (GROs) and Self-Help Group (SHGs) can apply for this scheme.

What does the scheme support?

WeCare Arts Experiences supports ticket of up to \$40 (excluding ticketing fees), transportation and light refreshments to facilitate the attendance of arts experiences for

- beneficiaries who are recipients of SSA's services and assistance;
- beneficiaries who receive financial and social assistance support from community partners;
- immediate family of beneficiaries; and
- volunteers who accompany beneficiaries to the arts experiences.

The **ticketed experiences** (e.g. performances and exhibitions) are selected by NAC and Singapore's arts and cultural institutions (CIs) with the beneficiaries in mind. The wide selection of programmes will cater to various age groups and families.

Please refer to programme menu [Annex C - WeCare Arts Experiences - Programme Menu.pptx - Google Drive](#) for curated list of eligible programmes, with corresponding ticket price ranges.

The capacity of each programme will depend on the Safe Management Measures of the venue where the programme will be conducted.

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Section 2: Eligibility

Who can apply for WeCare Arts Experiences?

The scheme is open to the following organisations who wish to facilitate an arts experience for their beneficiaries who receive their services and assistance:

- **Social Services Agencies (SSAs)** that are registered non-profit organisations and members of the National Council of Social Service (NCSS).
- **Community Partners**

Section 3: Application Process

How do you apply for the scheme?

- For **SSAs/ Community Partners**: Please email your application (refer to **Annex A**) to the relevant Community Development Councils (CDCs) in your district, **at least 14 working days** before the commencement of the event/programme.

Central Singapore CDC	Pang Wen Hao – PANG Wen Hao@pa.gov.sg Shirin Ibrahim – Shirin Ibrahim@pa.gov.sg
North East CDC	Kenneth Tan – Kenneth ZX TAN@pa.gov.sg Edna Phua – Edna PHUA@pa.gov.sg
North West CDC	Iris Ng – Iris WL Ng@pa.gov.sg Brandon Oh – Brandon OH@pa.gov.sg
South East CDC	Soh Chye Horng – SOH Chye Horng@pa.gov.sg Dylan Sng – Dylan SNG@pa.gov.sg
South West CDC	Ellie Poh – POH Ying Ting@pa.gov.sg Shirleen Koh – Shirleen KOH@pa.gov.sg

Your application should include the following:

- Selected programme
- Number of attendees
- Specific requirements (transport, access needs etc.)

What happens after you submit an application?

All applications by SSAs and community partners will be processed by the CDC. You may be contacted if further information is required. All proposals submitted to the CDC will be treated in strictest confidence.

If your application is successful, the CDC will notify you via email within 5 working days of application, to confirm the approved budget covering

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- Number of tickets and/toolkits for the programme
- Refreshment and Transport arrangements, if applicable
- Contact person(s)

You will then pay for the ticket order and make the necessary arrangement for your beneficiaries. The CDC will reimburse you upon submission of report and documentation.

Unsuccessful applicants will be notified within the same period.

What are you expected to deliver?

Please ensure that participants who have been signed up attend the event/ programme. Best efforts should be made to ensure that last minute cancellations are replaced with other eligible beneficiaries and/or volunteers. No refunds will be processed once tickets have been purchased.

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Annex A: Application Form

Please note that you are required to:

- a) Fill in the application form and submit at least 14 days¹ before the commencement of the event/programme.
- b) All applications will be assessed and evaluated accordingly and are subject to approval.

Due to safe distancing requirements, if you plan to organise programmes by the CI on the same date/time slots but for different groups, you may consolidate the request into one application.

Application should be submitted to the relevant Community Development Council (CDCs) officer in your district²:

Central Singapore CDC	Pang Wen Hao – PANG Wen Hao@pa.gov.sg Shirin Ibrahim – Shirin Ibrahim@pa.gov.sg
North East CDC	Kenneth Tan – Kenneth ZX TAN@pa.gov.sg Edna Phua – Edna PHUA@pa.gov.sg
North West CDC	Iris Ng – Iris WL Ng@pa.gov.sg Brandon Oh – Brandon OH@pa.gov.sg
South East CDC	Soh Chye Horng – SOH Chye Horng@pa.gov.sg Dylan Sng – Dylan SNG@pa.gov.sg
South West CDC	Ellie Poh – POH Ying Ting@pa.gov.sg Shirleen Koh – Shirleen KOH@pa.gov.sg

1. CONTACT DETAILS

Name of Organisation:	
Name of Organisation's branch (<i>if applicable</i>):	
Name of Applicant or Organisation Representative:	
Address:	

¹ Some programmes may require longer lead time so SSAs should check for specific requirements indicated in the programme menu.

² To check which CDC serves the district a SSA is based in, please refer to "My District Locator" at the bottom of the page: <http://cdc.org.sg>

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Contact Number:	
Email Address:	

2. PROGRAMME INFORMATION				
Name of Programme	Date	Time	Modality	Venue where programme will be conducted for beneficiaries
As above (Insert rows if there are different dates/times)			As above	
3. ATTENDEE'S REQUIREMENTS		No. of Units	Unit Cost (\$)	Budget Request (\$)
No. of beneficiaries attending (Beneficiaries include immediate family members)		E.g. 10		
No. of non-beneficiaries attending (volunteers/caregivers and accompanying staff)		5		
No. of Tickets / Kits required (total number of beneficiaries + volunteers/ caregivers and accompanying staff)		15	20	
No. of pax requiring refreshment (Optional) (Supportable at up to \$10 nett or less per head)		15	10	
No. of programme(s) that require two-way transportation to the Cultural Institutions (Supportable up to \$300 for each programme on the same date and time) (Please indicate request for wheelchair transport, if applicable)		1	---	
TOTAL Budget Requested				

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4. INFORMATION FOR CULTURAL INSTITUTIONS TO BETTER PREPARE FOR WECARE ARTS EXPERIENCES			
Please indicate profile of beneficiaries (Beneficiaries include immediate family members)	<u>Age</u> <15 years old : _____ pax 15-24 years old: _____ pax 25-34 years old: _____ pax 35-44 years old: _____ pax 45-54 years old: _____ pax 55-64 years old: _____ pax 65 years old and above: _____ pax		
No. of persons who require wheelchair access at the Cultural Institution	_____ pax	No. of persons who require a quiet room ³ at the Cultural Institution	_____ pax
Language preference for programmes with guided tour	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <i>If other language capabilities are required, appointed intermediary or CDC representative can check in with the CIs and inform applicants' if they are able to accede to request.</i>		

DECLARATION

The undersigned

(i) certify that the information given above is accurate and complete.

(ii) declare that

a) The participants are eligible for WeCare Arts Experiences as they are beneficiaries of SSA's services and assistance, or the community partner, eg. GRO's financial and social assistance support;

b) are immediate family of beneficiaries; and/or

³ A quiet room, sometimes referred to as a sensory room, is a designated space where an individual can use stim or retreat to when feeling overstimulated.

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c) are volunteers and staff who accompany beneficiaries to the WeCare Arts Experiences.

- (iii) Agree to let PA-CDCs, PA and NAC use this information for the purpose of assessment of the application.

Submitted by:

Name: _____

Designation: _____

Signature: _____

Date: _____