

# Community Development - Grants Accountability GRA210947043



1 Dunorling Street  
PO Box 122, Alexandra 9340  
New Zealand

03 440 0056

Info@codc.govt.nz  
www.codc.govt.nz



## Grant Accountability

Original Application Number unknown

## The Applicant:

Organisaton Name	Waiata Theatre Productions Ltd.
Project Name:	Production of the musical "Jesus Christ Superstar"
Contact	Bruce Potter
Phone	02102532194
Email	bruce@draconis.co.nz
Address	10 Craig Place, Bridge Hill, Alexandra 9320

## The Project:

Amount granted by Central Otago District Council	3500.00
Total cost of the project	19000.00
If there was any significant variation from your original budget, what were the main reasons for this?	We are still waiting on some bills to come in and we got a lot of in kind support from local businesses and volunteers eg. free use of rehearsal space, printing costs etc...
What outcomes were achieved from the project/event? (max 500 words)	We intended to bring a large Broadway musical to the district done in a smaller more intimate way using old school theatre techniques. This was the first time JCS has been performed in Central Otago. We aimed to perform a three week season to develop our onstage performers, crew and audience in a way that has not been possible till now with any other local performance groups. We wanted to show that it was possible to produce a successful Broadway musical on a shoestring budget using creative ideas, old halls with a good cast and crewo aimed to perform a three week season
How did your organisation acknowledge the support of the Council grant?	We printed it on our programe along with our other sponsors. We let people know on social media as well.
When did you receive your grant funding?	03/12/2019
Support Documents Ticked	<ul style="list-style-type: none"><li>• Proof of expenditure (including receipts, invoices and/or financial statements)</li><li>• Photos of the event or project</li></ul>

Grants of \$10,000 or more

# Declaration:

All information provided is complete and correct True

Have read and acknowledge the standard Central Otago Terms and Conditions of Grant Funding Yes

Information about your application (including the applicant's name, project title, and a summary of the proposal) and any approved funding may be made publicly available by Council Yes

Name: Bruce Anthony Potter

Date 30/09/2021

Signature (10 kb)



# ORiGiN Theatrical Pty Limited

A.B.N.46 111 477 895

A.C.N.111 477 895

PO Box Q1235  
QVB Post Office NSW 1230  
AUSTRALIA

Courier Delivery: Level 1, 213 Clarence Street, Sydney NSW 2000 Australia  
Telephone (61 2) 8514 5201 Fax (61 2) 9299 2920  
email: ashlei@originmusic.com.au www.origintheatrical.com.au

Bill To: Bruce Potter  
Waiata Theatre Productions  
10 Craig Place  
Alexandra 9320  
New Zealand

Invoice #: 00093557  
Date: 25/10/2019  
Page: 1  
Client Ref: 62759

Description  
Amateur Licence:  
"JESUS CHRIST SUPERSTAR" (RUG)  
14 perf: 02 - 19 July, 2020

## Tax Invoice

Amount Tax

### ADVANCE PAYMENT

Royalty Advance	\$3,920.00	FRE
Booking and Handling Fee	\$70.00	FRE
Hire Fees Prepaid (Rehearsal Material - 5 month hire)	\$820.00	FRE
Hire Fees Prepaid (Pre-Production Pack)	\$75.00	FRE
Hire Fees Prepaid (Logo Artwork)	\$400.00	FRE

**PLEASE PAY ON INVOICE  
NO STATEMENT ISSUED  
TERMS - 30 DAYS**

GST \$0.00

Your Order #: \_\_\_\_\_ Customer ABN: \_\_\_\_\_ Total Inc GST \$149.16 FRE  
CODE RATE TAX SALE AMOUNT Amount Applied: \$5,434.16  
0% \$0.00 \$5,434.16 \$0.00

**Balance Due: AUS \$5,434.16**

## Payment Slip

Waiata Theatre Productions  
10 Craig Place

Invoice No 00093557  
Amount Due: AUS\$ **\$5,434.16**

Accounts Receivable  
Origin Theatrical Pty Ltd  
PO Box Q1235  
QVB Post Office NSW 1230  
Australia

Tel. (61 2) 8514 5201  
Email: ashlei@originmusic.com.au

### Payment Options:

1. By Cheque (please mail to our postal address)
2. By Direct Credit / Electronic funds transfer (remitter to pay bank charges)

Bank Details: Origin Theatrical Pty Ltd  
National Australia Bank, 255 George St, Sydney  
BSB: 082 057 (or Intl Bank Swift Code: NATAAU3303M)  
Account No: 57 674 7182  
Please include invoice number as reference

### 3. By Credit Card payment:

Name on Card : \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

CCV2 (3 digit security code): \_\_\_\_\_

Signature: \_\_\_\_\_







