

City Activations Creative Projects



Proposal Form.

PLEASE COMPLETE AND SUBMIT YOUR PROPOSAL TO:

artscouncilnsn@gmail.com BY 2ND JUNE 2025.



Name and contact details

Are you applying as an individual or group? Individual Group

Full name of applicant: _____

Contact person (for a group): _____

Street address/PO Box: _____

Suburb: _____ Town/City: _____

Email: _____ Telephone (day): _____

All correspondence will be sent to the above email or postal address

Project name: _____

Please briefly describe your proposed project in under 200 words:

The idea: What do you want to do?

The process: How, when and where will the project happen?

The people: Tell us about the key people and/or the groups involved.

Will your project require consent/permission to go ahead?

YES NO I DO NOT KNOW

If YES, please advise on what measures have, or will be taken.

Your Project Budget

Please feel free to attach your budget in a different format should you choose.

Are you GST registered? If Yes Do NOT include GST in your budget
 If No Include GST in your budget

| | | |
|--|---|---------------|
| Project costs | Write down all the costs of your project and include the details, eg materials, venue hire, promotion, equipment hire, artist fees and personnel costs. | |
| Item | Detail | Amount |
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| | | |
| Total Costs | | \$ |
| Project Income | Write down all the income you expect to get for your project from any sources, i.e. other grants, donations, your own funds, other fundraising. Do not include the amount you will be requesting from us. | |
| Income Item | Detail | Amount |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Total Income | | \$ |
| Costs less income | | \$ |
| Amount you are requesting from the Arts Relief Grant Scheme | | \$ |