



AMURI COMMUNITY ARTS COUNCIL



APPLICATION FORM FOR WORKSHOP OR PERFORMANCE GRANT OR GAL

Group applying for Grant or GAL.....

Name of person responsible for application.....

Address.....

Phone..... Fax.....

Name of another member of group who may be consulted re. The application.

..... Phone.....

Project for which funding is required.....

.....

Persons benefiting from this project: (eg, adults, children, disabled, minority groups)

.....

Intended benefit to these people.....

.....

.....

Will this project have eventual benefit to the wider community in the Amuri? Yes/No

Anticipated benefit to the wider community.....

.....

.....

Special qualities of Tutor(s) or Performer(s) if relevant.....

.....

.....

Please enclose on separate pages any further comments or letters of reference which may help your application.

AMURI COMMUNITY ARTS COUNCIL



APPLICATION FORM FOR WORKSHOP OR PERFORMANCE GRANT OR GAL (pg 2)

Workshop/performance dates.....

Number of workshops or performance(s).....

Workshop length.....

Maximum number of workshop participants or performance audience.....

EXPENSES	\$		ESTIMATED INCOME	\$
Tutor/Performer Fees			adults@	
Tutor/Performer Travel			adults@	
Tutor/Perf. Accommodation			adults@	
Materials			Children@	
Venue Hire			Children@	
Venue Heating etc.			Sponsorship	
Publicity			Other(please specify)	
Postage				
Other(please specify)			TOTAL B	
TOTAL A				
Less Total B				
Anticipated Deficit				

I confirm that this is a true account of my group's project.

And on behalf of

I hereby apply for a Grant / GAL (Circle one) of

If this request is fully or partially met, I/we will make sure this help is reflected in our publicity and advertising.

SIGNED

POSITION

DATE

Post or Email too:

Toby Brown, ACAC Grants Co-ordinator

94 Lyndon Road, Waiau 7395

Phone: (03) 315 6172