Make/Shift Spaces Inc.

Application Form for Programme Participants

Please complete the following form and return to [anne@makeshiftspaces.nz](mailto:anne@makeshiftspaces.nz) with MAKE/SHIFT PROPOSAL in the email subject line.

Please refer to the Make/Shift Spaces’ criteria in the GUIDE FOR PROGRAMME PARTICIPANTS for guidance in completing this form. Your application will be reviewed by our selection panel and assessed based on these criteria. If you have any questions about the application, please contact us on [msspacesnz@gmail.com](mailto:msspacesnz@gmail.com)

|  |
| --- |
| **Name:** |
| **Address:** |
| **Mobile:** |
| **Email:** |
| **Website (if applicable):** |
| **Proposal Overview**:  *Please summarise your Make/Shift proposal in a couple of sentences:* |
| **Timeline** – *please tell us your desired project start date and end date, but be aware of the temporary nature of occupancy of spaces.*  Start (dd/mm/yy):  End (dd/mm/yy): |
| **Proposal** – *please detail your project proposal. Include what you propose to do, how you will deliver it and how the outcomes fulfil any of the Make/Shift criteria (\*link to criteria). (500 words)* |
| **Venue**:  *Please mark ‘X’ against the relevant requirements and provide any further detail for your desired project venue.*  Size:  Small 🞎  Medium 🞎  Large 🞎  Facilities:  Heating 🞎  Toilets 🞎  Running water 🞎  Flooring (if any specific requirements eg. wooden, concrete, carpet):  Other requirements (please specify): |
| **Budget**. ***Please note: your project must be non-commercial***  *Please outline your proposed project budget and indicate what funding you have to contribute towards the project. Make/Shift Spaces can assist with providing information on securing funding.*  **Expenditure:**  TOTAL EXPENDITURE : $  **Income:**  *Including other funding sources/support in kind. If there are other funding sources, please tell us if this is secured or not.*  TOTAL INCOME: $  \**Please ensure expenditure and income come to the same amount.*  Budget Notes (optional):  *Please detail any additional budget comments you may have.* |
| **About Programme Participant/s**:  *Please provide details about key individuals involved on this project.. Please include relevant project management/artistic experience. (250 words max per biography)*  **Insurance:**  Do you have public liability insurance Y/N  **Is your project tied to an umbrella organisation. If so, please specify:** |
| Thank you for your application.  The Make/Shift Spaces Team |