

Music and Arts Events at Northern Sound System

Form Preview

Grant Information

Description

Got a great idea for a live music and/or arts event but need the funds to make it a reality?

This is the opportunity to plan and host a music or arts event at Northern Sound System in September - December 2026.

In this application you'll need to tell us about you/your team, your proposed event, proposed dates, how this event supports local community and/or artists/businesses and submit a budget.

A limited number of events will be funded for this 6-month period. Another round will open for events planned January - July 2027.

Applications close 24th July 2026.

Applicants will be notified early August.

Eligibility

* indicates a required field

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This field is read only.

Applicants: please note

Before completing this application form, you should have read the information page.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **Mia Neale** at **mneale@playford.sa.gov.au**.

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Criteria

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Essential Criteria

- You are an individual or small business.
- Your event is supporting local community and/or local businesses/artists e.g.:
 - Free or low-cost to the community
 - For a specific community group
 - Featuring artists from the community
 - Engaging local business
- Your event is championing original content e.g.:
 - Original music
 - New works
 - Innovative ideas
- You proposed event date is September - December 2026.

Desirable Criteria:

- Applicant is based in the City of Playford or engaging local artists/businesses
- Diverse/marginalised voices

You must confirm that your event meets the essential criteria: *

☐ Yes

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to <https://www.playford.sa.gov.au/privacy>.

Applicant Details

Applicant Name *

First Name

Last Name

Make sure you provide the same name that is listed in official documentation.

Are you an individual, artist/band or small business? *

☐ Individual

☐ Artist/Band

☐ Small Business

Artist/Band Name (if applicable)

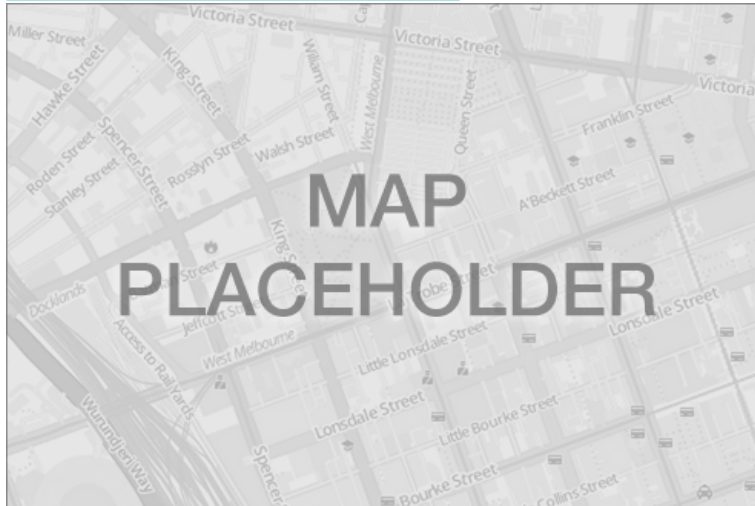
Small Business Name (if applicable)

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Applicant primary address

Address



Applicant postal address

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

About You

* indicates a required field

Tell us about you/your team: *

Include who is in your team any any relevant experience

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Do you or your team identify as any of the following: *

- ☐ d/Deaf and/or Living with a Disability
- ☐ Aboriginal and/or Torres Strait Islander
- ☐ Culturally and/or Linguistically Diverse
- ☐ LGBTQIA+
- ☐ Neurodivergent
- ☐ Not Applicable
- ☐ Rather Not Say

Tick all that are applicable.

In which age range do you/your team sit?

- ☐ Under 18
- ☐ 18-25
- ☐ 26-35
- ☐ 36-45
- ☐ 46+

Do you currently hold any grant funding? *

- ☐ Yes
- ☐ No

If yes, please indicate who you have received grant funding from and the purpose of the funding:

Do you have an ABN? *

- ☐ Yes
- ☐ No

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

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As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form. *

Attach a file:

Max 25mb per file uploaded

Project Details

* indicates a required field

Proposed event title *

Must be no more than 250 characters.

Tell us about your proposed event. *

Include proposed event length, artists involved (with links to music/art), anyone else involved and any ideas for unique engagement.

Why do you want to run this event? *

What is your proposed date/date range? *

Name either a specific date or a range of dates e.g. Saturdays in October.

Have you previously hosted an event at Northern Sound System? *

- ☐ Yes
☐ No

Why do you want to host an event at NSS? *

Who is the intended audience for this event? *

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How are you going to promote this event? *

How is your event supporting local community and/or local businesses/artists? *

E.g. including northern artists or businesses, meeting a need for local community etc.

How is your event championing original content? *

Project Budget

* indicates a required field

Total Amount Requested *

What is the total financial support you are requesting in this application?

Total Project/Program Cost *

What is the total budgeted cost (dollars) of your project?

Pricing

Will the event be ticketed or free?

☐ Ticketed

☐ Free

Pricing

How much are you planning to charge for tickets?

Consider pricing levels (pre-sale, first release etc.), concessions, etc.

Project Budget (Income)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

Sources of income could include:

- This grant

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- Expected ticket income (if applicable)
- Personal contributions
- Other grants

Please list amounts as GST Inclusive.

Income description	Income type	Is this funding confirmed?	Income amount (budgeted)	Notes
	Other:			
Provide a clear description for each budget item. Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.	Please select the type of income		Enter the total amount expected to be received. Must be a dollar amount.	Add notes if you need to provide more context

Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below. Please list amounts as GST Inclusive.

Possible expenditure could include:

- Artist payments
- Other creatives payments (e.g. graphic designer, photographer)
- AV Technician (\$50p/h)
- Security (\$57.11p/h)
- Marketing/promotion
- Administration fee

Expenditure description	Expenditure type	Expenditure amount (budgeted)	Notes
Provide clear descriptions for each budget item. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.	Please select the type of expenditure.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	Add notes if you need to provide more context.

Budget Totals

Total Income Amount

Total Expenditure Amount

Income - Expenditure

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This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

Quotes

Please attach quotes for any expenditure (cost) items you may have (optional)

Attach a file:

Support Materials (optional)

Please upload or link to any support materials you may have.

This could include:

- Letters of support
- Examples of past events hosted/collaborated on

Upload here:

Attach a file:

Link here:

Must be a URL.

If sharing a Google Drive link, please make sure permissions are set to 'anyone with the link can view'.

Certification and Feedback

*** indicates a required field**

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

☐ Yes

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Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process.

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.