



For office use: Stamp

**FORM A**

**This is an application form for the 2018-2019 funding cycle. You need to complete all sections and *do not refer to attachments* and sign the section at the end of the form .This application form should be completed after you have carefully read and understood the guidelines.**

- a. Provide honest and accurate information. If you misrepresent information, your application will be disqualified
- b. It is compulsory to complete all relevant sections of the application form.
- c. If you do not provide all the information required we cannot assess your application. Where information is not applicable to you or your organisation state by writing 'N/A' in the appropriate place on the form.
- d. Ensure that your application form is submitted together with a detailed proposal (attach an invitation where necessary).
- e. Only registered Arts, Culture and Heritage organisations / Companies / individuals will be considered.
- f. A maximum of one application per applicant within a year.
- g. Please note: THIS APPLICATION FORM MUST BE COMPLETED IN RELATION TO THE **'GUIDELINES: Criteria, Eligibility, Processes & Systems Documents'**. This will help you in adhering to the set Criteria.

**SECTION 1**

**A. Discipline**

Which of the following disciplines are you applying for? Please tick

Craft	Dance	Literature	Film
Music	Visual arts	Performing Arts	Heritage
Multi-disciplinary	Design	Digital platforms	



What type of programme are you applying for? Please tick

Cultural Events : General/Annual Events (Threshold R2 Million Rand)	
Touring Ventures : General (Threshold R1 Million Rand)	
Miscellaneous	

Are you applying for a professional or developmental project? Please tick

Professional/Experienced	
Developmental	

## SECTION 2

### B. Organisation/Company/Individual Details

Organisation/Company/Individual name: \_\_\_\_\_

How long has the organisation/company been in existence? \_\_\_\_\_

Type of organisation: SECTION 21  CC  Y (LT  NPO OTHER  Specify:

Organisation registration number: \_\_\_\_\_ Tax number (if applicable): \_\_\_\_\_

Title: \_\_\_\_\_ Coordinator Full name: \_\_\_\_\_ Coordinator Surname: \_\_\_\_\_

ID no: \_\_\_\_\_ Cell: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Province: \_\_\_\_\_ Web address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Code: \_\_\_\_\_

Indicate where the project will take place:

Rural  Urban

Name of District: \_\_\_\_\_

Name of Metro/local Municipality: \_\_\_\_\_






Is the organisation/company managed by the following? Please tick the relevant box

Youth  Women  People with Disabilities  Senior Citizens

Men

Contact details of References

Name	Contact Telephone	Designation

### SECTION 3

#### C. Project details (*refer to Section C, Criteria in the Guidelines document*)

Project Name /Title:

Briefly explain this project that you are applying for.


What are the objectives of the project, in relation to Section C (Criteria), 6; 6.1 1 & 6.2 in the MGE Guidelines document?




What other funding support or sponsorship does the project have?

Which of the following will the project impact on?

Youth:

Women:

People with disability:

Based on the box you have ticked above, please describe in brief, how your project will achieve this?

Project start date: \_\_\_\_\_ Project end date: \_\_\_\_\_

Venue(s) of where the project will take place: \_\_\_\_\_

Duration in Days/Weeks: \_\_\_\_\_





List the key people who will be involved in the project other than those listed under **section 2**:

Name	Capacity	Contact

## SECTION 4

**E. Financial details of the project: (Please attach a budget breakdown for the project).**

Summary of estimate project cost (note that detailed budget will be requested)	
<b>Item</b>	<b>Amount (R)</b>
Total project cost (1)	

### Financial Summary

Total project cost( 1)	
Other funding sources (2)	
Total funding required from DAC (1-2)	

List previous DAC funding received

Year	Amount	Funding number



**Details of other funding applications that have been confirmed**

Funding organisation/ person	Date of confirmation	Contact name and telephone

**Details of other funding applications made that are still unconfirmed**

Funding organisation/person	Date of application	Contact name and telephone

Indicate if you are currently receiving funding or are rendering services to DAC. If yes, provide details.

.....  
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**SECTION 5****F. Declaration**

I confirm that I have the authority to complete and sign this application on behalf of the organisation named in this application.

I further confirm that the activity for which the organisation is applying falls within the mission and constitution or memorandum and articles of association of the organisation.

All the information provided in this application is true and accurate to the best of my knowledge. I understand that any misrepresentation of such information is a serious offence that will lead to the disqualification of this application and may result in prosecution.

Full name/s of person completing this application/and on behalf of the organisation/company:

\_\_\_\_\_

Designation in the organisation: \_\_\_\_\_

Signed: \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_ 2018/2019





Please check the *Guidelines documents* for a checklist of compliance documents required with this application:

- In addition to the application form and supporting documents, the DAC may require further information from you. We will contact you if further information is required.
- Note that no applications or attached documents will be returned to you.
- We will send you a letter to inform you of the outcome of the decision if your application is successful. The whole application must not be more than 15 pages including attachments. Non-compliance with this requirement may lead to disqualification of this application.

**NB: This application form must be accompanied by a proposal and budget breakdown only.**

**Note: Applications should not exceed 15 pages including the application form and proposal. Additional information will be requested, if required.**

