

KwaZulu - Natal Arts and Culture Council

KZN DEPARTMENT OF ARTS AND CULTURE
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3200

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GRANT IN AID – APPLICATION FORM **(2015-2016)**

CLOSING DATE: 31 MAY 2015

FOR OFFICE USE ONLY	
Reference number	
Date of receipt	

PROJECT FUNDING

ARTS & CULTURE GROUPS & ORGANISATIONS

This document is divided into the following sections:

Section 1: Organisational Details

Section 2: Funding Request

Section 3: Project Finances

Section 4: Project Accountability

Completed applications should be forwarded to the DAC Regional Office by post or by hand.

✓ *Only original application form will be accepted.*

Region	Contact Person	Address	Tel
Eastern (Ethekwini)	Mr. M. Mtshali Senior Manager	8 th Floor Commercial City Building, Dr. AB Xuma Street Durban 4000	031 334 2301
Southern (Umgungundlovu)	Dr. R.T. Govender Senior Manager	2 nd Floor 171 Boshoff Street Pietermaritzburg 3200	033 345 3171
Western (Ukhahlamba)	Dr. N.F. Biyela Senior Manager	503 Murchison Street Corner of Build-it, Ladysmith, 3370	036 637 7978
Northern (Zululand)	Ms J.P.R. Nxumalo Senior Manager	LA Building 2 nd Floor Zone 5 King Dinuzulu Highway, Ulundi 3838	035 874 3789
Head Office	Mr. MS. Sibisi Deputy Manager: Performing Arts	171 Boshoff Street Pietermaritzburg 3200	033 341 609/10

Please use the checklist below, to make sure that you submit all relevant documents in order to facilitate processing of your application.

A certified ID copy of the Project Convener/ Chairperson	
Organisation Registration Certificate / Signed copy of organisation's constitution	
A copy of the latest AGM Report / Minutes	
Two written and signed references	
A copy of the latest bank statement (not more than 3 months)	
Quotation(s) / Detailed budget breakdown	

SECTION 1 – Organisational Details

1.1 Which of the following art forms are you applying for?

Craft		Visual Arts	
Dance		Design Foundation	
Literature		Technical Production	
Music		Interactive Mass Media	
Drama/Theatre		Cultural/Indigenous Knowledge Systems	
Other (<i>Please specify</i>):			

1.2 Declaration of the person submitting the application as authorised by the organisation:

Name of the Group / Organisation	
Type of organisation	
Date established	
Registration Number (if applicable)	
Organisation Physical Address	
Organisation Postal Address	
Municipality	
District	
Locality (Rural /Urban)	
Contact Person	
ID No	
Position Held in the organisation	
Contact Number / Cell No.	
E-mail	
Signature	
Date of submission	

SECTION 2 – Funding Request /Motivation

2.1 Provide a brief history / profile of your organisation or project and the main objectives of the organisation/project.

2.2 Specify how many people are involved in running your organisation/project?

	Females	Males	Disabled
Members of the Organisation			

2.6 How will you describe people in your target group for this project? Please tick the relevant box(s)?

Elderly			Single parents	
Women			People on low income	
Men			Offenders	
Living in urban areas			Physically disabled people	
Living in rural areas			People with mental ill health	
Unemployed			Homeless people	
People living with HIV/AIDS			Children / Youth	
Other (<i>Please specify</i>):				

2.7 List Project Activities / Deliverables:

Activities /Deliverables
1.
2.
3.
4.
5
6.
7.
8.
9.
10.

2.8 Expected Project Start & Complete Date? _____

SECTION 3 – Project Finances

3.1 How much do you need in order to fund the activities you are applying for? Please provide a breakdown of what the money will be used for, ensure that your budget covers relevant categories.

EXAMPLE

ACTIVITY / ITEM	AMOUNT
Audit Fee	R1000-00
Performers fee	R3000-00
Payment for material	R2500-00
TOTAL	R6,500-00

WRITE YOUR OWN BUDGET BELOW OR ATTACH A SEPARATE BUDGET BREAKDOWN

ITEM(S)	AMOUNT
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL Project Costs	

KZNACC is unlikely to fund the entire budget of this project, state the amount required:

TOTAL Amount Requested: _____

3.2 If there is some form of financial Assistance received from any other organization or other sources for this project please indicate the amount received:

Financial Assistance

- 1. _____
- 2. _____
- 3. _____

Help In Kind

- 1. _____
- 2. _____
- 3. _____

3.3 List any previous funding you have received from KZNACC: _____

Year and amount: _____

Has the project been audited by DAC Officials? _____

Has the report & financial statement(s) been forwarded to the DAC? _____

3.4 Provide us with your organisation bank account details

(Please make sure that these are (accurate):

Account Name	
Bank Name	
Branch Name	
Branch Code	
Account Number	
Bank Account Signatories	
Chairperson	
Secretary	
Treasurer	

3.5 Please provide details of two independent referees (a community leader and a professional person in your relevant arts discipline). You are required to also submit written and signed references from the referees mentioned.

Name	Contact Details	Designation / Organisation

SECTION 4 – Project Accountability

4.1. List the key people who will be involved in the project:

Name	Position	ID No.	Contact Number
1.			
2.			
3.			
4.			
5.			

Total Number of people involved in the project: _____

4.2. Declaration of the person submitting this application as authorised by the organisation:

I _____ (*Position held in the organization*) _____

Confirm that I am authorized to sign this declaration on behalf of (name of the group / organization) and that, to the best of my knowledge and belief, all information provided is true and accurate.

SIGNATURE: _____ **Date:** _____

IMPORTANT

- Your application can only be processed if all the questions on this form are completed, the forms and the contracts are signed by the appropriate people and if all necessary enclosures are received.
- A copy of this application form should be made and kept for your reference. If you have ticked all the boxes, your application should now be complete.