



arts & culture

Department:
Arts and Culture
REPUBLIC OF SOUTH AFRICA

PRIVATE BAG X897 PRETORIA 0001 SOUTH AFRICA T. +27 12 441 3000 F. +27 12 441 3699
PRIVATE BAG X9015 CAPE TOWN 8000 SOUTH AFRICA T. +27 21 465 5620 F. +27 21 465 5624
www.dac.gov.za

FORM A

This is an application form for the 2015-2016 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.

- Provide honest and accurate information. If you misrepresent information, your application will be disqualified
- It is compulsory to complete all relevant sections of the application form.
- 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.
- Ensure that all the required supporting documents are included in your application.
- Only registered entities/individuals will be supported.
- Organisations/companies should send only one application.
- Please note: THIS APPLICATION FOR MUST BE FILLED IN, IN RELATION TO THE '**GUIDELINES: Criteria, Eligibility, Processes & Systems Documents**'. This will help you in adhering to the Criteria.

SECTION 1

A. Discipline

Which of the following discipline are you applying for?

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

What type of programme are you applying for?

| | |
|--|--|
| Cultural Events : General/Annual Events | |
| Cultural Events: Young Artists Market Access | |
| Touring Ventures : General | |
| Touring Ventures: Digital Market Access | |



| | |
|---------------|--|
| Miscellaneous | |
|---------------|--|

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

| | |
|--------------------------|--|
| Professional/Experienced | |
| Developmental | |

For office use only Date received: _____ Registration number _____

Administrator: _____

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 PTY (LTD) 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: _____

Locality: Rural Urban Name of District and Local Municipality/Metro: _____

Brief history of the organisation/company or group:

| |
|--|
| |
| |
| |
| |
| |



| |
|--|
| |
| |
| |
| |

What are the main objectives of the organisation?

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |

Organisational achievements and awards in the last 3 years:

| Achievements and Awards | Date achieved |
|-------------------------|---------------|
| | |
| | |
| | |
| | |
| | |
| | |

Permanent office bearer details (Management/Administration):

| Position | Name | Id no | Contact Number |
|-------------------|------|-------|----------------|
| Management Head | | | |
| Financial Officer | | | |
| Project Manager | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Youth Women People with Disabilities Senior Citizens

None of the above Please specify

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 describe this project that you are applying for: (attach additional information, **MUST NOT EXCEED one page**)

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

What other funding support or sponsorship does the project have?

Which of the following will the project impact on?

Youth:

Women:

Job Creation:



Nation Building:

People with disability:

Rural:

Urban:

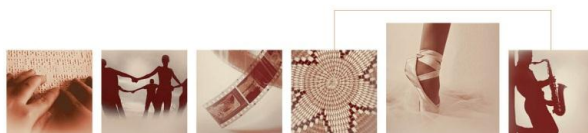
Based on the box you have ticked above, please describe in brief, how your project proposal will achieve this?

| |
|--|
| |
| |
| |
| |
| |

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 two page budget proposal for the project, which indicates the budget breakdown/budget items.*

| | |
|--|-------------------|
| Summary of estimate project cost (note that detailed budget will be requested) | |
| Item | Amount (R) |
| | |
| | |
| | |
| Total project cost (1) | |

Financial Summary

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

Which specific budgetary item would you like to spend DAC funds on if approved?

| |
|--|
| |
| |
| |
| |

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.

.....

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 _____ 2014

Full name of co-signatory office bearer in a management position (optional): _____

Designation in the organisation: _____

Signed: _____ at _____ on _____ 2014



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.

