



This is an application form for the MACSF 2020-2 funding cycle. You need to complete all sections and sign where required. This application form should be completed after you have carefully read and understood the funding 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.
- e. Only registered Arts, Culture and Heritage organisations / Companies / individuals will be considered.
- f. A maximum of one application per applicant within a financial 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.
- h. This form is available free of charge, and must not be sold to any applicant as that will constitute fraud.



**SECTION 1**

**A. Discipline**

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

<b>Craft</b>		<b>Dance</b>		<b>Literature</b>		<b>Film</b>	
<b>Music</b>		<b>Visual arts</b>		<b>Performing Arts</b>		<b>Culture</b>	
<b>Multi-disciplinary</b>		<b>Design</b>		<b>Digital platforms</b>			

What type of project are you applying for?

Performing Arts Event		Visual Arts		Digital Arts	
-----------------------	--	-------------	--	--------------	--

**SECTION 2**

**B. Organization/Company/ Individual details**

Organization/Company/ Individual name : \_\_\_\_\_

How long has the organization been in existence: \_\_\_\_\_

Type of organization : **Section 21** [ ] **CC** [ ] **PTY LTD** [ ] **NPO** [ ]  
**NGO** [ ] **OTHER** (Specify) [ ]

Organization registration number : \_\_\_\_\_

Tax number (If applicable) : \_\_\_\_\_

Title: \_\_\_\_\_ Coordinator Full Name and Last Name: \_\_\_\_\_

ID No: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax to email: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Province: \_\_\_\_\_ Web Address: \_\_\_\_\_



**Indicate where the project will take place,**

Rural : \_\_\_\_\_ District : \_\_\_\_\_

Urban : \_\_\_\_\_ District : \_\_\_\_\_

Name of Local Municipality: \_\_\_\_\_

Digital Platform : \_\_\_\_\_

Url : \_\_\_\_\_

**Brief history of Organization/Company/ Individual**

**What are the objectives of the Organization/Company/ Individual**



Permanent office bearer details (Management/Administration) in case of organisations/ companies:

Position	Name	ID no	Contact Number
Director			
Financial Officer			
Project Manager			

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

Youth	<input type="checkbox"/>	Women	<input type="checkbox"/>	Men	<input type="checkbox"/>	People with Disabilities	<input type="checkbox"/>	Senior Citizens	<input type="checkbox"/>
-------	--------------------------	-------	--------------------------	-----	--------------------------	--------------------------	--------------------------	-----------------	--------------------------

Contact details of References

Name	Contact Telephone	Designation

Contact details of References

### SECTION 3

#### C. Project details

Project Name /Title:




Briefly explain the project that you are seeking funding for;


Which of the following will the project impact on? Please tick the relevant box

Economic value	<input type="checkbox"/>	Creative Value	<input type="checkbox"/>	Innovation	<input type="checkbox"/>
----------------	--------------------------	----------------	--------------------------	------------	--------------------------

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


<b>Project start date:</b>	<b>Project end date:</b>
Online Platforms where the project will be premiered	
Venue(s) of where the project will take place	



Duration in Days/Weeks				
Main Activities	Start Date	End Date	Where will this project take place (Venue, Url, Place, etc)	OutPut (eg. signed letter of confirmation, signed contracts, etc)

**Project Implementation Plan (Extract)**


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

NAME	CAPACITY	CONTACT



**SECTION 4**

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

--

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

**Financial Summary**

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

List previous NWPACC funding received

Year	Amount	Funding number



Are you/ your organization currently receiving funding or are rendering services to NWPACC, the Department of Arts, Culture, Sports and Recreation, or Mmabana foundation. If yes, provide details

---

---

---

## SECTION 5

### E . 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 \_\_\_\_\_ 20\_\_\_\_

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

- In addition to the application form and supporting documents, MACSF 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.
- The MACSF will send you a letter to inform you of the outcome of the decision if your application is successful. The application must preferably not be more than 15 pages including the application form. If necessary, additional information may be required.
- This application form must be accompanied by a proposal and budget breakdown only.