



FUNDING APPLICATION 2019/20

Name of Organisation: _____

Project Name: _____

NPO registration number: _____

Complete one application per organisation:

Tick the discipline that is the main focus of your organisation's project:

<input type="checkbox"/> Music	<input type="checkbox"/> Drama
<input type="checkbox"/> Literary arts	<input type="checkbox"/> Crafts
<input type="checkbox"/> Dance	<input type="checkbox"/> Visual arts
<input type="checkbox"/> Culture	<input type="checkbox"/> Festival

Name of the district in which the project/s will be executed:

<input type="checkbox"/> JTG	<input type="checkbox"/> Frances Baard
<input type="checkbox"/> ZFM	<input type="checkbox"/> Pixely ka Seme
<input type="checkbox"/> Namakwa	<input type="checkbox"/>

Please note: Application forms must be handed in at the offices of the Northern Cape Arts and Culture Council before 16:00 on Friday, 27 September 2019. No faxed or emailed applications will be accepted.

Assistance is available from the following officials:

Freedom: Cell 0763459419 Email: freedomsvivela50@gmail.com
 Lesedi: Cell 0730485473 Email: leseditlhageng@gmail.com
 Mayibuye Multipurpose Centre
 Cnr Hulana and Chaka Street
 Galeshewe
 Kimberley
 8330

CHECKLIST FOR COMPLIANCE WITH REQUIREMENTS FOR NGO FUNDING

PLEASE NOTE: Please ensure that all the sections of this application form is completed and signed by the appropriate persons. Ensure you are submitting all the necessary documentation so that your application can be processed. Use the checklist below to make sure that you have met all the requirements.

NO.	CONTENT	MARK WITH AN X
1.	Answered all questions on an original application form and the form is signed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Attached the most recent financial statements, audited financial statements, bankstatements or bank confirmation letter. *New organisations are requested to submit a bank statement together with their financial records, in the name of the organisation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	The form has been signed by the organisation's registered auditor, accountant, bookkeeper or treasurer	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Organisation's business plan/ proposal is attached.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Attached a signed copy of the constitution or founding articles of the organisation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Attached a copy of the organisation's NPO registration certificate.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Attached a certified copy of the applicant's identity document (ID).	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Completed the attached form to verify the banking details of your organisation and the form has been stamped by the bank. (see page 6)	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Attached a signed copy of the latest Meeting minutes of the organisations/board meeting/ annual general meeting.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Attached valid Tax Clearance for amount exceeding (R29 999 00)	Yes <input type="checkbox"/> No <input type="checkbox"/>

YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS YOU HAVE MET ALL OF THE SUBMISSION REQUIREMENTS.

PLEASE NOTE THAT FUNDING IS LIMITED AND TIMEOUS SUBMISSION OF A COMPLETED APPLICATION DOES NOT GUARANTEE FUNDING.

Criterion

The following disciplines are considered for funding application by the NCACC:

- Music
- Dance
- Theatre (poetry, drama)
- Visual Arts
- Crafts
- Film and video
- Literary arts
- Or any other discipline in the arts and culture sector

Eligibility

Projects or individuals eligible for funding from the NCACC must be residents of the province and fall within the ambit of the arts and culture sector in the Northern Cape Province.

Applicants eligible for funding

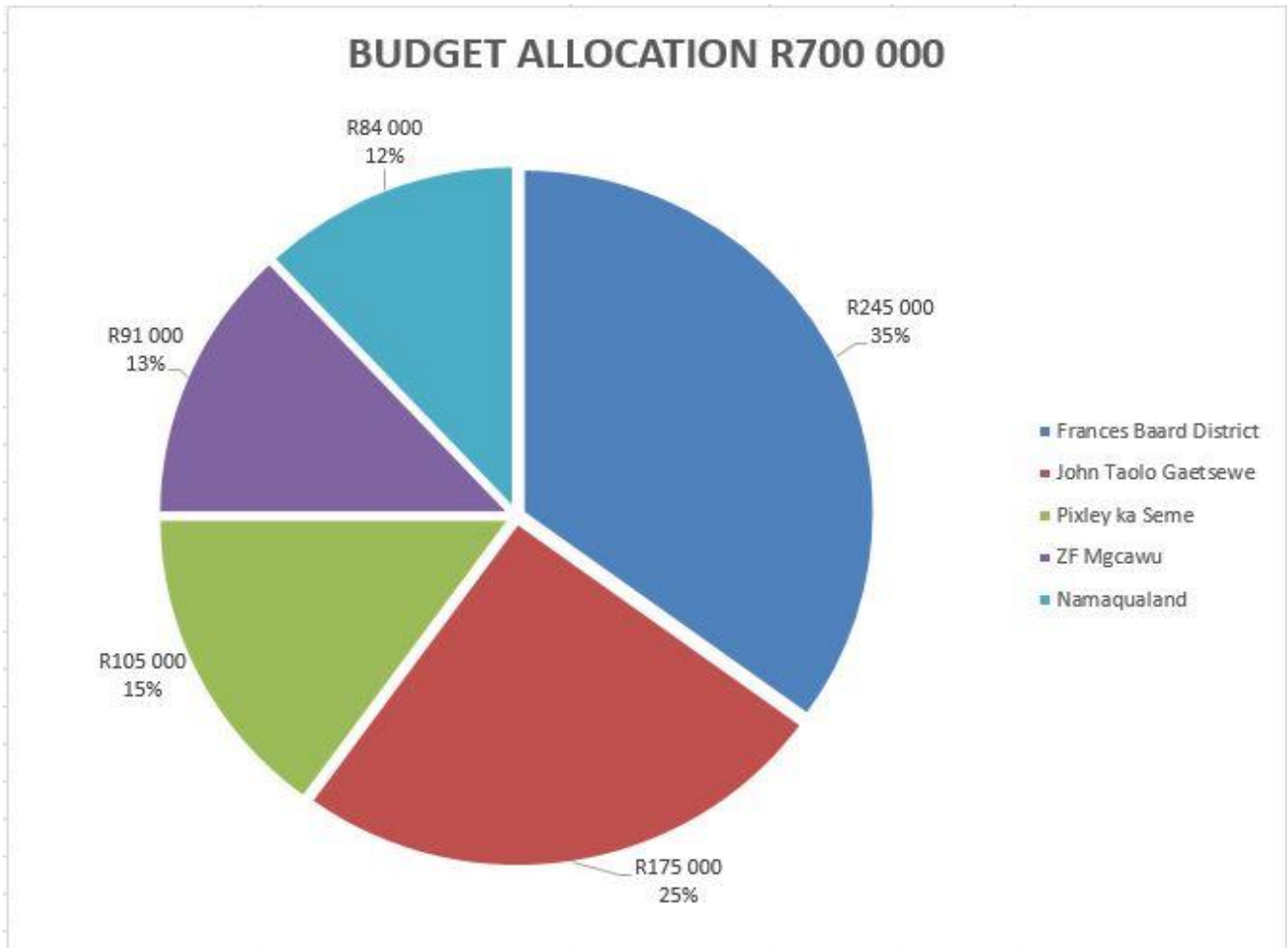
The following organizations are eligible to apply for funding from the NCACC:

- Persons and organisations established specifically for the promotion and development of one or more of the disciplines mentioned above

Applicants not eligible for funding:

The following applicants are not eligible for funding by the NCACC:

- Local government
- Provincial departments
- National departments
- Companies, Pty (Ltd) companies and other entities for profit
- Schools, colleges and universities
- Churches or organisations operated or principally supported by a church or religious organization
- Political parties
- Labour unions
- Organisations that did not comply with previous NCACC Expenditure Report Conditions
- Organisations without a constitution or a bank account



1. ORGANISATIONAL INFORMATION

NAME OF ORGANISATION

PHYSICAL ADDRESS:

	Postal code	
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POSTAL ADDRESS:

	Postal code	
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1.1 TELEPHONENUMBER

FAX NUMBER

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1.2 EMAIL ADDRESS

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1.3 CONTACT PERSON AND CONTACT DETAILS

1.3.1 Title

FirstName

Surname

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1.3.2 IDNo.(attach certified copy of identity document)

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1.4 PHYSICAL ADDRESS

Postal code	

1.5.1 Telephone number (Office hours)

1.5.2 Telephone number (After hours)

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1.5.3 Cellnumber

1.5.4 Fax number

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1.5.5 Email address

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1.6.1 List the key people who will be involved in the organisation

Name	Capacity	Contact

1.6.2 Have you previously received funding from the Northern Cape Arts and Culture Council?

YES	NO
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1.6.3 If your answer to 1.6.3 is yes, in which financial year/s did you receive a grant and what were the amounts you received?

YEAR	R
2014/15	
2015/16	
2016/16	
2016/17	
2017/18	

1.7 Indicate the financial year of the organisation? _____

1.8 Indicate the date of the AGM/Board meeting/s. _____

1.9 EMPLOYMENT STATISTICS FOR THE ORGANISATION

Number of female employees	Number of male employees	Number of disabled Employees

1.10 TYPE OF ORGANISATION (Tick the relevant box)

<input type="checkbox"/> Non-profit company (NPC)	<input type="checkbox"/> Trust
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Non-profit organisation (NPO)

1.11 DATE ORGANISATION WAS ESTABLISHED

**Please attach a signed and dated copy of the constitution or founding articles of your organisation*

Month	Year

1.12 FINANCE

Name of registered accountant / auditor/ bookkeeper

Name and surname	
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ID no.	
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Registered practice number	
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Contact address	
Telephone	

SIGNATURE: REGISTERED ACCOUNTANT/ AUDITOR/ BOOKKEEPER

1.14 BANKING DETAILS

DETAILS OF ORGANISATION / INSTITUTION:

Name.....
 Address.....
 E-mail address.....
 Contact Person..... Tel. No.....

I/We hereby request and authorise you to pay any amounts which any accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorised will be processed by computer through a system know as the "ACB ELECTRONIC BANK TRA NSFER SE RVICE", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher.(This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that a payment advice will be supplied by the Council in the normal way, and that it will indicate the date on which funds will be available in my/our account. This authority may be cancelled by me/us by giving thirty days' notice by prepaid registered post.

Initials and Surname

Authorised Signature

Name of Bank _____

Name of Branch _____

Branch Code _____

Account Number _____

TYPE OF ACCOUNT

Current Account **Other (specify)**.....

Savings Account

Transmission Account

DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS CERTIFIED AS CORRECT

FOR OFFICE USE ONLY
APPROVED BY HEAD OF OFFICE
Print Name: _____
Signature: _____
Date: _____

2. BUSINESS PLAN

Please attach a detailed business plan for the project you are applying for, ensuring that all the questions below are clearly answered. Also attach a detailed budget for the project you are applying for. The list is a guide and additional information could be attached if it is relevant to the application.

- Name of project
- Briefly describe your project
- Where is the project taking place?
- Who is the target group e.g. youth; disabled; women etc.?
- What are the objectives/ goals of the project?
- Which other stakeholders/ and partners will participate in the project?
- Who will benefit from the project? Describe the benefits.
- What are the timeframes for the project? Include the project start and end date; the planned duration of activities; project milestones and any other relevant information.
- What is the project action plan? Include the main project objectives; planned dates for activities; where activities will take place, and the expected outcomes of these activities.
- Which organisation/s do you envisage collaborating/ twinning with?
- Are any training interventions planned? List these.
- Is the training course accredited?
- How many persons are envisaged to be trained during this project?
- How many participants will be female and how many male?
- What is the project's detailed budget? List the budget as a series of line items with a cost for each item.

2.1 TOTAL BUDGET REQUEST: R

3. SIGNATURE Completed by:

Title	First name	Surname

Position in organisation

ID Number

Signed										
		D	D	M	M	Y	Y	Y	Y	