



# APPLICATION FOR FUNDING

## 2006 / 2007

Name of organisation: \_\_\_\_\_

Name of project: \_\_\_\_\_

Choose the genres that are relevant to your organisation's activities

<input type="checkbox"/> Music	<input type="checkbox"/> Drama
<input type="checkbox"/> Literary Arts	<input type="checkbox"/> Crafts
<input type="checkbox"/> Theatre	<input type="checkbox"/> Visual Arts
<input type="checkbox"/> Dance	<input type="checkbox"/>

Name of Local or District Municipality

<input type="checkbox"/> Boland	<input type="checkbox"/> Eden/Garden Route
<input type="checkbox"/> Central Karoo	<input type="checkbox"/> Overberg
<input type="checkbox"/> Cape Town Metro	<input type="checkbox"/> West Coast

**Please note:** Application forms must be handed in at the offices of the Department of Cultural Affairs and Sport, as listed below **on or before 16:00 on 18 August 2006.**

<b>Head office Cape Town</b> Bradley Sirmongpong Protea Assurance Building Greenmarket Square, Cape Town Tel: (021) 483-9717 Fax: (021) 483-9711 Email: bsirmong@pgwc.gov.za	<b>Vredendal regional office</b> Florence Filton 31 Matzikama Street Vredendal Tel: (027) 213-3018 Fax: (027) 213-3019 Email : <a href="mailto:fafilton@pgwc.gov.za">fafilton@pgwc.gov.za</a>	<b>Oudtshoorn regional office</b> Deon van Molendorff 215 Seppie Greeff Building Oudtshoorn Tel: (044) 279-1766 Fax: (044) 272-0693 Email : <a href="mailto:dvmolend@pgwc.gov.za">dvmolend@pgwc.gov.za</a>
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Department of Cultural Affairs and Sport  
 Departement van Kultuursake en Sport  
 Isebe Lemcimbi yeNkcubeko NeMidlalo



# 1. ORGANISATIONAL INFORMATION

## 1.1 NAME OF ORGANISATION

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## 1.2 PHYSICAL ADDRESS

Postal code	

## 1.3 POSTAL ADDRESS

Postal code	

## 1.4 TELEPHONE NUMBER

## 1.5 FAX NUMBER

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## 1.6 EMAIL ADDRESS

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## 1.7 CONTACT PERSON AND CONTACT DETAILS

**Title**                      **First Name**                      **Surname**

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## 1.8 PHYSICAL ADDRESS

Postal code	

**1.8.1 Telephone number (Office hours)**

**1.8.2 Telephone number (After hours)**

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**1.8.3 Cellular number**

**1.8.4 Fax number**

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**1.8.5 Email address**

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**1.9 MEMBERSHIP**

No. of males:	
No. of females:	
No. of youth (14 – 35):	
No. of disabled persons:	

**1.10 TYPE OF ORGANISATION**

<input type="checkbox"/> Section 21 company	<input type="checkbox"/> Trust
<input type="checkbox"/> Voluntary association	<input type="checkbox"/> Non-governmental organisation
<input type="checkbox"/> Community-based organisation	

Other (please specify)

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**1.11 ESTABLISHMENT OF ORGANISATION**

**Month**

**Year**

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**1.12 ORGANISATIONAL BACKGROUND**

Briefly provide the aims and objectives of organisation


**\*Please attach a signed and dated constitution of your organisation**

**1.13 REPORTS AND AUDITS**

Name of registered accountant / auditor / bookkeeper

Name and Surname

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Registered practice number

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Contact address


Telephone

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SIGNATURE: REGISTERED ACCOUNTANT / AUDITOR / BOOKKEEPER

## 1.14 BANK DETAILS

Provide bank account details (please make sure that these are accurate)

Name of account holder																			
Name of bank																			
Name of branch																			
Branch code										Account number									

### Type of account:

<input type="checkbox"/> Cheque account	<input type="checkbox"/> Transmission account
<input type="checkbox"/> Savings account	<input type="checkbox"/> Other (Specify)

I hereby request and authorise the Western Cape Cultural Commission to pay any subsidy that may be made available to the organisation from the WCCC in the bank account stipulated above.

I understand that the Western Cape Cultural Commission will supply a payment advice to the organisation should the application be successful, that will indicate the date on which funds will be available and details of the payment.

I undertake to inform the Western Cape Cultural Commission in advance of any changes in the organisation's bank details and accept that the afore-mentioned authority may only be cancelled by the organisation by giving thirty (30) days notice to the Western Cape Cultural Commission by prepaid registered post.

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**INITIALS & SURNAME**

**AUTHORISED SIGNATURE**

**DATE**

### FOR OFFICIAL BANKER'S USE ONLY

**I / WE HEREBY CERTIFY THAT THE DETAILS OF OUR CLIENT'S BANK ACCOUNT AS INDICATED ARE CORRECT**

**NAME AND DATE STAMP OF BANK**

**AUTHORISED SIGNATURE**

## 2 PROJECT PROPOSAL

Please provide a detailed business plan of the project you are applying for. This business plan must include, but not be restricted to, the following headings (headings 2-8)

### 2.1 PROJECT INFORMATION

- 2.1.1 Name and background of the project
- 2.1.2 Location of the project
- 2.1.3 Give a detailed description of the project
- 2.1.4 What are the objectives / goals of the project?
- 2.1.5 Other stakeholders/partners
- 2.1.6 Timeframes for the project
- 2.1.7 Projected outcomes
- 2.1.8 Please choose from the following principles of Ikapa Elihlumayo those that will be addressed by the project

#### IKAPA ELIHLUMAYO PRINCIPLES

<input type="checkbox"/> <b>Building Social Capital with an emphasis on youth</b>	<input type="checkbox"/> <b>A Spatial Development Framework</b>
<input type="checkbox"/> <b>Building Human Capital with an emphasis on youth</b>	<input type="checkbox"/> <b>Co-ordination and Communication</b>
<input type="checkbox"/> <b>Strategic Infrastructure Investment</b>	<input type="checkbox"/> <b>Improving Financial Governance</b>
<input type="checkbox"/> <b>Micro-Economic Strategy</b>	<input type="checkbox"/> <b>Provincialisation of Municipally Rendered Services</b>

### 3 TRAINING AND SKILLS DEVELOPMENT

This section should clearly articulate how /when training is conducted, whether it is formal or informal and whether courses are accredited or not.

**4. BUDGET**

Please ensure that you give an indication of all projected items accompanied by estimated costs in the following section, e.g.

BUDGET ITEM	AMOUNT
Administration	R 2 500
Transport	R 1 000

- 4.1.1 Other sources of income and the amounts requested
- 4.1.2 Attach latest financial statements / audited financial statements if available

**5. SUSTAINABILITY AND DEVELOPMENT**

How will/could the project sustain itself or be developed further in the future?

**6. MARKETING AND COMMUNICATION**

How would the project be marketed and to whom?

**7. MONITORING AND EVALUATION**

Describe how the project will be monitored and the tools which will be used to evaluate it?

**8. ASSESSMENT OF PROJECT RISKS**

- (a) If any, identify possible risks
- (b) How will you manage these risks?

**9. SIGNATURE**

Completed by:

Title

First name

Surname

Position in organisation

Signed

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## 10. CHECKLIST

### IMPORTANT

Please ensure that all the questions on this form are completed and signed by the appropriate people. Please use this checklist to make sure you are submitting the necessary documentation needed in order to process your application.

(Tick)

- All questions are answered
- Latest financial statements / audited financial statements, if available, are included
- Business plan / proposal is attached
- Application has been submitted on an original application form
- The constitution of the organisation is included
- The signed form from the auditor is included
- Bank stamped form stating banking details is included

**FOR ASSISTANCE WITH ANY OF THE ABOVE PLEASE CONTACT THE OFFICIALS USING THE CONTACT DETAILS PROVIDED BELOW**

**Head office: Cape Town, PO Box 2299, Cape Town 8000**

<b>CULTURAL OFFICER</b>	<b>GENRE</b>	<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>EMAIL ADDRESS</b>
Ayanda Tobi	Literary Arts	(021) 483-9684	(021) 483-9711	Atobi@pgwc.gov.za
Lizahn Claasen	Crafts	(021) 483-9688	(021) 483-9711	Lclaasen@pgwc.gov.za
Thandwa Ntshona	Dance	(021) 483-9714	(021) 483-9711	Tntshona@pgwc.gov.za
Anita v/d Merwe	Visual Arts	(021) 483-9721	(021) 483-9711	Avdmerwe@pgwc.gov.za
Lindsay Jeptha	Music	(021) 483-9722	(021) 483-9711	Ljeptha@pgwc.gov.za
Wonder Made	Theatre/Drama	(021) 483-9665	(021) 483-9711	Mmade@pgwc.gov.za

**VREDENDAL REGIONAL OFFICE, Private Bag X17, Vredendal 8160**

<b>CULTURAL OFFICER</b>	<b>GENRE</b>	<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>EMAIL ADDRESS</b>
Florence Filton	Literary Arts	(027) 213-3018	(027) 213-3019	Fafilton@pgwc.gov.za

**OUDTSHOORN REGIONAL OFFICE, Private Bag X655, Oudtshoorn 6620**

<b>CULTURAL OFFICER</b>	<b>GENRE</b>	<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>EMAIL ADDRESS</b>
Deon van Molendorff	Drama/Theatre	(044) 279-1766	(044272-0693)	Dvmolend@pgwc.gov.za
Mareve Biljohn	Craft	(044) 279-1766	(044272-0693)	Mbiljohn@pgwc.gov.za