



Department of Cultural Affairs and Sport
Departement van Kultuursake en Sport
Isebe Lemcimbi yeNkcubeko NeMidlalo



APPLICATION FOR FUNDING

2008 / 2009

COMPLETE ALL SECTIONS OF THE APPLICATION FORM

Please note: Application forms must be posted or handed in at the office of the Department of Cultural Affairs and Sport, as listed below **by 12h00, 30 May 2008.**

PHYSICAL ADDRESS	CONTACT PERSON	POSTAL ADDRESS
Arts and Culture Component Protea Assurance Building Greenmarket Square Cape Town 8001	Samantha Abrahams Arts and Culture Component Tel: (021) 483-9665 Fax: (021) 483-9711 Email: Saabrahams@pgwc.gov.za	Arts and Culture Component Private Bag X9067 Cape Town 8000

1. PROJECT INFORMATION

1.1 CATEGORIES

Specify category within which you are applying

“mark with \surd ”

1. Organisations involved with outreach programmes	
2. Genre promotion projects	
3. Groups involved with organisational development (capacity building)	

1.2 GENRE

Choose the genre 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"/> Other	<input type="checkbox"/>

1.3 Name of Municipality

<input type="checkbox"/> Cape Winelands	<input type="checkbox"/> Eden/Garden Route
<input type="checkbox"/> Central Karoo	<input type="checkbox"/> Overberg
<input type="checkbox"/> City of Cape Town	<input type="checkbox"/> West Coast

1.4 Total amount applying for:

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2. ORGANISATIONAL INFORMATION

2.1 NAME OF ORGANISATION

2.2 NAME OF PROJECT

2.3 PHYSICAL ADDRESS

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postal code	<input type="text"/>

2.4 POSTAL ADDRESS

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postal code	<input type="text"/>

2.5 TELEPHONE NUMBER

2.6 FAX NUMBER

<input type="text"/>	<input type="text"/>
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2.7 EMAIL ADDRESS

2.8 CONTACT PERSON AND CONTACT DETAILS (OFFICE HOURS)

Title

First Name

Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>
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2.9 PHYSICAL ADDRESS

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postal code	<input type="text"/>

2.9.1 Telephone number (Office hours)

2.9.2 Telephone number (After hours)

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2.9.3 Cellular number

2.9.4 Fax number

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2.9.5 Email address

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2.10 MEMBERSHIP OF THE ORGANISATION

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

2.11 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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2.12 ARE YOU AFILIATED TO ANY LOCAL, PROVINCIAL OR NATIONAL STRUCTURE?

(if so please specify)

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2.13 ESTABLISHMENT OF ORGANISATION

Month

Year

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2.14 ORGANISATIONAL BACKGROUND

State the aims and objectives of organisation

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

2.15 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

2.17 SIGNATURE

Completed by:

Title

First name

Surname

Position in organisation

Signed

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2.18 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
- Application has been submitted on an original application form and signed
- Business plan / proposal is attached
- The constitution of the organisation is included
- The signed form from the auditor is included
- Bank stamped form stating banking details is included
- Credit Order Instruction Form completed and included
- Category and Genre clearly indicated