



**This is an application form for the MACSF 2023-2024 funding cycle. You need to complete all sections and sign at the end of the form .This application form should be completed after you have carefully read and understood the 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 (attach an invitation where necessary).
- e. Only registered Arts, Culture and Heritage organisations / Companies / individuals will be considered.
- f. A maximum of one application per applicant.
- 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.



**SECTION 1**

**A. Discipline**

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

<b>Art Exhibition (Artist Exhibiting)</b>	<input type="checkbox"/>	<b>Fashion Show (Designer Showcasing)</b>	<input type="checkbox"/>
<b>Film (Documentaries, Short Film, Animation)</b>		<input type="checkbox"/>	
<b>Public Art</b>	<input type="checkbox"/>	<b>Arts Workshops</b>	<input type="checkbox"/>
<b>Arts and Culture Events Co-ordination</b>		<input type="checkbox"/>	
<b>Craft Market</b>	<input type="checkbox"/>	<b>Theatre Productions</b>	<input type="checkbox"/>

What type of project are you applying for?

<b>Performing Arts Event</b>	<input type="checkbox"/>	<b>Visual Arts</b>	<input type="checkbox"/>	<b>Digital Arts</b>	<input type="checkbox"/>
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**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 : \_\_\_\_\_

Title: \_\_\_\_\_ Individual applicant / Company or organisation Director Full Names:  
\_\_\_\_\_

ID No: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

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

Area 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			





Economic value <b>Main</b>	<b>Start</b>		Creative Value <b>End</b>	<b>Where will this</b>		Innovation <b>OutPut</b>	
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**Which of the following will the project impact on?**

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>
Pre – implementation and implementation:	
Venue(s) of where the project will take place:	
Duration in Days/Weeks:	

**Project Implementation Plan (Extract)**




Activities	Date	Date	project take place (Venue, etc)	(eg. signed letter of confirmation, signed contracts, etc)

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)*

**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

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## 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 Individual applicant / Company or organisation Director completing this application:

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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, the NWPACC may require further information from you where applicable.

Note that no applications or attached documents will be returned to you.

The NWPACC will only communicate with successful applicants only.

Note, other required documents for this application must not be more than 20 pages excluding this form. Non-compliance with this requirement automatically leads to disqualification of an application.