

This is an application form for the MACSF 2022-2023 funding cycle. You need to complete all sections and sign the section 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 the required documents.
- e. Innovative Visual and Performing Arts and Cultural companies and Heritage organisations / Companies / individuals will be considered.
- f. Only one application per applicant per financial year.
- g. Please note: THIS APPLICATION FORM MUST BE COMPLETED IN RELATION TO THE **FUNDING GUIDELINES**.





SECTION 1

A. Discipline

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

Dance	Craft	Literature	Film
Music	Fine arts	Theatre	Cultural productions
Multi- disciplinary	Design	Digital platforms	

What type of project are you applying for?

Performing Arts	Visual Arts	Digital Arts
	NAPA A	

SECTION 2

B. Organization/Company/ Individual details

Organization/Company/ Individual name:

echoes					
How long has the organization been in existence:					
Type of organization	Type of organization : Section 21 [] CC [] PTY LTD [] NPO []				
	NGO []OTHER (Specify) [
Organization registration number	r: _				
Tax number/ Pin (If applicable)	: _				
Project Coordinator details					
Title: Full Name and Las	t Name:				
ID No:		Cell phone:	_		
Tel:					
Email Address:					



Physical Address:	
	Postal Code:
Province:	_ Web Address:
Indicate where the project w	vill take place,
Rural :	District:
Urban :	District:
Name of Local Municipality: _	ABA.
Digital Platform:	ACSE
Url:	
Brief history of Organization	n/Company/ In <mark>di</mark> vidual
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What are the objectives of the Organization/Company/ Individual

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

Position	Name	ld no	Contact Number
Director	echoes		
Financial Officer		excallence	
Project Manager		- regiles	
Coordinator			

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

Youth	Women	Men	People with Disabilities	Senior Citizens
			Disabilities	



Contact details of References

Name	Contact Telephone	Designation

SECTION 3

C.	Pro	ject	deta	ils
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Project Name /Title:
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Briefly explain this project that you are applying for			



Which of the followin	g will the project ir	npact on?	
Economic	Creative	Innovation	
value	Value		
<u>l</u>			
		olease describe in brief, how yo	ur
project will achieve thi	s?		
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Project timelines	Project start of	late: Project end date:	



Project Implementation Plan (Extract)

(You may attach a detailed plan)

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)
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			ACS	F
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		4	774	7
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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 : (Plea project)	se attach a budget breakdown for the
Summary of estimate project cost (note that detailed budget will be requested)	BA
Item	Amount (R)
Total project cost	
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Financial Summary	
Total project cost(1)	
Other funding sources (2)	
Total funding required from MACSF / (1-2)	



List previous MACSF funding received (TO BE COMPLETED TRUTHFULLY AND CORRECTLY)

Year	Amount	Project Name

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Are you/ your organization currently receiving funding or are rendering services to MACSF (Through Project Funding), 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 persorganisation/compa	•	is application/a	nd on behal	f of the
		T		
		1		
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 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.
- Successful applicants will be notified in writing, and they will sign a Memorandum of Understanding with MACSF.
- MACSF will send you a letter to inform you of the outcome of the decision if your application is successful.