



**Western Cape
Government**

Cultural Affairs and Sport

ANNUAL FUNDING APPLICATION FORM FOR 2020/21 (FORM A) AND APPLICATION FOR EPWP BENEFICIARIES 2020/21 (FORM B)

Please note:

- These are two separate processes.
- You need to comply with the requirements of each process according to the checklist attached to each application
- The closing date for both processes is Friday, 6th December 2019 at 15:00
- You can apply for one or both should you meet the requirements.

Contact Details:

Enquiries related to Annual Funding could be directed to:

Fareedah Hunter

Email: Fareedah.Hunter@westerncape.gov.za

Contact Number: 021 483 9699

Enquiries related to EPWP Beneficiaries could be directed to:

Lizahn Claassen

Email: Lizahn.Claassen@westerncape.gov.za

Contact Number: 021 483 9688



**Western Cape
Government**

Cultural Affairs and Sport

FORM A: ANNUAL FUNDING



APPLICATION FOR FUNDING 2020/21 FINANCIAL YEAR

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
<input type="checkbox"/> Other	

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

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

Please note: Application forms must be handed in at the offices of the Department of Cultural Affairs and Sport on or before 15:00 on Friday, 6 December 2019. No faxed or emailed applications will be accepted.

Assistance is available from the following official:

Cape Town Head Office

Fareedah Hunter

tel.: 021 483 9699

email: Fareedah.Hunter@westerncape.gov.za



CHECKLIST FOR COMPLIANCE WITH REQUIREMENTS FOR ANNUAL 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 or bank statements. *New organisations are requested to submit a bank statement together with their financial records, in the name of the organisation, should no financial statements be available.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	The form has been signed by the organisation's registered auditor, accountant or bookkeeper.	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.	Attach a signed copy of the constitution or founding articles of the organisation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Attach a copy of the organisation's NPO/NPC registration certificate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Attach a certified copy of the applicant's identity document (ID).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Complete and attach the form (Bas Entity Maintenance Bank Details) to verify the banking details of your organisation. The form to be stamped by the bank.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Attached a verification letter, on an organisational letterhead, confirming that effective, efficient and transparent financial management is practised by the organisation and that internal control systems are in place. (This is required by section 38(j) of the Public Finance Management Act (PFMA). Letter to be signed by the bookkeeper/treasurer of the organisation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Attach a signed copy of the latest Annual General Meeting minutes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Attached a list of current executive members and copies of their identity documentation(ID)	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.

1. ORGANISATIONAL INFORMATION

NAME OF ORGANISATION

PHYSICAL ADDRESS:

Postal code	

POSTAL ADDRESS:

Postal code	

1.1 TELEPHONE NUMBER

FAX NUMBER

--	--

1.2 EMAIL ADDRESS

--

1.3 CONTACT PERSON AND CONTACT DETAILS

1.3.1 Title First Name Surname

--	--	--

1.3.2 ID No. (attach certified copy of identity document)

--



1.4 PHYSICAL ADDRESS

Postal code	

1.5.1 Telephone number (Office hours) 1.5.2 Telephone number (After hours)

--	--

1.5.3 Cell number

1.5.4 Fax number

--	--

1.5.5 Email address

--

1.6.1 List the key people who will be involved with the project

Name	Capacity	Contact

1.6.2 Has an executive member/s been convicted of any criminal offence, if yes provide details

--

1.6.3 Have you previously received funding from the Department of Cultural Affairs and Sport?

YES	NO
-----	----



1.7 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
2016/17	
2017/18	
2018/19	
2019/20	

1.8 Indicate the financial year of the organisation? _____

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

1.10 EMPLOYMENT STATISTICS FOR THE ORGANISATION

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

1.11 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)

1.12 DATE ORGANISATION WAS ESTABLISHED

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

Month

Year

--	--



1.13 FINANCE

Name of registered accountant / auditor/ bookkeeper

Name and surname	
------------------	--

ID no.	
--------	--

Registered practice number	
----------------------------	--

Contact address	
Telephone	

SIGNATURE: REGISTERED ACCOUNTANT/ AUDITOR/ BOOKKEEPER

**BAS ENTITY MAINTENANCE
BANK DETAILS**

DEPARTMENT

OFFICE

System User Only	
BAS Ref No.	<input type="text"/>
Captured By:	<input type="text"/>
Date Captured:	<input type="text"/>
Authorised By:	<input type="text"/>
Date Authorised:	<input type="text"/>

Bank Details

DETAILS OF FIRM / 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 TRANSFER SERVICE", 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 Department 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date dd/mm/ccyy									

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:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>



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?
- How many job opportunities are created for the duration of the project?
- 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



**Western Cape
Government**

Cultural Affairs and Sport

FORM B: EPWP



DCAS EPWP ARTS AND CULTURE -JOB CREATION FUNDING PROGRAMME

The Department of Cultural Affairs and Sport as part of the Expanded Public Works Programme invites registered NPO's to apply for funding in aid of creating job opportunities for 2020-2021. The Department will provide a stipend to a qualified EPWP beneficiary to be placed within the applying NPO (non-profit organisation)

The aim of the EPWP Programme is job creation amongst designated groups within the arts and culture fraternity

Criteria for selection and compliance

- Organisations (NPO) must be registered companies
- Financial arrangements must meet the PFMA (Public Finance Management Act)
- Must have a track record relevant to the project to be implemented or service rendered
- Must have the organisational capacity and technical skills to be able to implement the project or provide service
- Must have appropriate management and reporting systems in place to meet the EPWP compliance and requirements
- The ability to ensure an 8 hours working activities for an EPWP beneficiary
- Ensure UIF compliance
- The organisation must be compliant with the Departmental funding and transfer payment policies

Criteria when placing an EPWP beneficiary within your organisation:

- Candidate to hold a valid Matric certificate
- Must be a South African citizen with a valid ID document
- Candidates must be unemployed
- Representative of women, youth cohort and people with disability

All applications should be accompanied by the following documents:

- Applications must be submitted on a prescribed application form
- A signed copy of the organization's
 - (a) NPO certificate
 - (b) Charter of constitution
 - (c) Latest signed audited financial statement



**Western Cape
Government**

Cultural Affairs and Sport

Closing date for applicants is Friday 6th December 2019 at 15:00

For more information and clarity:

Contact Ms Lizahn Claasen

Tel: 021 4839688

Email: Lizahn.Claasen@westerncape.gov.za



2020-2021 DCAS EPWP ARTS AND CULTURE

Application details of the organisation	
Contact Person	
Telephone number	
Cellphone number	
Email	
Physical address	
Postal code	
Bank details	
Bank name	
Account name	
Account number	
Branch code	
Details of contact person who will take responsibility of the EPWP beneficiaries	
Name	
Email	
Contact person	
Area of Implementation	
Municipality area of implementation	
Physical addresses where EPWP beneficiaries will be placed	
Name of town	



Profile-EPWP beneficiary. Candidate		
Indicate the number of work opportunities you could create within your organisation. Indicate the specific number i.e. 2	0-5	5-10
Indicate the qualification profile of possible work opportunities. Indicate in number i.e. 5 at matric level 2 at graduate level	No at matric level (Matric certificated)	Number of candidates at graduate level (3-year diploma or a degree)
	TOTAL	
How many youth (between the ages of 18-35)		
How many women		
How many people with disabilities		
Placement of EPWP beneficiary (candidate)		
List the implementation areas where they will be placed within your organisation √ Tick where applicable	Admin	
	Project activities, events	
	Human resources	
	Trainer	
	Other,	



Training	
List the discipline of skills that your organisation will offer.	Soft skills
	On- the -job training
	Accredited training
Compliance Criteria	
Infrastructure- does the organisation have a permanent residential building	Yes No
	Address
If, yes, list the detailed address and GPS co-ordination	
NPO/NGO registration number	
Attached Constitution	Yes No
Attached latest audited financial statements. If you have been previously funded the 2019-2020 financials will be required	Yes No



EXPANDED PUBLIC WORKS PROGRAMME