



FUNDING FOR CULTURAL ORGANISATIONS APPLICATION FORM

FINANCIAL YEAR 01/04/2005 – 31/03/2006

PROTEA ASSURANCE BUILDING, 3rd FLOOR GREENMARKET SQUARE ,CAPE TOWN
Private Bag X9067, Cape Town, 8000
Fax: (021) 483-9711 * Tel: (021) 4839713/14/16/21/22/12
e-mail: njeaven@pgwc.gov.za

FOR OFFICE USE ONLY	
File number	Date Stamp

ART DISCIPLINE:

Indicate with a “ ✓ ” the discipline the organisation is primarily involved with

<input type="checkbox"/> Festivals	<input type="checkbox"/> Humanities
<input type="checkbox"/> Literary Arts	<input type="checkbox"/> Natural Sciences
<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Visual Arts & Crafts
<input type="checkbox"/> Cultural History	<input type="checkbox"/> Youth Cultural Awareness

Name of Organisation _____

CLOSING DATE : 29 APRIL 2005 AT 16:00H

NAME OF ORGANISATION:

SECTION 1: PLEASE COMPLETE THE FOLLOWING:

1.1 Registered name of the organisation

1.2 Contact details

Name of chairperson of the organisation

Title First Name Surname

--	--	--

Address for correspondence, including postal code

Postal code _____

Telephone (home)

Fax

--	--

Telephone (work)

Fax

--	--

Cell phone number

E-mail address

--	--

1.3 Geographical areas in which cultural activities are promoted

1.4 Region

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

SECTION 2: STRUCTURE AND BACKGROUND OF YOUR ORGANISATION

2.1 Name of umbrella body (if applicable)

What type of organisation are you?

<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)

2.3. When was your organisation established?

Month

Year

--	--

2.4. Has your organisation previously received financial assistance from the WCCC? In which year and stipulate the amount.

Yes

No

YEAR	AMOUNT

2.5 Organisational Background

2.5.1 Provide aims and objectives of organisation

2.5. List the major achievements your organisation has made over the past year, with specific reference to cultural activities. Elaborate.

2.6 Membership of organisation

2.6.1 Number of: Females _____ Males _____

2.6.2 What is the demographic profile of the groups you serve?

Black	
Coloured	
Indian	
White	
Other	

SECTION 3 : MANAGEMENT STRUCTURE OF ORGANISATION

3.1 Management of organisation

	Name & Surname	Gender	Telephone	Fax
Chairperson				
Vice Chairperson				
Treasurer				
Secretary				
Additional Members:				

SECTION 4: CULTURAL ACTIVITIES AND TARGET GROUP

4.1 What type of activities does the organisation embark on in order to achieve its aims and objectives.

Activity	Outcome

4.2 PROVIDE A DETAILED PROGRAMME FOR THE YEAR CLEARLY STATING THE PROJECT/ ACTIVITY, DATE, VENUE AND PROPOSED BUDGET FOR EACH PROJECT ENVISAGED

PROJECT/ACTIVITY	DATE	VENUE	BUDGET

4.3 Who benefits from the activities of your organisation?

	%		%
<input type="checkbox"/> Youth		<input type="checkbox"/> Physically Challenged	
<input type="checkbox"/> Adults		<input type="checkbox"/> HDI's	
<input type="checkbox"/> Senior Citizens		<input type="checkbox"/> Women	

4.4 How will the activities of your organisation benefit the following:

<input type="checkbox"/> Job Creation	<input type="checkbox"/> Crime Prevention
<input type="checkbox"/> Empowerment	<input type="checkbox"/> Nation Building & Diversity
<input type="checkbox"/> Poverty Relief	<input type="checkbox"/> Rural Development
<input type="checkbox"/> HIV / AIDS Awareness	<input type="checkbox"/> Youth Development

**ELABORATE ON YOUR ORGANISATION'S ACHIEVEMENTS IN THIS RESPECT
(WHEN?, WHERE?, WHAT? & HOW?)**

4.5 How do you evaluate the success of your projects?

SECTION 5: TRAINING AND SKILLS DEVELOPMENT

5.1 Specify the type of training your organisation renders

5.2. Number of trainees and training provided during the previous year

Training Course	Number

SECTION 6: TRANSFORMATION AND DEVELOPMENT

6.1 Explain how your projects benefit historically marginalised communities

6.2 Do you promote any of the marginalised art forms ? If so please specify.

6.3 List organisations/ individuals with whom you network in the cultural sphere and elaborate on the co-operation.

6.4 What kind of opportunities for mentorship, training and development of staff and volunteers / members does the organisation have?

SECTION 7: BUDGET:

TOTAL PROJECT EXPENDITURE OF THE ORGANISATION FOR THE FINANCIAL YEAR 2004/2005

Please ensure that you indicate projected expenditure in the categories listed below.

BUDGET ITEM	TOTAL ANNUAL BUDGET	AMOUNT APPLIED FOR FROM WCCC
PERSONNEL EXPENDITURE		
Honoraria		
Project Manager		
Other	R	R
ADMINISTRATIVE EXPENDITURE		
Insurance (equipment/ building)		
Transport		
Telephone , fax, postage		
Stationery		
SUBTOTAL:	R	R
PUBLICATIONS, PROMOTIONAL AND MARKETNG MATERIAL		
Publications		
Promotional and marketing material		
Other (please specify)		
SUBTOTAL:	R	R
RENTAL/ HIRE		
Equipment (Sound, Lighting, musical, props etc)		
Venue		
Photocopier, fax machine		
SUBTOTAL:	R	R

PROJECT COSTS - TOTAL COSTS OF PROJECT/S FOR THE YEAR		
SUBTOTAL:	R	R
OTHER EXPENDITURE (PLEASE SPECIFY)		
SUBTOTAL:		
TOTAL:	R	R

7.1 How does the organisation generate its income?

7.1.1. Own income generation (specify)

TOTAL INCOME	R

7.2 List applications submitted to other possible funding sources / donors for funding the amounts requested and for which purpose.

7.2.1 List other funding sources/donors and amounts committed or already paid.

Total income	R

7.3 How are decisions around financial matters determined or made by the organisation?

PLEASE NOTE THAT THIS FORM IS TO BE COMPLETED BY THE AUDITOR / ACCOUNTANT OR INDEPENDENT BOOKKEEPER AND NOT BY THE TREASURER OF THE ORGANISATION

8.1 Name of registered accountant / auditor / bookkeeper

Name and Surname	<input type="text"/>	Registered practice number	<input type="text"/>
Contact address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Telephone	<input type="text"/>		

SIGNATURE: REGISTERED ACCOUNTANT / AUDITOR / BOOKKEEPER

SECTION 9: BANK DETAILS

9.1 Provide your 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 by 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.

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 IS CORRECT	
_____	_____
NAME AND DATE STAMP OF BANK	AUTHORISED SIGNATURE

SECTION 10: TERMS AND CONDITIONS OF AGREEMENT

I hereby certify that the organisation that I represent implements effective, efficient and transparent financial management and internal control systems.

Furthermore, I acknowledge that, should this application be successful, the subsidy / financial assistance will be subject to the following conditions:

- Monitoring procedures will be followed to ensure effective and efficient expenditure of the subsidy;
- Scheduled or unscheduled inspection visits or reviews of performance may be held;
- Recognition be given to the Western Cape Cultural Commission in programmes, publications and marketing strategies of the organisation;
- Funds may only be utilised for the purpose for which they were approved by the WCCC;
- Interest accrued on the subsidy may only be utilised for the approved expenditure;
- Unspent funds and / or interest accrued must be paid back to the WCCC at the end of the financial year;
- Expenditure vouchers and accounts must be kept for audit purposes;
- That all requirements for previous subsidies or funding be complied with.
- WCCC only provides part funding to organisations.

Should any of the above conditions not be complied with, I understand that the Western Cape Cultural Commission reserves the right to immediately claim back all funds already disbursed by the WCCC (including accrued interest), and that the applicant would not qualify for future funding from the WCCC.

I acknowledge further that the submission of a completed application does not guarantee funding from the WCCC.

Completed by:

Title

First name

Surname

Position in organisation

Signed

--	--	--	--	--	--	--	--

D D M M Y Y Y Y

REMINDER: HAVE YOU REGISTERED YOUR ORGANISATION WITH THE RECEIVER OF REVENUE FOR TAX EXEMPTION?

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 completely answered
- Latest financial statements / audited financial statements are enclosed (Current recipients of funding have until the 31 May 2005, to submit the necessary)
- Minutes of latest AGM meeting is enclosed
- 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

NOTE WELL: THE WCCC DOES NOT TAKE RESPONSIBILITY FOR LATE APPLICATIONS; APPLICATIONS LOST THROUGH THE POSTAL SYSTEM, OR INCOMPLETE APPLICATIONS.

NO SUBMISSION BY FAX OR EMAIL WILL BE ACCEPTED

Could we exchange the contact details of your organisation with others in the field to encourage networking?

Yes _____ No _____

IN ORDER TO BE CONSIDERED FOR FUNDING THE CULTURAL ORGANISATION NEED TO HAVE THE FOLLOWING IN PLACE:

- A banking account in the name of the organisation
- A constitution/ Trust Deed etc
- Proof of sound financial systems
- Minutes of last AGM , of the organisation

For assistance with any of the above please contact the officials at the numbers as listed.

Lindsay Jeptha	021 483 9722
Anita v/d Merwe	021 483 9721
Thandwa Ntshona	021 483 9714
Louis Brown	021 483 9716
Nerine Jeaven	021 483 9713

Oudtshoorn Regional Office:	044 279 1766
Vredendal Regional Office:	027 213 3018