

REGISTRATION NUMBER

--	--

NAME OF APPLICANT

--

THE PROJECT

--

AMOUNT APPLIED FOR

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AMOUNT APPROVED FOR GRANT

OUTSTANDING DOCUMENTATION

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GUIDELINES

APPLICANTS SHOULD NOTE:

- No online applications will be accepted, or printed out. Therefore, ensure that you deliver your application via courier services/post or hand-deliver.
- Provide honest and accurate information. If you provide inaccurate, your application will be disqualified.
- This Grant Application Form requires a membership fee: Individual: N\$100.00
Organisation: N\$250.00
- It is compulsory to complete all relevant sections of the Application form. If required, provide additional attachments.
- If the required information is not provided, the application will not be assessed. Where information is not applicable to you, state that it is not applicable by writing 'N/A' in the appropriate place on the form.
- Ensure that all the required supporting documents are included and submitted with the application
- Where relevant include a script or other pre-production material (in printed form) that has already been developed for the envisaged project. Note that this material will not be returned to the Applicant. For theatre/drama submit a synopsis and script of the play. For literature projects, synopsis, or first chapter of the novel you are writing or first three chapters of your short publication.
- Include a detailed proposal of 4 pages, Additional information is not compulsory.
- In addition to the application form and supporting documents, the NACN may require further information from you.

CHAIRPERSON:
Signature:

- The application form must reach NACN by the closing date. Upon receiving the application by the closing date, the NACN will send letter of acknowledgement of receipt. Late applications will not be considered and/accepted.
- The CAN will inform the applicant of the outcome of the Council’s decision via written communication, If the application is successful, you will be asked to complete a funding contract and return it to the NACN.
- Provide a certified copy of Namibian ID.
- Provide a certified copy of company/organization registration if applying as company/organization registration.
- Incomplete application forms will not be accepted.
- Do not staple or bind the application form.
- All documents should be submitted in A4 size paper.
- All grant applicants must be signed up and paid up members of the National Arts Council of Namibia.
- **ONLY certified copies and NO ORIGINALS will be accepted. Take note that no personal documents submitted will be returned regardless of whether your application was successful, or not.**
- **The Council’s decision is final** (although appeals from unsuccessful candidates may be considered).

CHECKLIST

Below is a checklist of compulsory documents to be attached:

INDIVIDUAL PROJECT	ORGANISATION PROJECT
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___:	Certified copy of Namibian ID	___:	Certified copies of Namibian ID's Office bearers of the organization
___:	Original valid tax clearance certificate	___:	Original valid tax clearance certificate
___:	Curriculum Vitae of the Applicant (CV)	___:	Three (3) quotations (where applicable)
___:	Two (2) recent Letters of Reference from arts organisations, artists and/or community Leaders (not older than 18 months)	___:	Curriculum Vitae of Coordinator (CV)
___:	Examples of previous works in the form of Photographs, brochures or other printed Materials	___:	Latest/recent organisation's original bank Statement (1 month old)
___:	Script for a theatre project	___:	Certified copy of the organisation's Registration
___:	Scriptwriter and the Director's CV	___:	Latest financial statements of organisation
___:	Quotations (where applicable)	___:	Script for a theatre project
___:	One (1) Passport photo in colour	___:	Curriculum Vitae (CV) Scriptwriter and Director's
		___:	Examples of your organisation's previous Works in the form of photographs, Brochures or other printed materials
		___:	Two (2) recent letters of reference from arts Organisations, artists and/or community Leaders (not older than 18 months)
		___:	Three (3) quotations (where applicable)

SECTION 1

APPLICATION DETAILS (Complete A,B and C)

A. Art Disciplines

Which of the following art disciplines are relevant to your proposal?:

Dance Literature Music Visual Arts

Multi-Disciplinary Art Theatre/Drama Fashion Design

Handicraft Other (Specify 'Other'): _____

B. Funding Type

Which funding type category are you applying for?:

Individual Project	<input type="checkbox"/>
Organisational Project	<input type="checkbox"/>

C. Preferred Method of Communication

E-mail Postal Address

SECTION 2

INDIVIDUAL APPLICANT DETAILS (complete this section if you are applying for an **INDIVIDUAL project**)

Title: _____
 Full Name/s: _____
 I.D.No: _____
 Tel.: _____
 Fax: _____
 Residential Address: _____

Surname: _____
 Date of Birth: _____
 Cell Number: _____
 Email: _____
 Place and Region of Birth: _____

 Postal Address: _____

Gender: _____ Age: _____ Language: _____

Are you a person living with a disability?

Yes

No

Locality: Rural

Urban

If 'yes', please explain:

Artistic Achievements, Credits and Awards

Achievements, credits or awards	Date Received

Contact details of the reference letters

(One (1) reference letter must be from an art project or institution)

Name	Contact Telephone nr	Designation

SECTION 3

ORGANISATION DETAILS (complete this section if you are applying for an **ORGANISATION project**)

Organisation/Company Name: _____

How long has this organization been in existence?: _____

Type of Organisation: Section21: ___ CC: ___ Pty(Ltd): ___ NGO: ___ Tax Certificate: ___

Other___ (specify): _____

Organisation/Company Registration Number: _____ Tax Number (if applicable): _____

Title: _____ Coordinator Full Name: _____

ID no: _____ Cell: _____

Tel.: _____ Email: _____

Physical Address: _____

Region: _____ Web Address: _____

Postal Address: _____ Town: _____

_____ Region: _____

_____ Locality: Rural: _____ Urban: _____

Background of the Organisation/Company or Group:

What are the Main Objectives of the Organisation/Company or Group?

Organisational achievements and awards in the last 3 years:

Achievements and Awards	Date Received	Outcome/s

Office bearer details (Management/Administration)

Position	Name	ID no	Contact Telephone

SECTION 3 CONTINUED

ORGANISATION DETAILS CONTINUED

Employee breakdown of your organization as a whole:

	Disability	Female	Male
Full-time			
Part-time			
Volunteers			

Governance structures (Give a list of people serving on the Board of your organization)

Name	Position	ID Number	Contact Details

Contact Details of References:

Name	Contact Telephone	Designation

SECTION 4 (To be completed by both **individuals and organisations**)

PROJECT DETAILS: Please explain in the following section exactly what the grant is going to be used for, if approved.

Who will benefit from this project and how?

How many people will benefit from this project? (An estimation): _____

On which of the following will the project have an impact on?

Youth: ___ Women: ___ Job Creation: ___ National Building: ___

People with Disabilities: ___ Rural: ___ Urban: ___ Elderly: ___

Project Start Date: _____ Project End Date: _____

Duration of Months: _____

The Region/s where this project will be implemented: _____

List the key people who will be involved in this project:

Name and Surname	Capacity/Position	Contact Details

SECTION 4 CONTINUED

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PROJECT DETAILS CONTINUED

Project Action Plan

Main Project Activities	Start en End Date	Where will this activity take place?	Expected Outcome/s

SECTION 5

FINANCIAL DETAILS OF THE PROJECT

Estimated project costs (Please attach a detailed budget)	
Item	Amount (N\$)
Total estimated project cost	(1)

List Other Sources of Funding Confirmed	Amount (N\$)
Total Income of other sources of funding	(2)

Financial Summary:

TOTAL ESTIMATED PROJECT COST	(1)	
<i>Minus</i> TOTAL INCOME OF OTHER SOURCES OF FUNDING	(2)	
THE FUNDING REQUIRED FROM THE NACN		

List previous NACN funding received

Year	Amount	Funding Category

SECTION 6

DECLARATION

I confirm that I have the authority to complete and sign this application on behalf of the individual/or organization named in this application.

I further confirm that the activity for which the Individual/or Organisation is applying, falls within the constitution or articles of association of the organization.

All the information provided in this application is true and accurate to the best of my knowledge. I understand that any inaccuracy of such information is serious offence that will lead to the disqualification of this application and may result in prosecution.

Full name/s of person completing this application on behalf of the Individual/Organisation:

Designation in the Organisation: _____

Signed on this day: _____ on ____/____/20__

Full name of co-signatory office bearer in a management position (optional):

Designation in the organization: _____

Signed on this day: _____ on ____/____/20__