



NATIONAL ARTS COUNCIL OF NAMIBIA

GRANT APPLICATION FORM

IT IS COMPULSORY TO COMPLETE ALL RELEVANT SECTIONS OF THIS APPLICATION FORM

This application has 13 pages.

SUBMIT APPLCATIONS TO THE NATIONAL ARTS COUNCIL OF NAMIBIA BY HAND, POST OR COURIER:

Table with contact information: Direct all queries and requests for additional application forms to the NACN: Telephone: (061) 293 3311 / 0811 450 641 Email: artscouncilnamibia@gmail.com; Postal Address: P.O. Box 149 Windhoek Namibia; Physical Address: Luther Street Ministry of Education, Arts & Culture Building – Ground Floor, Room 018; Banking details: National Arts Council of Namibia, Bank Windhoek, Main Branch, Cheque Account, Branch Code: 48-19-72, Account Number: 8 000 866 325

FOR OFFICE USE ONLY

REGISTRATION NUMBER

Two empty boxes for registration number

NAME OF APPLICANT

Empty box for name of applicant

PROJECT NAME

Empty box for project name

AMOUNT APPLIED FOR

Empty box for amount applied for

AMOUNT APPROVED FOR PROJECT GRANT

Empty box for amount approved for project grant

OUTSTANDING DOCUMENTATION

Table with 5 rows for outstanding documentation items

GRANTS COMMITTEE SUMMARY/REMARKS:

Large empty table for grants committee summary/remarks

CHAIRPERSON:

Signature line for chairperson

GUIDELINES

APPLICANTS SHOULD NOTE:

- All grant applicants must be signed-up and paid-up members of the National Arts Council of Namibia.
- This Grant Application Form requires a membership fee:
Individual: N\$100.00
Groups: N\$250.00
Organizations: N\$250.00
- Provide honest and accurate information. If you provide inaccurate information, your application will be disqualified.
- 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.
- No online applications will be accepted or printed out. Ensure that you deliver your application via courier services, post, or by hand.
- 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, state 'N/A' in the appropriate place on the form.
- Ensure that all 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, submit a synopsis or the first chapter of the novel you are writing or the first three chapters of your short publication.
- Include a detailed proposal of up to 4 pages. Additional information is not compulsory.
- In addition to the application form and supporting documents, the NACN may require further information from you.
- The application form must reach NACN by the closing date. Upon receiving the application by the closing date, the NACN will provide a receipt and send a letter of acknowledgement. Late applications will not be considered or accepted.
- Provide a certified copy of your Namibian ID.
- Provide a certified copy of organization registration paperwork if applying as a company/organization.
- All documents should be submitted on A4 size paper.
- All payments are to be deposited into the NACN account with the applicant's reference name for individuals, group name, or organization name as a reference on the deposit slip.
- The NACN will inform the applicant of the outcome of the Council's decision via a phone call and written communication. If the application is successful, you will be asked to complete a funding contract and return it to the NACN.
- The Council's decision is final. Applicants are encouraged to participate in the grants cycle within the financial year of the grants process. No applications outside the grants cycle will be accepted.

CHECKLIST

Below is a checklist of compulsory documents to be attached:

INDIVIDUAL PROJECT	GROUP PROJECT	ORGANISATION PROJECT
<ul style="list-style-type: none"> • ____: Certified copy of Namibian ID • ____: Original valid tax clearance certificate • ____: Curriculum Vitae (CV) of the Applicant • ____: Two (2) recent letters of reference from arts organizations, artists, and/or community leaders (not older than 18 months) • ____: Examples of previous works in the form of Photographs, brochures or other printed Materials • ____: Script for a theatre project • ____: Scriptwriter and the Director's CV • ____: Quotations (where applicable) • ____: One (1) Passport photo in colour 	<ul style="list-style-type: none"> • ____: Certified copies of Namibian IDs of the group members. • ____: Three (3) quotations (where applicable) • ____: Curriculum Vitae (CV) of the coordinator and all group members • ____: Script for a theatre project where applicable / concept note / project outline and timeline together with budget to be attached • ____: Curriculum Vitae (CV) of the scriptwriter and director (where applicable) ○ ____: Examples of the group's previous works in the form of photographs, brochures, or other printed materials. ○ ____: Two (2) recent letters of reference from arts organizations, artists, and/or community leaders (not older than 18 months) • ____: Three (3) quotations (where applicable from all the suppliers) 	<ul style="list-style-type: none"> • ____: Certified copies of Namibian IDs of the office bearers of the organization • ____: Original valid tax clearance certificate • ____: Three (3) quotations (where applicable) • ____: Curriculum Vitae (CV) of the coordinator • ____: Latest/recent original bank statement of the organization (not more than 1 month old) • ____: Certified copy of the organization's registration • ____: Latest financial statements of the organisation • ____: Script for a theatre project (where applicable) • ____: Curriculum Vitae (CV) of the scriptwriter and director (where applicable) ○ ____: 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"/>
Group Project	<input type="checkbox"/>
Organisational Project	<input type="checkbox"/>

C. Preferred Method of Communication

- E-mail Postal Address

Put the details here:

SECTION 2

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

Title: _____

Full Name/s: _____

Surname: _____

I.D.No: _____

Date of Birth: _____

Tel.: _____

Cell Number: _____

Fax: _____

Email: _____

Residential Address: _____

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 / cell number	Designation

SECTION 3

GROUP / ORGANISATION DETAILS

Group / Organisation Name: _____

How long has this GROUP/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 Group / Organization:

What are the Main Objectives of the Group/ Organisation?

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

GROUP / 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

PROJECT DETAILS

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 and Towns where this project will be implemented: _____

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

Name and Surname	Capacity/Position	(Email and Cellphone Number)

PROJECT DETAILS

Project Action Plan:

It should be noted that the project execution should take place within four months (a quarter) to allow time for the project's report.

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

SECTION 5

FINANCIAL DETAILS OF THE PROJECT

1. Personnel Costs

Item	Description	Cost (N\$)
Project Manager	Coordination and oversight	
Artists/Performers	Fees for artists and performers	
Technical Staff	Lighting, sound, and technical setup	
Marketing and PR Staff	Public relations and marketing	
Administrative Support	Administrative tasks and support	
Total Personnel Costs		

2. Materials and Supplies

Item	Description	Cost (N\$)
Art Supplies	Materials for creating artworks	
Construction Materials	Sets, props, and stage elements	
Costumes and Wardrobe	Outfits and costumes for performers	
Office Supplies	Administrative and office materials	
Total Materials and Supplies		

3. Venue and Equipment Costs

Item	Description	Cost (N\$)
Venue Rental	Space for the exhibition or performance	
Lighting Equipment Rental	Rental of lighting systems	
Sound Equipment Rental	Rental of sound systems	
Stage and Set Construction	Building the stage and sets	
Total Venue and Equipment Costs		

4. Marketing and Promotion

Item	Description	Cost (N\$)
Website and Online Promotion	Website design, hosting, and online ads	
Printed Materials	Posters, flyers, and programs	
Social Media Advertising	Paid social media campaigns	
Media Relations and Press Releases	Press releases and media engagement	
Total Marketing and Promotion		

5. Travel and Accommodation

Item	Description	Cost (N\$)
Travel for Artists	Transportation costs	
Accommodation for Artists	Lodging expenses	
Total Travel and Accommodation		

Total Estimated Project Costs

Category	Cost (N\$)
Personnel Costs	
Materials and Supplies	
Venue and Equipment Costs	
Marketing and Promotion	
Travel and Accommodation	
Total Project Cost	

List previous NACN funding received

Year	Amount	Funding Category
1.	1.	1.
2.	2.	2.
3.	3.	3.

SECTION 6

DECLARATION

I confirm that I have the authority to complete and sign this application on behalf of the

Individual

Group

Organization

Named in this application.

I further confirm that the activity for which the

Individual

Group

Organization

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/ Group / Organization:

Designation in the Group/ Organization: _____

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

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

MEMBERSHIP PAYMENT STATUS

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