

**nhc**National Heritage Council
SOUTH AFRICAan agency of the
Department of Arts and Culture

FUNDING APPLICATION FORM

Domus Building | No.57 Kasteel Road | Lynnwood Glen | South Africa.
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TYPE OF BUSINESS	NPC	
	NGO	
	PBO	
	CBO	
	Individual	
	Other (specify)	

REGISTRATION NUMBER:	
REGISTRATION DATE:	
INCOME TAX NUMBER:	
VAT REGISTRATION NUMBER:	

SIZE OF ORGANISATION (in terms of employment)	Small (1-50)	
	Medium (51-100)	
	Large (101+)	
SINGLE ENTITY/AFFILIATE BODY(IES)	No. of affiliates	

CHECKLIST: Please make sure that you have supplied the information listed below and tick the empty block.

A. COMPULSORY ITEMS

Description	Tick Here
1. Your company/organisation registration certificate/Deed of Trust/Articles of Association 1.1 Certificate confirming current registration status with your registering body i.e Dept. of Social Development, CIPRO, Magistrate Court etc.	
2. Organisations Constitution	
3. Fully Completed declaration forms (SBD4 and SBD8)	
4. Your current Tax Clearance Certificate valid for at least twelve (12) months	
5. Latest financial statements (less than 1 year of registration) 5.1 Audited Financial Statements for organisations registered for more than 1 year	
6. Certified identity documents of authorised persons	
7. A detailed Business Plan	
8. A proposal with a project plan and itemised budget	
9. Letter of Research Permit for research conducted on third parties	
10. Appointment Letter for the Project Manager on the project from the Board	

B. OPTIONAL ITEMS

Description	Tick Here
1. Memorandum of Understanding	
2. Reports	
3. Letters of Support	
4. Other	

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Department of Arts and Culture**SECTION 1: ORGANISATION/INSTITUTION/COMPANY DETAILS**

NAME OF ORGANISATION/ INSTITUTION/COMPANY	
CONTACT PERSON	
POSITION IN COMPANY	
I.D. NO.	
PHYSICAL ADDRESS	
POSTAL ADDRESS	
RURAL/URBAN	
PROVINCE	

CONTACT DETAILS:

Tel	()		Cell	()	
Fax	()		E-mail		

SECTION 2: PROJECT SPECIFICATION

NAME OF PROJECT		
DESCRIPTION OF PROJECT		
PROJECT DELIVERABLES	1.	
	2.	
	3.	
	4.	
TOTAL COST OF PROJECT (including VAT)		
DECLARATION OF OTHER FUNDS TOWARDS THE PROJECT BEING APPLIED FOR AND THE VALUE OF SUCH SUPPORT:		
FINANCIAL MANAGEMENT SYSTEM(S)		
DURATION OF PROJECT	Start date:	
	End date:	



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CAPACITY BUILDING/ TRAINING	<p>Indicate the capacity/training to be provided as well as the levels of necessary capacity through this funding:</p> <p>Skills programmes necessary : <i>Number of people to be trained/capacitated:</i> Males = _____ Females = _____</p> <p>Service provider for such training: 1. 2. 3. 4.</p>
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SECTION 4: EVALUATION

This form must be accompanied by a proposal which will be evaluated on the areas reflected below;

RELEVANCE	<p>Project to adequately address the scope of work. The work plans and deliverables to align with the stated objectives. Content of the project must meet or exceed the terms of reference, focus on matters of high priority in terms of rationale and objectives</p>
INNOVATION	<p>Project to reflect potentiality that would lead to new approaches in existing practice and technology or creation of new ones. Project to reflect new ideas, scientific and technical approaches. Project unique and not duplication of work already undertaken. Project reflects a component of viability, innovation and originality.</p>
KNOWLEDGE APPLICATION	<p>Sufficient information must be provided regarding the protection of intellectual property. Adequate consideration to be given to the end product if commercialization is to be considered. Project demonstrates clear, careful and detailed planning.</p>
CAPACITY BUILDING & SUSTAINABILITY	<p>Project to reflect ability to effectively manage and succeed. Project to reflect skills development component</p>
VALUE FOR MONEY	<p>Benefits stated in the project must be measurable. Value of the benefits to equal or exceed the value of the investment. Project to benefit heritage sector.</p>
REPRESENTATIVITY	<p>Project reflects representativity e.g. % of women, disabled, youth and % African. Project recognizes political, geographical and cultural diversity of the country.</p>



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SIGNATURES OF AUTHORISING PERSON(S):

NB: (APPLICATION FORM MUST BE FULLY SIGNED BY ALL RELEVANT AUTHORISING PARTIES OTHERWISE APPLICATION FORM WILL BE DEEMED TO BE INVALID)

CHAIRPERSON

Name & Surname.....

Signature:.....

TREASURER

Name & Surname.....

Signature:.....

SECRETARY

Name & Surname.....

Signature:.....