



nhc
National Heritage Council
SOUTH AFRICA

an agency of the
Department of Arts and Culture

353 Festival Street, Hatfield, Pretoria, 0028 | P.O Box 74097, Lynnwood Ridge, Pretoria | Tel: 012 748 3949

HERITAGE FUNDING APPLICATION FORM

We have compiled the checklist below to assist you as the applicant that you check all the required items before you submit. Please ensure that you tick all the items that you have included in your submission. All the applications and supporting documents should be emailed to funding@nhc.org.za

CHECKLIST

A	COMPULSORY (the items under this category are a must to be submitted)	Tick
1	Your company/organisation registration certificate/Deed of Trust/Articles of Association	
2	Organisations Constitution/ Association of Articles	
3	Your current Tax Clearance Certificate with a pin code number	
4	Latest financial statements for newly registered organisations with a letter from the Audit firm/Registered Accountant. Audited Financial Statements for organisations registered and have operated for more than one (1) year.	
5	Certified identity documents of authorised persons	
6	Organisation's Business Plan (for company profile)	
7	Proposal with a project plan and an itemised budget	
8	Letter(s) of Research Permit on 3 rd Parties	
9	Appointment/Delegation Letter for a Project Manager from the Board	
10	NHC Declaration Form	
B	OPTIONAL (the items under this category are a must to be submitted)	
11	Memorandum of Understanding (where research work is third party)	
12	Reports of work done previously	
13	Letters of Support	
C	ADDITIONAL (list any attached information/items that you wish to submit to motivate for your application)	

TELL US HOW DID YOU HEAR ABOUT THIS OPPORTUNITY

INFORMATION MEDIUMS		Tick	Tick	Tick	
Social media	Facebook		Twitter	WhatsApp	
	Instagram		YouTube		
Websites	NHC				
	Other	<i>Specify organisation here</i>			
Radio	National	<i>Specify name here</i>			
	Community	<i>Specify name here</i>			
Newspaper	National	<i>Specify name here</i>			
	Community	<i>Specify name here</i>			
Word of mouth	<i>Specify the relationship you have with the person</i>				
Other	<i>Specify here</i>				
We request your permission to use your contact details to share information in future				YES	NO
Do you allow the NHC to share your contact details with our associated organisations?				YES	NO

PART A: ORGANISATION REGISTRATION INFORMATION

TYPE OF BUSINESS <i>(tick the relevant option)</i>	NGO/NPT	
	Section 21/NPC	
	PBO	
	NPO	
	Individual	
	Other (specify)	
REGISTRATION NUMBER		
REGISTRATION DATE		
INCOME TAX NUMBER <i>(Attach tax clearance or exemption certificate)</i>		
VAT REGISTRATION NUMBER		
SIZE OF ORGANISATION <i>(tick the relevant number of employees)</i>	Small (1-50)	
	Medium (51-100)	
	Large (101+)	
SINGLE ENTITY/AFFILIATE BODY(IES)		
No. of affiliates		

PART B: ORGANISATION/INSTITUTION/COMPANY DETAILS

NAME OF ORGANISATION/INSTITUTION				
CONTACT PERSON				
POSITION IN COMPANY				
I.D. NO. OF CONTACT PERSON				
PHYSICAL ADDRESS				
POSTAL ADDRESS				
PROVINCE				
GEOGRAPHICAL LOCATION TYPE	Rural		Township	Urban

PART C: CONTACT PERSON DETAILS

Tel	()		Cell	()	
Other	()		E-mail	()	

PART D: PROJECT SPECIFICATION

NAME OF PROJECT	
DESCRIPTION OF PROJECT	
PROJECT DELIVERABLES	

TOTAL COST OF PROJECT (including VAT where applicable)	
DECLARATION OF OTHER FUNDING BODIES TOWARDS THE SAME PROJECT BEING APPLIED FOR AND THE VALUE OF SUCH SUPPORT	
PROJECT IMPLEMENTATION & REPORTING STRUCTURE (Attach list where possible) e.g. Financial Reporting person, Project Manager etc	
DURATION OF PROJECT	Start date
	End date
SERVICE PROVIDERS ON THE PROJECT (If applicable, attach endorsement /commitment letters, also indicate gender, age & if disabled)	

PART E: BENEFICIARIES DETAILS

LIST OF BENEFICIARIES (indicate gender, age & if disabled)	Internal participants (beneficiaries operationally involved in the implementation of the project): (NB: Attach a schedule as an Annexure where necessary)
	Name & Surname including ID Type of work
IMPACT OF PROJECT Job creation as a result of funding received	External participants (external beneficiaries participating in the project): (NB: Attach schedule as an Annexure where necessary)
	Name & Surname including ID Type of work
IMPACT OF PROJECT Job creation as a result of funding received	Internal (how many people would be retained as permanent employees through this funding):
	Senior Management: Males = Females =
	Middle Management: Males = Females =
	Entry level employees: Males = Females =
IMPACT OF PROJECT Job creation as a result of funding received	External (how many people would be employed/recruited on a temporary basis through this funding):
	Senior Management: Males = Females =
	Middle Management: Males = Females =
	Entry level employees: Males = Females =

Capacity building/training	Indicate the capacity/training to be provided to participants.	
	Name and short description of the skills programmes:	
		Number of trainees below 35 years of age
		Number of trainees older than 35 years of age
	Male	
	Female	
	Service provider(s) for such training:	
	1.	
	2.	
	3.	
Capacity building/training	Name and short description of the skills programmes:	
		Number of trainees below 35 years of age
		Number of trainees older than 35 years of age
	Male	
	Female	
	Service provider(s) for such training:	
	1.	
	2.	
	3.	

PART F: EVALUATION

This section is for noting by applicants: this form must be accompanied by a proposal which will be evaluated on the areas reflected below.

RELEVANCE	<ul style="list-style-type: none"> a) Project to adequately address the scope of work. b) The work plans and deliverables must align with the stated objectives. c) Content of the project must meet or exceed the terms of reference. Focus on matters of high priority in terms of rationale and objectives.
INNOVATION	<ul style="list-style-type: none"> a) Project to reflect potential that would lead to new approaches in existing practice and technology or creation of new ones. b) Project to reflect new ideas, scientific and technical approaches. c) Project unique and not duplication of work already undertaken. d) Project reflects a component of viability, innovation and originality.
KNOWLEDGE APPLICATION	<ul style="list-style-type: none"> a) Sufficient information must be provided regarding the protection of intellectual property. b) Adequate consideration to be given to the end product. c) Project demonstrates clear, careful and detailed planning.

CAPACITY BUILDING & SUSTAINABILITY	<ul style="list-style-type: none"> a) Project to reflect ability to be effectively manage and succeed. b) Project to reflect skills development component.
VALUE FOR MONEY	<ul style="list-style-type: none"> a) Benefits stated in the project must be measurable. b) Value of the benefits to equal or exceed the value of the investment. c) Project to benefit heritage sector.
REPRESENTATIVITY	<ul style="list-style-type: none"> a) Project to reflect diversity e.g. % of women, people living with disabilities, youth & indigenous groups. b) Project to recognise political, geographical and cultural diversity of the country.

PART G: SIGNATURES OF AUTHORISING PERSON(S)

NB: *THE 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: