

**DEPARTMENT OF SPORT, ARTS AND CULTURE**

**ARTS AND CULTURE**

**COVID 19 RELIEF FUND APPLICATION FORM**

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| **INSTRUCTIONS TO APPLICANTS : ARTS AND CULTURE** | | | | |
| 1. Eligible to apply are project managers, event organisers, producers, freelancers, performers and visual artists in all cultural & creative industries as per set criteria. 2. Each applicant must complete (blank spaces) this form to be eligible for COVID-19 Relief assistance. 3. Applications must be uploaded/send to the following link …. Or sent to the physical addresses below:  * Head Office: 21 Biccard Street, Olympic Towers, Polokwane * Postal address: Private Bag X 9549, POLOKWANE, 0700   Contact numbers: (015) 284-4007 or (015) 284-4321  **Physical addresses (District Offices)**:   * *Capricorn District: Provincial Archive Building; Potgieter Street, Polokwane* * *Mopani District: Government Office Complex; Giyani* * *Sekhukhune District : Government Office Complex , Lebowakgomo* * *Vhembe District : Government Office Complex , Thohoyandou* * *Waterberg District : Government Office Complex , Modimolle*  1. Only applicants that meet the set criteria may apply. 2. Only applicants affected by an event or events cancelled for the period from 16 MARCH TO END JUNE 2020. 3. Incomplete forms shall result in immediate disqualification. 4. Registered businesses and their employees may not qualify for this Relief. They may explore other Relief Interventions available to businesses and labour. 5. Provision of false information will be treated as fraud and dealt with through appropriate Criminal Justice System. 6. Submission Deadline: 19th June 2020 | | | | |
| **DETAILS OF THE LOCAL/DISTRICT MUNICIPAL WARD COUNCILLOR / ARTS AND CULTURE STRUCTURES/TRADITIONAL**  **AUTHORITY** | | | | |
| Local / District Municipal Ward Councillor / Arts and Culture structure / Tribal authority Name | |  | | |
| **Local / District Municipal Ward Councillor / Arts and Culture structure / Tribal authority Coordinating Person** | | | | |
| Surname | |  | | |
| Full names | |  | | |
| Contact Details | |  | | |
| Ward no. ( in case of a Ward Councilor) | |  | | |
| Municipality | |  | | |
| E – mail contacts | |  | | |
| **APPLICANT’S DETAILS** | | | | |
| Surname | |  | | |
| Full Names | |  | | |
| Identity Number | |  | | |
| Tax Reference Number | |  | | |
| Cell number | |  | | |
| Postal Address | |  | | |
| Email address | |  | | |
| Residential Address | |  | | |
| Town/Area | |  | | |
| Ward Number | |  | | |
| Municipality | |  | | |
| District Municipality | |  | | |
| **CRITERIA** | | | | |
| Category (i.e. project managers, event organisers, producers, freelancers, performers and visual artists) | |  | | |
| List the projects /events/ cancelled from which income would have been earned between March and June 2020 : genre and brief description | | Project / Event | | Project / Event Date |
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| Indicate the type of confirmation (contract, commitment letter) to participate in a project or at an event that has been cancelled. This information will be (verified). | |  | | |
| List of Arts and Culture events from which income was earned in the last 6 months. ( historical information) | | **Arts and Culture Event / activity** | | **Arts and Culture Event / activity** |
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| List other sources of income. If any | |  | |  |
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| **PLEASE PROVIDE ANY RELEVANT INFORMATION TO BE CONSIDERED WHEN ASSESSING YOUR APPLICATION** | | | | |
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| **REQUIRED SUPPORTING DOCUMENT CHECKLIST** | | | | |
| **DOCUMENT** | | **YES** | | **NO** |
| Copy of Applicant’s ID | |  | |  |
| Applicant’s Bank Account Confirmation | |  | |  |
| Valid Tax Certificate | |  | |  |
| Documents confirming participation in an Arts and Culture event or invitation to arts and culture event that has been canceled or postponed / Or confirmation of work that was to be done in arts and culture that have been cancelled. | |  | |  |
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| **DECLARATION** | | | | |
| I hereby declare that the information provided is true and correct. I further declare that I understand that if the information provided is proven to be false, incorrect and fraudulent, I shall immediately be disqualified and legal action may be taken against me. | | | | |
| APPLICANT’s NAME AND SURNAME | | |  | |
| SIGNATURE | | |  | |
| DATE | | |  | |
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| **RECOMMENDATION BY THE LOCAL / DISTRICT MUNICIPAL WARD COUNCILLOR / ARTS AND CULTURE STRUCTURE / TRIBAL AUTHORITY** | | | | |
| PLEASE PROVIDE ANY RELEVANT INFORMATION TO BE CONSIDERED WHEN ASSESSING THE APPLICATION | | | | |
|  | | | | |
| I hereby declare that the information provided is true and correct. I further declare that I understand that if the information provided is proven to be false, incorrect and fraudulent, I shall immediately be disqualified and legal action may be taken against me. | | | | |
| APPLICATION | | RECOMMENDED | | NOT RECOMMENDED |
|  | |  | |  |
| NAME AND SURNAME | | SIGNATURE | | DATE |
|  |  | | |  |
| **GENERAL NOTE**  *The Department will determine the quantum of relief and reserves the right to conduct verification, due diligence and request additional information prior to providing the relief.* | | | | |
| *FOR OFFICE USE ONLY* | | | | |
| **RECOMMENDED** | | **NOT RECOMMENDED** | | |
| **COMMENTS** | | **COMMENTS** | | |
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