



**KWAZULU-NATAL**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

# EVENT FUNDING APPLICATION FORM

YEAR

DEADLINE FOR APPLICATIONS

# Section A – Applicant Details

Name of applicant/organisation

Address of applicant/organisation

Contact details for applicant

Name	
Email	
Telephone	

Organisation details

Nature of organisation (commercial, not-for-profit, etc.)	
Affiliation to a relevant local, regional or national body	
Company registration number	
Charitable status Y/N	
Charity number	

Details of previous experience staging events and/or festivals in the public domain

Please confirm that you observe good employment practices, and that you have measures in place which ensure that you are in compliance with health and safety, appropriate pay rates and dignity at work requirements

YES		NO	
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## Section B –

### Event Details

Name of event/festival

Event category & Proposed date(s)

Location

Previous dates and locations for this event

Full post event report for previous years, including attendance, highlights, results and economic benefit Full event proposal (labelled attachment accepted, please indicate)

Full event proposal (labelled attachment accepted, please indicate)

## Section C –

### Event Benefits

Details in relation to the estimated attendance for proposed event

Audience profile for proposed event

Anticipated local benefit that the proposed event will deliver

Estimated economic benefit that proposed event will deliver with rationale/reasoning

Estimated overseas visitors in attendance and details in relation to how this will be achieved

Marketing plan for this event

Details in relation to how provincial government's sponsorship will be recognised across all media

Details of all partnership and sponsorship arrangements

Details in relation to future sustainability for the event and opportunities for growth

## Section D – Event Staffing

Full outline of event team structure

Background and previous event experience of key personnel

Details in relation to proposed security measures and staffing for event

## Section E – Event Budget

Please provide a full list of costs associated with the delivery of this event

Expense	Amount

Please provide a full list of the income amounts expected to be generated by this event, including other state agencies and provincial departments

Description	Amount

Please provide details in relation to all expected benefit in kind support

Amount of funding being applied for

Municipality event recognition and support letter submitted

YES		NO	
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Signature

Name in Block capitals

Date

# This declaration, duly completed, must be submitted by all applicants

Name of Applicant:

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Address:

Country:

*Please tick Yes or No as appropriate to the following statements relating to the current status of your organisation.*

The Applicant is bankrupt or is being wound up or its affairs are being administered by the court or are entered into an arrangement with creditors or have suspended business activities or are in any analogous situation arising from a similar procedure under national laws and regulations.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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The Applicant has submitted or will be submitting a similar application to any government department, KZN Municipality or any organ of state.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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The Applicant is the subject of proceedings for a declaration of bankruptcy, for an order for compulsory winding-up or administration by the court or for an arrangement with creditors or of any other similar proceedings under national laws and regulations.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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The Applicant, a Director, or Partner has been convicted of an offence concerning their professional conduct by a judgement, which has the force of res judicata, or been guilty of grave professional misconduct in the course of that business.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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The Applicant has not fulfilled its obligations relating to the payment of taxes or social security contributions in South Africa or any other state in which the event is located.

YES		NO	
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The Applicant, a Director, or Partner has ever been found guilty of fraud.

YES		NO	
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The Applicant, a Director, or Partner has ever been found guilty of money laundering.

YES		NO	
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The Applicant, a Director, or Partner has been found guilty of corruption.

YES		NO	
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The Applicant, a Director, or Partner has been convicted of being a member of a criminal organisation.

YES		NO	
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The Applicant has been guilty of serious misrepresentation in providing information to a public buying agency.

YES		NO	
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The Applicant has insolently misrepresented its Health & Safety information, Quality Assurance information, or any other information relevant to this application.

YES		NO	
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*THIS FORM MUST BE COMPLETED AND SIGNED BY A DULY AUTHORISED OFFICER OF THE APPLICANT. I certify that the information provided above is accurate and complete to the best of my knowledge and belief. I understand that the provision of inaccurate or misleading information in this declaration may lead to my organisation being excluded from any future financial assistance programmes.*

Signature		Date	
Name		Telephone	
Position		Email	