

**MINISTRY OF COMMUNITY DEVELOPMENT, CULTURE AND THE ARTS**  
**Culture and Creative Arts Fund Individual Application Form**

Date of Application: ____/____/____ day    month    year	Date of Project/Activity: ____/____/____ day    month    year	<b><u>For official use only:</u></b> Date of receipt of completed application : ____/____/____ day    month    year
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**Instructions**

1. Please answer questions on this form in BLOCK LETTERS 2. Do not leave any fields blank. Put N/A if field does not apply. 3. All applicable supporting documents must be submitted along with the completed application form.	4. Additional information should be submitted along with application as necessary. 5. Form must be completed and signed by applicant.
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**SECTION A: PROJECT SUMMARY**

Name of Project/Activity: _____	
Venue of Project/Activity: _____	
<b>Total Budget (TT\$):</b> _____	<b>Amount Requested from MCDCA (TT\$):</b> _____

**SECTION B: INDIVIDUAL DETAILS**

Name: _____		
<i>Surname</i>	<i>First name</i>	
Date of Birth: ____/____/____ day    month    year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality: _____
Address: _____		
Phone: _____	E-mail: _____	
Other: _____	Website: _____	
Bank Information:		
Do you have a bank account in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Exact name as it appears on bank account: _____		
Name of Bank _____		

**SECTION C: INDIVIDUAL EXPERIENCE**

Are you registered with the National Registry of Artists and Cultural Workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List up to three (3) main group(s) or organisation(s) in which Membership is held:		
1) _____		
2) _____		
3) _____		
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed		

State Occupation(s) over the last five (5) years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you had any involvement in the field for which the grant is being applied?  Yes  No

If yes, please specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What relevant areas/ training have you completed?

\_\_\_\_\_  
 \_\_\_\_\_

Do you have experience undertaking this type of project or similar projects?  Yes  No

If yes, please provide examples of past experience with similar projects.

\_\_\_\_\_  
 \_\_\_\_\_

**Ensure you include the appropriate testimonials of your experience from reputable artists in the field, not including your relatives.**

**SECTION D: PREVIOUS/CURRENT SPONSORSHIP**

Have you previously received project funding from this Ministry? Yes [ ] No [ ]

Have you previously received project funding from other Ministries? Yes [ ] No [ ]

Please indicate the most recent and relevant projects where funding was granted from any Government Ministry?

Source of Funds	Purpose of Funds	Amount \$	Year
1.			
2.			
3.			
4.			



Collaborators: *(Indicate the organizations or agencies with whom you are partnering on this project)*

Organization/agency	Roles /responsibility

Are any approvals from other agencies/ individuals required to commence the project?  Yes  No  
 If yes, please indicate in the space below the name of the agency/ individual and the approval needed:

\_\_\_\_\_

\_\_\_\_\_

**SECTION F: INDICATORS OF PROJECT SUCCESS**

What will be the evidence that your project was a success? *(e.g. number attended, participant feedback)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**SECTION G: PROJECT BUDGET**

What is your financial contribution to the project? \$ \_\_\_\_\_

Have you applied to any other state agencies and/or private organisations for support to this project? Yes  No

If yes, please provide detail:

State Agency/Private Organisation	Purpose of Funds	Amount (\$)	Status			
			All	Part	Nil	DK*

\* DK - Don't Know

Total Project Budget: \$ \_\_\_\_\_ Total amount of funds raised: \$ \_\_\_\_\_

Amount of funds now requested from the MCDCA: \$ \_\_\_\_\_

Proposed use of funds requested from the MCDCA:

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**Main budget items and associated costs**

<b>Budget items</b>	<b>Costs</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
<b>TOTAL</b>	

**Donations or in-kind contributions**

<b>Good or Services</b>	<b>Provided by</b>	<b>Value</b>

## CHECKLIST

**Note: All applicable documents are attached to this form. Fields with \*\* must be submitted.**

- |  |   |
|--|---|
| <input type="checkbox"/> ** Samples of Work                                | <input type="checkbox"/> Audited financial statements for the preceeding year |
| <input type="checkbox"/> ** Project Background information                 | <input type="checkbox"/> Invoices/Quotations                                  |
| <input type="checkbox"/> ** Recommendations/References                     | <input type="checkbox"/> Notarized Invitation Letter                          |
| <input type="checkbox"/> ** Evidence of amount of funds raised for project | <input type="checkbox"/> Relevant Contracts                                   |
| <input type="checkbox"/> Venue Bookings                                    |   |

## DECLARATION

By signing this agreement we hereby certify that:

- To the best of our knowledge, the details given in this application are true and correct;
- The grant, if approved, will be spent **solely for the activities as described** in this application;
- I have read and agree to the **Criteria and Requirements for Financial Assistance** from the Ministry of Community Development, Culture and the Arts listed in the application procedures document;
- I understand that a **Project Completion Report** must be submitted to the MCDCA at the end of the project/event, and commit to providing same along with supporting media/images;
- I understand and give **authorisation to the Ministry** to utilize the submitted media elements (photos, video clips, audio recordings) for archival, reporting and promotional use only
- I agree to provide support to the development of the community and cultural sectors, as agreed to in collaboration with the MCDCA, as a requirement of the grant received.

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO:**  
The Central Grants Secretariat.

FOR OFFICIAL USE

Individual Registration Status: \_\_\_\_\_

Verification of bank information:

Bank Account # \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Comments on Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments (recommend/not recommended and reasons): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessment criteria evaluation form completed and attached:

*(Tick where appropriate and/or insert score)*

Yes: [ ] No: [ ] Assessment Score: [ ]

\_\_\_\_\_  
Signature and stamp of Supervisor