



APPLICATION FORM

COMPANIES, COOPERATIVES AND ORGANISATIONS

COVID-19 Relief Fund for the visual arts, crafts, design, and audiovisual sectors

ELIGIBILITY

Targeted sectors: visual arts, crafts, design and audiovisual sectors

Eligible applicants: registered small, medium and microenterprises (SMMEs), cooperatives and organisations in the above-mentioned sectors, with a tax clearance certificate.

APPLICATION REQUIREMENTS

- Completed and signed application form.
- Letter of motivation describing how COVID-19 has impacted your professional practice/company, and your future plans. This letter must not be longer than one page.
- Company information:
 - Company profile and/or links to website/social media pages.
 - Written reference from a client or relevant organisation to certify that you have a functioning business in the above listed sectors, and samples of your work.
 - Most recent annual financial statement (from previous financial year).
 - Bank statements from June to August 2020.
- Compliance documentation:
 - Certified copy of SA ID of business owner/s
 - Valid tax clearance certificate or tax PIN
 - FICA documents (e.g. municipal accounts; letter from traditional authority)
 - COVID-19 relief affidavit (template provided).



APPLICATION FORM

PERSONAL DETAILS

First name: _____ Surname: _____ SA ID number: _____

Physical address: _____ Email address: _____

PROFESSIONAL PRACTICE/COMPANY DETAILS

Name of company: _____

Company registration number: _____ Tax number _____

Do you have people in your employ? YES/NO If YES, how many people? _____

How many of them are SA citizens? _____

How long have you been in business/practice? _____

Provide links to your website or social media pages (Facebook, Instagram, etc.): _____

Main products or services: _____

Top customers: _____

SALES REVENUE/INCOME DETAILS

What was your monthly income before and after March 2020?

Please indicate an average for the six months up to March 2020 if you did not earn a regular income (first table); and the actual amounts for the six months since March 2020 (second table). Please complete the tables below.

Month	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020
Sales/income						

Month	Mar 2020	Apr 2020	May 2020	June 2020	Jul 2020	Aug 2020
Sales/income						

Please supply bank statements for the period June to August 2020.

EXPENSE DETAILS

What are your regular monthly business expenses? Please fill in the table below and add any additional items.

ITEM	COST
FIXED COSTS/OVERHEADS	
Rent	
Telephone	
Data	
Other (please specify)	
COST OF SALES	
Other (please specify)	
TOTAL	R



Please supply your 2019/20 financial statements or management accounts for the last three months.

COVID-19 RELIEF DETAILS

Have you applied for any COVID-19 relief? YES/NO

If YES, were you successful? YES/NO

If NO, please provide evidence of your applications and their being declined. _____

If YES, please indicate which relief you applied for and if you were successful. _____

Have you managed to get any relief (rental holidays, etc.)? Please fill in the table below and add the value of the relief received.

ITEM	VALUE
Rent holiday	
TERS	
UIF	
Loan	
NAC grant	
DSAC 1 st Wave	
DSAC 2 nd Wave	
Other (please specify)	
TOTAL	R

For what amount of funding are you applying? R _____

What will you be using this funding for? _____

CONFIRMATION

I, _____, from _____ (name of company or practice) confirm that I have filled in this form myself and that all the details in the form are correct.

I confirm that, should I be eligible for the once-off COVID-19 relief grant, I am willing to sign a contract with the distributing agency, and will provide a report about the impact of the grant when requested by the distributing agency.

I declare that all the information provided is true and correct.

Name:

Position:

Signature:

Date: