Regional Special Project Grant Proposal Form

Complete and email to:
SAQA Regional Special Project Grant
Regional Grant Coordinator, grants@saqa.art, and the Reps Coordinator, regions@saqa.art
(If you have questions, please contact the Regional Grant Coordinator)

Section 1: Contact Information

Project Manager (If not Regional Rep, also identify Regional Rep)

SAQA Region(s):

Name(s):

Mailing address:

Email:

Phone:

Alternate contact:

Members of Project Team:

Section 2: Project Information

Please describe the nature of the project proposed:

One paragraph vision statement:

Includes members in (SAQA Regions/s):

Assess, as realistically as possible, the impact and benefits the project will have in terms of:

Exposure Level (number of attendees/viewers and number of SAQA artists that will achieve recognition) -

Project Reach -

Describe local support:
PROJECTED TIMELINE:

Initial contact and negotiation with Speaker/Instructor:

Reserve Venue:

Complete logistics and accommodation arrangements for Speaker/Instructor:

Publicize event:

Collect Registrations:

Complete post-event report:

Section 3: SPECIAL PROJECT BUDGET:

Please itemize how grant funds will be used (add more lines if necessary) If not using USD please indicate currency type:

1. _____ $_____
2. _____ $_____
3. _____ $_____
TOTAL GRANT FUNDS REQUESTED $ _____

Projected Expenses:

- Venue _____
- Speaker/Instructor _____
  - Base fee _____
  - Travel _____
  - Accommodations/meals _____
- Advertising _____
- Other _____ (please explain specifically what this will cover)

TOTAL PROJECTED EXPENSES $ _____

Projected Income:

- Entry or workshop fees you are charging
  - Fee per person _____ x Number of attendees = _____
- Grant requested from SAQA (same as Total Grant Funds Requested) _____
- Grants/Funding from sources outside of SAQA _____
- Other _____ (please explain specifically what this will cover)

TOTAL PROJECTED INCOME $ _____

Section 4: To be completed if project is a regional exhibition
Has this exhibition been approved by the Regional Exhibition? _____YES _____NO
Theme or Title:
Exhibition dates:
Projected number of artworks:
Name(s)of venue:

Applicant's Name **Date**

DHV-10-26-22