****

**CARIFESTA XV Mobility Assistance Grant(MAG) Application Form**

|  |
| --- |
| Mobility Assistance refers to the facility provided to a cultural practitioner through attendance / participation in trade markets, seminars, conferences or other virtual events for the purpose of Accessing trade; Promoting of new ideas and products; Sustainability assistance of current business within the sector. **GRANTS ARE PAYABLE TO A MAXIMUM OF USD$2,500.00** |

**Criteria**

1. **Awarded to officially selected country participants (from CDB’s 19 Borrowing Member Countries) of CARIFESTA XV activities/ Grand Market booth renters under the sub-sector areas of:**
* Music
* Visual Arts
* Fashion and Contemporary Design
* Audio Visual (Film, Gaming and Animation)
* Festivals and Carnivals

**(ii) Eligible expenditure for the grants would be limited to one or more of the following:**

* Airfare
* Accommodation and Meals/Subsistence (based on standard applicable rates)
* Ground Transport
* Shipping Costs for Grand Market Booth Goods/Equipment
* Travel and Shipping Insurance Costs for Grand Market Booth Goods/Performance
Equipment
* Marketing and Promotional Costs for Carifesta Grand Market participation (flyers,
banners, signage, business cards, etc.)
* Grand Market Booth rental expenses

(iii) Grants would be disbursed as direct payments made by NCF, on behalf of CIIF, to service suppliers based on presentation of service quotations for approval by each selected grantee by stipulated dates prior to travel to Carifesta. Grantees will be required to provide evidence of formal business operations as MSMEs (Sole Proprietorship/LLC, etc.).

**The Application Process**

This application form contains the following:

Part A – Applicant Information

Part B – Mobility Assistance Request Details

Part C – Use of Funds

Part D - Declaration

**\*\*Completing an application provides no guarantee of receiving funding assistance.**

**\*\*\*Processing of this application normally takes 1 week. Please be patient as we endeavor to respond to your application within a reasonable time.**

**For queries, please contact the Business Development Department at andre-hoyte@ncfbarbados.org**

**Part A: Applicant Information**

|  |  |
| --- | --- |
| Individual Requesting Funding |  |
| Position |  |
| Company (if applicable) |  |
| TAX Identification Number(required) |  |
| Artists’ Registry Number (from your country) |  |
| Date of Application | [ ] dd [ ]mm [ ] year |
| Mailing Address & Post Code |  |
| Email Address |  |
| Contact Numbers: | Landline [ ] Mobile [ ] |
| Sector  | [ ] Art, Home & Accents [ ] Design & Fashion [ ] Film/Media [ ] Spa & Wellness[ ] Festivals & Carnivals [ ] Music |
| Area within sector |  |
| **Stage of Business & Applicants Experience within the sector (maximum 500 words)** |
|  |

**Part B: Mobility Assistance Request Details**

|  |
| --- |
| **All responses should be a maximum of 1000 words** |
| **REQUEST DETAILS** | Why are you requesting the funding? How will they help? |
|  |
| **NEED FOR FUNDING**:  | What have been your challenges in sourcing funding to date |
| Identify all sources of funding for training / technical assistance(e.g. personal loans, gifts, crowdsourcing etc.) |
|  |
| **BENEFITS TO YOUR BRAND**:  | Explain what significant spill-over benefits will accrue to your brand through the mobility assistance provided (e.g. diffusion of sales and lead generation , collaborations between businesses etc.) |
|  |

 **Part C: Funding Details**

|  |
| --- |
| **Amount of Funds Requested:**  |
| **Break Down of Use of Funds (attach a full budget for the participation in the event / activity)** | **Attach as separate document.** |

**Part D - Declaration**

|  |  |
| --- | --- |
| [ ] | I declare that I have read and understood the Application Form. |
| [ ] | I declare that the proposed application, creative / cultural project and /or any associated expenditure has been endorsed by the applicant's Board or person with authority to commit the applicant to this project. |
| [ ] | I declare that the information contained in this application together with any statement provided is, to the best of my knowledge, true, accurate and complete. |
| [ ] | I understand that the giving of false or misleading information will disqualify the application for a grant. |
| [ ] | I understand that I may be requested to provide further clarification or documentation to verify the information supplied in this form. |
| [ ] | I acknowledge that if the NCF is satisfied that any statement made in an application is incorrect, incomplete, false or misleading, NCF may, at its absolute discretion, take appropriate action. |
| [ ] | I agree to participate in the periodic evaluation of the services undertaken by NCF. |
| [ ] | I declare that I am authourised to complete this form and to sign and submit this declaration on behalf of the applicant.  |
| [ ] | I agree to complete an impact assessment form as part my obligation to NCF. |
| [ ] | I approve of the information in this application. By including my name in this application it is deemed to be my signature for the purpose of this application. |