

Grant Application for the _____ phase of the year _____

Project title:

Name of applicant (full name):

(1) **Professional arts**

1. Types of activity (choose only one)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Traditional opera | <input type="checkbox"/> Traditional music | <input type="checkbox"/> Video art |
| <input type="checkbox"/> Modern drama | <input type="checkbox"/> Music | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Literature | <input type="checkbox"/> Art Environment and policy | <input type="checkbox"/> Visual art |
| <input type="checkbox"/> Intangible cultural heritage(including Traditional Folk Art) | | |

2. Category (choose only one)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Creation | <input type="checkbox"/> Performance | <input type="checkbox"/> Exhibition |
| <input type="checkbox"/> Publishing | <input type="checkbox"/> Seminar | <input type="checkbox"/> Field Study |
| <input type="checkbox"/> Study Program | <input type="checkbox"/> Training Course | |
| <input type="checkbox"/> Video Production | <input type="checkbox"/> Others _____ | |

(2) **Community culture**

- | | | |
|---|---|--|
| <input type="checkbox"/> Cultural Records | <input type="checkbox"/> Art Promotion | <input type="checkbox"/> Cultural Events |
| <input type="checkbox"/> Cultural Surveys | <input type="checkbox"/> Cultural Site Beautification project | |
| <input type="checkbox"/> Others _____ | | |

(3) **Disadvantaged groups and minority groups**

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cultural Records | <input type="checkbox"/> Cultural Activities | <input type="checkbox"/> Others _____ |
|---|--|---------------------------------------|

(Seal of the applicant institution or signature of the applicant)

Arts and Culture Grant Application Summary

Title of project:				
Name of applicant:		Responsible person (only for groups and corporations)		
Contact person:		Tel.:	Mobile phone:	
Contact address Email:				
Is this the first time the applicant has applied to this office for a grant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Total budget (total expenditure)		\$		
Grant applications to other public sector/private organizations	Name of body	Amount applied for	Date of application	Current status
		\$		<input type="checkbox"/> Grant received: TWD____ <input type="checkbox"/> Grant decision not yet announced <input type="checkbox"/> Expecting to make application
		\$		Continue as above
Amount applied for		\$ (No more than 70% of total budget)		
Do you charge admission?		Expected total audience size: _____		

Total budget = Form 5 "Total Income Amount"

Personal Data (for individual applicants)

Full name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
ID no or resident certificate no:		Date of birth: DD/MM/YYYY	
Contact address: E-mail :			
Tel.:		Mobile no.:	
Current employment:			
Major performances, works, publications, awards etc.			
Year	Title		

- Please attach a copy of ID or Passport or resident certification.

Group Data (for groups and corporations)

Name of organization:	Date registered: DD/MM/YYYY	
Registration number:	Tax ID no.:	
Responsible person: Job title: _____ Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Contact tel. no.:		
Registered address: _____		
Brief description of organization (max. 150 words):		
Important activities over the past three years:		
Name of activity	Time	Place

- Please attach a copy of effectual registration certificate of the group.

Income Budget

Income		
Source	Amount	Description
Other public grants		Grant-giving body Items covered by grant (e.g. rent, airfare etc.)
Private grants		
Events or souvenirs		
Admission		
Self-financing		
Other		
Present application		
Total income		

Form 5 "Total Income"= Form6 "Total Expenditure"

Expenditure Budget

Expenditure			
Item	Breakdown	Amount	Description
Personnel expenses			
Fees			
Professional services			
Travel			
Materials			
Other			
Total expenditure			

List of Exhibits

Number	Creator	Name of work	Year of production	Dimensions	Medium	Method of mounting or display	Is this the debut exhibition of this work?
Total number of works exhibited: ____ Number of debut works: _____							
Notes:							

Timetable

*Activities include performances, exhibitions, seminars, filed study, press conferences, etc.

All activities involved in the project must be listed.

*Fee structure: (Ticket price * number of tickets), (Concessions * number of tickets),

(Donated tickets, reserved tickets)

Activity	Date	Place	Number of shows	The debut exhibition of this work?	Seating Capacity	Fee structure	Recipient of ticket revenue

Appendix: Further Information

1. VCD ___ 、 DVD ___ 、 CD _____

Electronic images (up to 20 files)

Number	Name of work	Dimensions	Medium	Year made

Audiovisual files (3–5 min clips of up to 3 files)

Number	Name of work	Date of publication	Place of publication	Description	Length (min ' sec")

2. URL (up to 3 links to YouTube or Vimeo platforms or to GDrive cloud storage)

URL for electronic image, URL : _____

Number	Name of work	Dimensions	Medium	Year made

URL for audiovisual files URL : _____

Number	Name of work	Year of publication	Place of publication	Description	Length (min ' sec")

3. Other: _____ pieces (albums, publications, parts of other works etc.)

Number	Creator	Title	Date of publication/completion	Publisher

Note: Jpeg files should be full color and have a resolution of 1600 x 1200 pixels, 24 bit or above. Videos must be in mpeg file format or a playable DVD.

Implementation Plan

Project title:
Organizer/Co-organizers/Contractor:
Dates of implementation (inc. start and end dates and no. of sessions):
Place of implementation:
List of participants and brief description (name, job etc.)
Progress schedule:
Detailed plan:
<ol style="list-style-type: none"> 1. Origin or purpose of the project:
<ol style="list-style-type: none"> 2. Specific and detailed description of implementation (in line with the application, e.g. content and quantity of works, performance content, publication specifications and quantity, survey and research summary, forum agendas and topic summary, further training course outlines, etc.):
<ol style="list-style-type: none"> 3. Public publication or expected benefits (Details such as created works, investigation and research, audio-visual production and other items should be filled in on the application. If there are none, leave this space blank):

※Do not staple

Taipei City Government
Department of Cultural Affairs
Phase ____ of Year ____
Arts and Culture Grant Project
Achievement Report

(In duplicate: One original, one photocopy)

Applicant:

Project title:

Project Summary

【 Form 1 】

Project title							
Name of applicant				Responsible person			
Contact person			Contact no.:	Landline:			
				Mobile:			
E-mail							
Implementation type	Date of implementation or schedule	Place of implementation	No. of shows	Audience numbers	Occupancy rate (%) <small>(leave this field blank for non-seated events)</small>	Were tickets sold?	Actual rate of ticket sales (%)
No. of works: ____ (Fill in the form on Creations)				No. of publications: ____ (Fill in the form on category "Publishing")			
1. Budgeted income			Actual income (sources)		Amount		
2. Actual income (total funding)			Grant from the Department of Cultural Affairs, Taipei City Government				
3. Budgeted expenditure			Grants from other public bodies (Please state the name of the body and the details of the grant)				
4. Actual expenditure			Grants from private organizations (Please state the name of the organization and the details of the grant)				
5. Balance (= 2-4)			Other income (state sources, e.g. ticket sales, registration fees, etc.)				
			Self-financing				
6. Difference between budgeted expenditure and actual expenditure (= 3-4)							
			Total income				

Notes:

1. Budgeted income = 3. Budgeted expenditure. Please state the budgeted expenditure according to the original application form.
2. Actual income = 4. Actual expenditure (because expenditure comes from income).

Project Outcomes

【 Form 2 】

1. Overview of the actual implementation of the project. (Describe the content of the work if applying for a grant for a creative project):

2. Actual executive personnel (e.g. actors, directors, artists, technicians, lecturers, etc.) and content of work:

3. Benefits, features, and impact of the project implementation:

4. Responses or comments from audience/participants, media, or other relevant parties (Leave blank if not required)

5. Comprehensive review of implementation or suggestions for improvement:

Detailed Report on Use of the Grant Funds

【 Form 4 】

Project title		Amount of grant							
Expenditure breakdown									
Invoice number	Item	Breakdown/Description of purpose	Amounts						
			Millions	Hundred thousands	Ten thousands	Thousands	Hundreds	Tens	Units
	E.g.: Personnel expenses	E.g. planning expenses etc.							
Subtotal on this page									
Running total									

Name of applicant

Invoice number	Item	Total amount	Details/Description of use

Responsible person (applicant)	Handler
(Affix your stamp or signature here)	(Affix your stamp or signature here)

Stick original invoice here

Instructions:

- 1. Invoices for the same budget item should be pasted on the same page. Please arrange the invoices neatly (without overlap) or stick them on separate sheets of A4 paper.
- 2. The attached invoices must be originals. Please keep copies for your tax records, as the department does not provide retrieval or photocopy services.

Statement of Authorization

I (We) hereby agree that all audiovisual and photographic files attached to the report on the outcome of (Project title) shall be authorized free of charge to the Department of Cultural Affairs of Taipei City Government and may be placed on the grant achievement exchange platform on the official Taipei City Government website and those of its affiliated agencies. Members of the public may download, read, print out, quote, and otherwise use these materials in any non-profit way in order to facilitate the understanding and communication of the author's artistic creation.

I (We) hereby guarantee that I (we) own the copyright in the authorized audiovisual content and that I (we) do not infringe the rights of any third party. This authorization agreement is a non-exclusive authorization, and the authorizer still retains copyright in the authorized work after signing.

Authorizer:

Responsible person name and ID number:

Address:

(affix seal or signature)

DD/MM/YYYY

Images of Actual Implementation

Please attach images with captions (describing the activity, time, and place)

