Cultural Development Fund
Application Package | 2019-2020
About the Cultural Development Fund

What is the Cultural Development Fund?
The Cultural Development Fund is a mechanism developed on the rational provided in the National Cultural Policy 2016 – 2026. It is a technical and financial complement to the ongoing work of individuals and community organizations who are engaged in the work of

I. safeguarding Belize’s tangible and intangible heritage and
II. developing Belize’s cultural and creative industries.

The official launching of the fund and its requirements is January 30th 2019 for activities conducted during April 2019 to March 2020.

What is the source of the funds?
The base fund is derived from the consolidated quarterly revenues of the National Institute of Culture and History and additional funding when available. This means the amount of funds available for disbursement can vary depending on the revenues collected in a particular quarter. Revenues are derived primarily from the collections at archaeological sites; however, NICH will seek additional sources of funding in an effort to fund the respective cultural activities. Therefore, the amount available in the fund may vary depending on adverse conditions which can affect overall revenues.

Eligibility

Who can apply for funding?

Individuals who are seeking financial and or technical assistance greater than $500.00 and are registered with NICH as cultural workers and are listed as any of the following:

- musician
- singer
- researcher
- publisher
- writer
- craft person
- film maker
- designer
- promoter

Organizations that are seeking financial and or technical assistance greater than $1000.00 and are legally registered and who are also registered with NICH and are listed as a:

- national cultural organization
- community based cultural organization
- art gallery
- community museum
- creative industry association
- recording studio
- film production company
- promotion company

NOTE: Kindly take note that these lists are not exhaustive. Any individual or organization promoting culture through tangible or intangible methods is encouraged to apply.
For what purposes can an application be made?

Priority will be given to the following areas:

- Activities for the safeguarding of Belize’s intangible (living heritage) cultural heritage may apply for either technical and or financial assistance. Priority is given to cultural elements that are endangered or at risk of being lost.

- Activities which are geared toward language revitalization and transmission.

- Activities for the teaching and transmission of the creative arts including: visual (painting, sculpting, photography), literary (writing and publishing), performance (dance, drama, music) and audiovisual (film and animation).

- Activities which are geared toward the development and the professionalization of creative artists and cultural workers.

- Activities which focus on capacity-building, education, economic growth and sustainable development in culture and history.

- Activities for the development and professionalization of festivals.

- Activities geared toward research and presentation on areas of study related to Belize’s culture and history.

Priority will be given to activities which focus on:

- Dialogue and exchange among various age groups
- Youth participation, and
- Gender equity,

- The engagement of older citizens, and
- Cross-cultural dialogue and collaboration

Funding and Support

What type of assistance is provided?

Individuals and organizations may apply for either technical or financial assistance or both.

Technical assistance includes requests for NICH to provide training or expert help. *E.g. expert facilitator on dance, or assistance with setting up stage lighting and sound or preparation of a request for international funding.*
Application Period

When to apply?

The following indicates the due dates of proposals for the respective period in which the technical and/or financial assistance is required for fiscal 2019 to 2020.

<table>
<thead>
<tr>
<th>Cycle I</th>
<th>May 31st 2019</th>
<th>For technical and/or financial assistance for the period May – September 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle II</td>
<td>August 30th 2019</td>
<td>For technical and/or financial assistance for the period October – December 2019</td>
</tr>
<tr>
<td>Cycle III</td>
<td>November 29th 2019</td>
<td>For technical and/or financial assistance for the period January – March 2020</td>
</tr>
<tr>
<td>Cycle IV</td>
<td>February 28th 2020</td>
<td>For technical and/or financial assistance for the period April – June 2020</td>
</tr>
</tbody>
</table>

Conditions

Submitted proposals must be in accordance with the conditions below:

1. Applying individuals are registered with NIC. (Register at a House of Culture in your district or at the Bliss Center for the Performing Arts in Belize City). (Include a copy of NIC Registration Certificate)

2. Applying Organizations are legally registered and are also registered with NIC. (Register at a House of Culture in your district or at the Bliss Center for the Performing Arts in Belize City). (Include a copy of your company registration and NIC registration certificate.)

3. Being able to demonstrate community need and benefit.

4. Applicant must demonstrate experience in planning and implementing projects.

5. Projects awarded will be monitored by a NIC representative.

6. Funds will be disbursed in phases. The final payment will be given on submission of a report within two months of the completion of the activity.

7. Acknowledgement of the National Institute of Culture and History in marketing and promotion.

8. No more than two proposals can be submitted per year including for technical and financial assistance.

9. Funding awarded in one year does not imply or guarantee funding will be awarded in subsequent years.
Section I: Applicant Information

1. Name of Individual or Organization
_____________________________________________________________________________________

2. Mailing Address
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3. For Organization, please provide the name of your primary contact person.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

4. Contact Number
_____________________________________________________________________________________
_____________________________________________________________________________________

5. Email Address
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Section II: Individual/Organizational Profile

6. In the case of an individual, please include a description of the individual’s ability to coordinate or carry out proposed activity or program. In the case of an organization, please include a description of the organization’s capacity to carry out a proposed activity or program. Also provide information about number of members, expertise, past activities, related activities.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Note: Submission is to be verified and submitted with the approval of the Coordinator of the House of Culture in your District. Submissions from Toledo can be sent directly to bcdf@nichbelize.org.
Section III: Program/Activity Details

7. Name of proposed program/activity:

8. Name of proposed location:

9. Description of proposed program/activity:

(Please attach information as may be necessary, include information about goals, objectives, target audience, needs being addressed and specific tasks/activities to be undertaken.)

10. Expected Outcomes and Success Indicators:

(If extra space is needed, feel free to append additional pages)
11. Program/Activity Timeline
(Please attach a timeline for activities/tasks to be undertaken.)
(dd/mm/yy) – (dd/mm/yy)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

12. Participants
(Please attach the names of persons involved with the activity and their role. Eg. activity coordinator(s), other partners, and stakeholders/beneficiaries)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Section IV: Budget and Funding

13. Please provide a budget estimate of your proposed project/activity. (Also include other sources of funding and include the financial value of your own in-kind contributions)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

14. Type of assistance being requested from the Cultural Development Fund:

Technical ☐ Financial ☐ Both ☐

Note:
- For technical assistance requests please provide details about the type of technical assistance being required.
- For financial assistance request please provide the monetary amount and details.

PROOF OF CITIZENSHIP (Please provide at least one)

BIRTH CERTIFICATE________________________________________ ID# ________________________________

PASSPORT# ___________________________ DRIVER’S PERMIT# ___________________________
### BANKING INFORMATION

<table>
<thead>
<tr>
<th>ACCOUNT NAME</th>
<th>NAME OF BANK</th>
<th>BANK ACCOUNT</th>
</tr>
</thead>
</table>

Section V: Data Entry

I hereby confirm that all information given is valid, true and complete.  

This information was entered by:  

- [ ] Applicant  
- [ ] Other  
- [ ] Other (please provide name)  

______________________________
Instructions: Please complete form in BLOCK letters

PERSONAL INFORMATION

FIRST NAME ______________________________________________________________

MIDDLE NAME ____________________________________________________________

LAST NAME ______________________________________________________________

PROFESSIONAL ARTISTIC NAME ____________________________________________

DATE OF BIRTH __/__/ ______ GENDER: MALE ☐ FEMALE ☐

AREA OF WORK (E.X. MUSICIAN; PAINTER, FILM MAKER) ______________________

ETHNICITY (Optional) ______________________________________________________

CONTACT INFORMATION

ADDRESS _________________________________________________________________

ADDRESS 2 _______________________________________________________________

CITY/TOWN/VILLAGE ______________________________________________________

COUNTRY _______________________________________________________________

MAILING ADDRESS, IF DIFFERENT FROM ABOVE

MAILING ADDRESS1 _______________________________________________________

MAILING ADDRESS 2 ______________________________________________________

MAIL CITY ______________________________________________________________

MAIL COUNTRY ___________________________________________________________

PHONE ___________________________ MOBILE ___________________________

EMAIL ___________________________ WEBSITE _____________________________
Cultural Development Fund Application Package

MEMBERSHIP IN ORGANISATION

ARE YOU A CURRENT MEMBER OF ANY ORGANIZATION
IF YES, PLEASE STATE

YES ☐ NO ☐

<table>
<thead>
<tr>
<th>NAME OF ORGANISATION</th>
<th>MEMBERSHIP STATUS</th>
<th>YEAR REGISTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PROOF OF CITIZENSHIP (Please provide at least one)

BIRTH CERTIFICATE_________________________ ID# ________________________________

PASSPORT# _______________________________ DRIVER’S PERMIT# ____________________________

BANKING INFORMATION

ACCOUNT NAME ________________________________________________________________

NAME OF BANK _______________________________________________________________

BANK ACCOUNT _______________________________________________________________

DATA ENTRY

I hereby accept that all information given is valid, true and complete. ☐

This information was entered by: Applicant ☐ Other ☐

If Other (please provide name) ________________________________
<table>
<thead>
<tr>
<th>APPLICATION STATUS</th>
<th>APPROVED</th>
<th>NOT APPROVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>DETAILS OF ASSISTANCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIGNATURE</td>
<td>DATE (DD/MM/YYYY)</td>
<td></td>
</tr>
<tr>
<td>______________________</td>
<td>______________________</td>
<td></td>
</tr>
</tbody>
</table>
Instructions: Please complete form in BLOCK letters

NAME OF ORGANIZATION: ______________________________________________________

MAILING ADDRESS: __________________________________________________________

CITY/TOWN/VILLAGE: _________________________________________________________

COUNTRY: _________________________________________________________________

LEADER OF THE ORGANIZATION: _____________________________________________

TITLE: (E.X. PRESIDENT; CHAIR) ____________________________________________

CONTACT INFORMATION FOR ORGANIZATION

PHONE NUMBER: __________________________________________________________________

EMAIL ADDRESS: __________________________________________________________________

WEBSITE: ____________________________________________________________________

IS THIS A LEGALLY REGISTERED ENTITY? ___________________________________________
(Please provide a copy of registration document)

NAME OF THE PERSON DOING THE REGISTRATION ON BEHALF OF THE ORGANIZATION:  
_____________________________________________________________________________

CONTACT NUMBER: __________________________________________________________________

EMAIL ADDRESS: __________________________________________________________________
BANKING INFORMATION

(Note: Disbursement will be made to Committee/Organization Accounts for transparency. If an account does not exist in the name of Organization or Committee, an invoice of a product or service utilized for events can be provided.)

ACCOUNT NAME ________________________________________________________________

NAME OF BANK ________________________________________________________________

BANK ACCOUNT ________________________________________________________________

DATA ENTRY

I hereby accept that all information given is valid, true and complete.  

This information was entered by: Applicant  Other  

If Other (please provide name) _________________________________________________

FOR OFFICIAL USE ONLY

APPLICATION STATUS | APPROVED | NOT APPROVED

DETAILS OF ASSISTANCE

SIGNATURE | DATE (DD/MM/YYYY)

______________________________ | ______________________________