

FUNDING _ APPLICATION FORM



FOR ADMAF USE ONLY	
DATE RECEIVED	
GRANT CATEGORY	
ADMAF STAFF NAME	

APPLICANT

NAME OF SIGNEE	
NATIONALITY OF SIGNEE	
NAME OF GROUP/ORGANISATION BEING REPRESENTED	
ADDRESS	
CITY	
TELEPHONE	
MOBILE	
EMAIL	
WEBSITE (if available)	
HISTORY OF PREVIOUS GRANTS/PROJECTS WITH ADMAF	IF YES, PLEASE MENTION NAME OF GRANT/PROJECT

PROJECT SUMMARY

PROJECT TITLE	
ART FORM (please tick)	<ul style="list-style-type: none"><input type="radio"/> The Performing Arts<input type="radio"/> Visual Arts & Design<input type="radio"/> Traditional arts<input type="radio"/> Film and Video<input type="radio"/> Literature

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START DATE	
END DATE	
LOCATION OF PROJECT	
TOTAL COST OF PROJECT	
AMOUNT REQUESTED FROM ADMAF	
PROJECT SUMMARY (including aims and objectives)	

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PROJECT INFORMATION

The opportunities and benefits to the project audience and the nation	
Project Outcomes	
External support involved	

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Other sources of funding	
Plan / Timeline	
How the project would contribute to the continuation of an active and sustainable cultural scene in the UAE.	
Why the project requires support.	

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What is the project's marketing and PR plan?	

ABILITIES & COMPETENCY

Please list the professional skills held by all those committed to making the project/initiative a success.

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PROJECT BUDGET

Please state where you need you would use the ADMAF Grant:

Subject	Amount (AED)

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TOTAL =

ADDITIONAL INFORMATION

Please list all other information/documents you wish to be considered alongside this application (CD/DVDs, media reports of previous projects, etc).

1	
2	
3	
4	
5	

REFERENCES

Please list two organisations / individuals (name, address, telephone numbers and email) who have sufficient standing in the UAE to vouch for your good character and work behaviour.

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1	
2	

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ACCEPTANCE

I, the undersigned, submit this application to ADMAF Grant Program. The information provided is accurate to the best of my knowledge. I accept the terms and conditions of ADMAF Grant Program.

Name of Applicant	
Date	
Signature	

Witnessed by:

Name of Witness	
Date	
Signature	