



FOR OFFICE USE ONLY	
Request received on: ____ / ____ / 2023	Request Reference Number: MCG ____ / 23 / ____

Micro Grant

APPLICATION FORM

Name of Applicant

Title of Project

Date of Request submission

Total Amount Requested

(Maximum amount that can be requested under this Fund is Euro 3,000. Applicants may request up to 100% of the total cost)

Reference Number

Deadline: Rolling Call until 5th October 2023 at noon, or when funds are fully disbursed

1. Micro Grant Proposal

1.1. Micro Grant Description Summary

Provide a summary of the project description in not more than 150 words. Should the proposal be awarded funding, this description will be featured on artscouncil.mt.

1.2. Did you ever benefit from public funds?

Yes

No

1.3. If yes, kindly specify the name/s and dates of the funds awarded in the past three years.

1.4. Will the project include expenses that are eligible to an Access Support Top-Up?

Yes

No

1.5. If yes, kindly justify how the proposal will benefit from this top-up. Please indicate the amount of this cost. When filling in the budget section, kindly include this expense in the budget section. In the Income section, kindly include the amount of Access Support Top-up requested, this may not exceed €2,000.

Micro Grant

1.6. Budget

1.7. Add VAT Certificate of Registration

Upload file

1.8. Tick where applicable

- Registered under Article 10*
- Registered under Article 11 (Exempt)

*Applicants registered under Article 10 who will recover VAT, need to exclude recoverable VAT from the budget.

I hereby declare that to my knowledge the correct declarations are made to Arts Council Malta, and that the proper VAT status is declared. In the case of false declaration, I assume full responsibility for the applicable consequences.

1.9. Expenditure Supporting Service
 Purchase
 Rental
 Expense

Income Total amount requested from fund
 Access Top up (if applicable)
 Add Other sources of income (if applicable)

Mandatory Documentation

+ Attach Quotes

Additional Documentation

+ Add files

2. LINKED PROJECT/ACTIVITY/EVENT INFORMATION

2.1. Project Type _____

2.2. Primary area of activity _____

2.3. Secondary area of activity _____

2.4. Project/Activity/Event Description

Insert a description of the project/activity/event directly linked to the micro grant proposal.

Kindly keep in mind that the evaluation will be based upon the following criteria:

- Does the proposed project contribute to the advancement of applicant's practice? (Yes or No)
- Does the applicant demonstrate to have the ability to carry out the proposed artistic work? (Yes or No)

2.5. TIME FRAME

Provide details regarding the project, activity or event.

Start Date ___/___/___ (Eligible timeframe 01/01/2024 – 31/12/2024)

End Date ___/___/___

<p>Step 1: _____</p> <p>From: ___/___/___ to ___/___/___</p> <p>Description:</p>
<p>Step 2: _____</p> <p>From: ___/___/___ to ___/___/___</p> <p>Description:</p> <p>(Add steps as required)</p>

3. PROFILES

CV Insert CV of applicant

Profile 1	Name	
	Role	
	Bio Note	
	CV	Insert CV of Profile 1

Add Profiles as required