

The Icelandic Visual Arts Fund - Application form - Autumn allocation 2024

The application deadline is at 16:00 GMT, Monday, August 19, 2024.

Instructions

For your information

- For instructions, evaluation and delegation rules see: www.myndlistarsjodur.is
 (http://myndlistarsjodur.is)
- Applications and accompanying documents arriving after the application deadline are invalid and will not be considered by the Fund.
- If questions arise when completing the application form, contact the Icelandic Art Center office, tel +354 562 7262, email: info@myndlistarsjodur.is (mailto:info@myndlistarsjodur.is)

Technical information

- Always save your application before closing the browser.
- The application form may erroneously save as "empty" if left open in the browser too long.
- Fields marked with a red asterisk (*) must be completed.

Accompanying documents

- Up to 10 MB of data may be submitted
- Accompanying documents can be on JPEG, PNG, PDF format
- Create a zip file if there are multiple files.

Applicant's details

NI - --- -

name	
National Identity Number	
Ten digits: birthday and year of birth. Use zer	o, 0, to fill in.
-Choose here-	
Email	
Website:	
Curriculum Vitae	≅ Browse
Or link to CV online	Blowse

the application is on behalf of an institution/associa	ion, the person responsible or c	contact person must be lis	sted here	
Name				
National Identity Number				
 Email				
Project				
Name or working title of the project				
The project name must describe the pre-exhibition, e-zine, performance art fest. Types of grant				
-Choose type-				
Project executed by				
Only for applicants that are association What category does the project fall into?	s or companies			
☐ Residency ☐ Festival ☐ Solo exhib	ition			
☐ Group exhibition ☐ Other				
Project summary (maximum 50 words)				
Short description that can be used in n				
allocation of the grants (50 words maxi Image representing the project that ca				
	■ Browse			
Where will the project mainly take place				
-Choose here-				
Postal code				
If outside Iceland, where?				
Country and location				

Contact person/person responsible, if applicable

Project description	on (maximum 500 words)			
Simple, clear an	nd concise text (maximum 50	00 words)		
Estimated				
project start				
Estimated _				
project end				
Project time plan	(maximum 500 words)			
Approximate sc	hedule for the project, descr	ribing the main		
	implementation (maximum 5	00 words)		
Exhibition venue				
Exhibition vanua	website, if applicable			
Exhibition vehice	website, ii applicable			
Names and CVs	of other participants			
Create a zip file if there a				
Name of participation	ant			
Curriculum		T Browse		
vitae				
Name of particip	ant			
		r Browse		
Curriculum				
vitae				
Name of particip	ant			
Curriculum		Browse		
vitae				
Name of participa	ant			
. tamo or particip	u			
		r Browse		
Curriculum		browse		

vitae

Project budget

Please note:

- Amounts must be stated in numerals and Icelandic krónur (ISK).
- Use 0 (zero) if an item is not relevant.
- It is advised to upload a more detailed budget in the section accompanying documents.
- o Cost items (eligible for grant)
- For further guidelines for eligible and ineligible costs: https://www.icelandicartcenter.is/step-by-stepthe-application-form (https://www.icelandicartcenter.is/step-by-step-theapplication-form)

Cost items (eligible for grant)

cocincine (engine	3			
Fees for consultants				
e.g. exhibition curator, a	ırt historian			
Pay for technicians				
e.g. production, installa	tion, dismantling			
Materials				
Waterials				
Equipment				
Web and media promotion				
promotion				
Cataloguing and				
photographing				
Design and layout				
Printing				
Other				
Total eligible cos	+			
Total eligible ood				
Which of the cost items	are you applying for	?		
Please state which cost	items you are applyi	ng for, one or more		
Cost items (ineligible fo	or grant)			
Travel, accommodation				
and food				
Rent and operating				
costs for exhibition				
facilities				
Rent and operating				
costs for studio				
Hospitality and refreshments at venue				

Other		_		
Total ineligible cost		_		
TOTAL PROJECT COST		-		
Calculates automatically	eligible + ineligible	cost.		
oject financing				
Amount applied for	300.000			
Max 70% of total cost.	330.333	J		
Own contribution				
Other grants or support				
Please state how the ren Total financing		%, will be financed.		
f relevant, state other gr	ants applied for th	- le project		
i reievaili, state otilei gi	ants applied for th	e project		
ther information and a	ccompanying do	ocuments		
ther information and a				
ther information and a State other grants the ap years				
State other grants the ap				
State other grants the ap				
State other grants the ap				
State other grants the ap				
State other grants the ap				
State other grants the ap				
State other grants the ap				
State other grants the ap	oplicant has receive			
State other grants the appears Previous grants/year/am	oplicant has receive	ed in the last five		
State other grants the appears Previous grants/year/am Will the applicant receive	oplicant has receive	ed in the last five		
State other grants the apyears Previous grants/year/am Will the applicant receive	oplicant has receive	ed in the last five		
State other grants the appears Previous grants/year/am Will the applicant receive	oplicant has receive	ed in the last five		
State other grants the appears Previous grants/year/am Will the applicant receive	oplicant has receive	ed in the last five		
State other grants the apyears Previous grants/year/am Will the applicant receive	oplicant has receive	ed in the last five		
State other grants the apyears Previous grants/year/am Will the applicant receive	oplicant has receive	ed in the last five		
State other grants the apyears Previous grants/year/am Will the applicant receive	oplicant has receive	ed in the last five		
State other grants the appears Previous grants/year/am Will the applicant receive	oplicant has receive	ed in the last five		
Previous grants/year/am Will the applicant receive the project?	oplicant has receive	ed in the last five		
State other grants the appears Previous grants/year/am Will the applicant receive the project? Year/months	oplicant has receive	ed in the last five		
Previous grants/year/am Will the applicant receive the project? Year/months	oplicant has receive	ect partners		
Previous grants/year/am Will the applicant receive the project? Year/months Confirmation / letter of in	oplicant has receive	ed in the last five		
State other grants the apyears Previous grants/year/am Will the applicant receive the project?	oplicant has receive	ect partners		

Please create a zip file if there are multiple files. Up to 10 MB of data may be submitted, in JPEG, PNG and PDF format.