

INSTRUCTIONS FOR THE APPLICATION

Note

This online application is optimized for Internet Explorer version 9-11 and works well with Firefox version 4 or later and Safari version 5 or later or Chrome version 9 or later.

Applications received by the Swedish Arts Council after 24.00 on the last application date will be evaluated the next application round.

Maximum login time per session is 2 hours. Please use the function "Save" at the end of the form so that your data is not lost if you are logged out.

Mandatory questions are marked with an asterisk (*). It is important for the Arts Council that questions are answered directly in the fields, even if an attachment is sent.

Data in the grey areas will be filled in automatically.

Information about the grant can be found on the Arts Councils website. This information may change over time.

APPLICANTS

Details of the applicant (organisation) will be automatically downloaded from your user account. Make sure that the information is correct before you start filling in the application. Any changes must be made in "My contact information" which can be found on the home page when you log in.

The applicant must be a legal entity.

APPENDICES

To attach files digitally, click "Attach Files". The file name can be a maximum of 20 characters. If the file name has more than 20 characters, only the first 20 characters of the filename will be used. The files you attach may not exceed a total of 30 MB.

Attachments can also be sent by e-mail to: artscouncil@artscouncil.se. If you send any additional information by e-mail or by post, refer to the case number you received when you sent in your application.

Submitting the application form

The last page contains a scroll list with three choices - "Send", "Save" and "Cancel". To submit your application, select "Send" and click "OK". Note that you can save your completed application by choosing "Save" and by then clicking "OK". A saved application can be viewed once again by going to "My cases" on the home page when you have logged in. To cancel the application, select "Cancel" and then "OK".

After you have selected "Send" and clicked "OK", step 1 of 3 then starts. You must complete all three steps for your application to be submitted correctly. In step 3, you will receive your case number. It is important that you do not close the window until you have received this confirmation. In step 3, an automated e-mail message is also sent to the contact person responsible for the application, it includes your case number and your application in PDF format.

For technical questions, contact support@artscouncil.se or phone: +46-8-519 264 01.

For the Arts Councils contact person, visit our website www.artscouncil.se.

For application deadline, visit the Arts Council's website

DETAILS OF APPLICANT

Fields marked with * are mandatory

Information in the grey boxes is automatically downloaded from your user account. See Instructions for the application.

Applicant organisation

Postal address, PO box

Postcode

City

Country

Phone number (switchboard)

Organisation/institution's e-mail address (not specific person)

Website

CONTACT INFORMATION FOR THIS APPLICATION

Contact person (first name and family name)

E-mail address of contact person

Phone number of contact person

Mobile phone number of contact person

- * I have the right to represent the applicant organisation/institution. I, the authorised signatory or authorised agent for the applicant, hereby confirm that the applicant has no Swedish tax debts or debts due to the Swedish Enforcement Authority and is not in a state of liquidation or bankruptcy.

[See also the Swedish Code of Statutes SFS 2012:516 7 § and SFS 2012:517 8 §](#)

- * I hereby declare that the applicant will abide by applicable laws, regulations, government provisions and recommendations in the applicants activity. I also understand that the applicant is obliged to provide supplementary information if the applicants circumstances change substantially.

[See, for example, Regulation \(2020:114\) on the prohibition on holding public gatherings and public events](#)

For the Arts Councils contact person, visit our website www.artscouncil.se

Applicant organisation

Fields marked with * are mandatory

It is important that questions are answered directly in each of the fields, even if an attachment is sent.

* Type of grant

- Support for translation of Swedish literature to another Nordic language
- Support for translation of Swedish drama for stage performance
- Support for translation of Swedish literature to non-Nordic language

RIGHTS HOLDER (not the applicant organisation)

* Name of publisher/agency or other that the applicant has made the license contract with

* Contact person (first name and family name)

* E-mail address

* Postal address, PO box

* Postcode

* City

* Country

TRANSLATOR

* Name of translator 1 (first name and family name)

* Country

* E-mail address

* Phone number

Name of translator 2 (first name and family name)

Country

E-mail address

Phone number

Name of translator 3 (first name and family name)

Country

E-mail address

Phone number

* Number of Translators

Female

Male

Other (1)

Sum

(1) Other may be used when the person completing the form knows that a person does not identify as a man or a woman, based on information provided voluntarily.

Applicant organisation

Fields marked with * are mandatory

It is important that questions are answered directly in each of the fields, even if an attachment is sent.

WORK TO BE TRANSLATED

* Target groups

- Adults
 Young adults
 Children

* Type of work

- Fiction
 Young adult fiction
 Picturebook
 Non-fiction
 Comics/graphic novel
 Children's fiction
 Fully illustrated non-fiction
 Poetry
 Non-fiction
 Poetry
 Drama for stage performance
 Comics/graphic novel
 Drama for stage performance
 Play to be published
 Poetry
 Play to be published
 Drama for stage performance
 Comics/graphic novel
 Play to be published

* Is the book fully illustrated?

- Yes
 No

* Illustrations

- Black and white
 Colour

* Author (first name and last name)

* Role

CoAuthor/Illustrator (first name and last name)

Role

CoAuthor/Illustrator (first name and last name)

Role

* Title in Swedish

* Number of pages

* Year of first publication/or performance in Sweden (YYYY)

* Swedish publisher

* Number of Authors, CoAuthors and Illustrators

Female

Male

Other (1)

Sum

(1) Other may be used when the person completing the form knows that a person does not identify as a man or a woman, based on information provided voluntarily.

Applicant organisation

Fields marked with * are mandatory

It is important that questions are answered directly in each of the fields, even if an attachment is sent.

TRANSLATION

* Title in translation (preliminary)

* Language the work is translated into

* Number of words (source)

* Number of printed copies (if the application refers to support for translation of Swedish Literature)

* Number of planned performances (if the application refers to support for translation of Swedish Drama for stage performance)

* Scheduled date of publication or first performance (YYYY-MM)

Translation fee according to contract with the translator

* Sum

* Currency

* Sum applied for in SEK

If funding is also being applied for from other sources, please specify

PRODUCTION

* Do you also apply for production grant?

Yes No

* Sum applied for in SEK

* Production costs applied for (only printing and/or hand texting) (Max 250 characters.)

* Applied sum (translation- and production costs), SEK

Applicant organisation

Fields marked with * are mandatory

It is important that questions are answered directly in each of the fields, even if an attachment is sent.

BANK ACCOUNT INFORMATION

* Account holder (Important: Only company name)

* BIC (Swift Code)

* Name of Bank (beneficiary bank)

National Bank ID

* Complete address of Bank

IBAN or Account number

* IBAN (not for Swedish applicants)

* Account number (for Swedish applicants: Bankgiro/plusgiro)

Currency of payment

Bank Country

Code

CONTACT FOR FINANCIAL MATTERS

* Name (first name and last name)

Position

* Phone number of contact person (daytime)

* E-mail of contact person

