



APPLICATION FOR GRANTS-IN-AID 2018/2019

Closing Date: 31 May 2018

EThekweni Municipality

INSTRUCTIONS

1. Please complete this form in detail, No incomplete form will be accepted.
2. Applications for grants will be considered only if made on the prescribed form.
3. The completed application form, together with all relevant documentation, should be forwarded to municipal offices on or before **31 MAY 2018**.

NO LATE APPLICATIONS WILL BE ACCEPTED

SECTION A: DETAILS OF YOUR ORGANIZATION

1. Name of Organization: _____

2. Postal Address:

Street Address:

3. Tel No: _____ Fax No: _____

E-Mail: _____

4. Name and position of the contact person:

5. Registration or NPO number: _____ (please attach proof)

6. Area of operation (ward(s) where your organisation service)

FOR OFFICE USE ONLY

Date received: _____

Received by: _____

Office at: _____

Telephone no. : _____

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7. Briefly describe the main purpose and activities of the organisation:

8. Please give details of the Board of Trustees/ Management Committee:

Name	Position Held	Contact Details	Volunteer / Paid Staff

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SECTION B: DETAILS OF FINANCIAL INFORMATION

1. Your Organisation's bank details:

Account Name: _____

Account type: _____ Acc. No: _____

Bank: _____ Branch: _____

Branch Code: _____ Address: _____

2. List the people who are authorised to sign cheques on your account.

Name: _____ Position in Organisation: _____

Name: _____ Position in Organisation: _____

3. Please provide your organisation's financial affairs over the last 2 financial years plus current showing the following information:

Income Description	Current	Year 1	Year 2

Expenditure: Description	Current	Year 1	Year 2

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SECTION C: DETAILS OF YOUR FUNDING REQUEST

1. State the amount requested: R _____
2. Please specify how the funds will be spent, if granted (*Use a separate sheet of paper if necessary*)
3. Please tick the category of your application;

- Sports, Culture & Recreation
- Early Childhood Development
- Economic Empowerment
- Social Welfare
- Skills Development
- Religious/ Faith Based

4. Date of commencement of programme. _____

5. Please indicate which specific groups of people will benefit from funding (*if granted*)

- | | | | |
|-------------------------|--------------------------|---------|--------------------------|
| Children | <input type="checkbox"/> | Youth | <input type="checkbox"/> |
| Disabled | <input type="checkbox"/> | Elderly | <input type="checkbox"/> |
| Disadvantaged Community | <input type="checkbox"/> | Women | <input type="checkbox"/> |

6. Did your organisation receive financial assistance from the Council's Grant-in-aid programme previously?

- Yes No

If yes, in which years and describe the nature of the grant received:

Year	Description of Grant-in-aid received
_____	_____
_____	_____
_____	_____

Compulsory: Please submit a progress report detailing how the money was spent.

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7. Did your organisation receive financial assistance either from the National or Provincial Government or both?

Yes No

If yes, in which years and describe the nature of the grant received:

Year	National or Provincial	Description of Grant-in-aid received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please submit a progress report detailing how the money was spent.

SECTION D: CHECKLIST

Please indicate with a tick, which of the under-mentioned documentation has been attached to this application.

Your organisations Constitution/ Trust Deed/ Articles of Association.

Audited Financial Statement for the past 2 years/ **Financial**

Information and Affidavit.

Registration Certificate. (NPO Certificate etc)

Business and Implementation Plan.

Bank statement (latest available at time of application).

Certified copy of ID book of persons signing the application.

Detailed Budget breakdown, List of needs, specific to the request for funds.

Progress report on how previous funding spent.

List of Goods required/ Budget Breakdown

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SECTION E: DECLARATION

We, the undersigned, hereby certify that:

1. We are duly authorised to sign this declaration and to the best of our knowledge all information supplied in this application is true and accurate in all respect.
2. No changes have been made nor are changes envisaged to the constitution of the organisation, which have not been disclosed in this application.
3. We agree that probity inspection may be in respect of the organisation.
4. If this application is successful, this organisation will use the grant only for the purpose specified in this application and comply with all terms and conditions attached to the grant.
5. We accept that false information provided by ourselves to the eThekweni Municipality would nullify this application and that funds received by us on the basis of such false information would have to be refunded.

NAME	ID NO	POSITION	SIGNATURE

***A minimum of 5 persons must sign this section, preferably the Board of Trustees or Executive**

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ATTENTION

THIS LETTER IS TO BE COMPLETED BY THE PERSON COLLECTING THE APPLICATION FORM FROM THE ORGANISATION APPLYING.

Date : _____

Attention: _____

GRANTS-IN-AID 2018/2019: ACKNOWLEDGEMENT OF RECEIPT

Your application in respect of the above is acknowledged. Perusal of your submission indicates that the following is outstanding (as indicated with a X):

- Your organisation's Constitution/ Trust Deed/ Articles of Association.
- Audited Financial Statement** for the past 2 Years/ **Financial Information and Affidavit**
- Registration Certificate. (NPO Certificate etc.)
- Business or Project or Implementation Plan.
- Bank statement (latest available at time of application).
- Certified copy of ID book of persons signing the application.
- Progress report on how previous funding spent.
- List of goods required/ budget breakdown
- All documents in order

Your timely submission of the outstanding documents and information will facilitate the processing of your application.

Thanking you
