



GRANT IN AID 2024/25

APPLICATION FORM



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INSTRUCTIONS

1. Please complete this form in detail. Incomplete forms will not 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 08 November 2024.

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 organization service)

FOR OFFICE USE ONLY

DATE RECEIVED: _____
RECEIVED BY: _____
OFFICE AT: _____
TELEPHONE: _____

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

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

NAME	POSITION HELD	CONTACT DETAILS	VOLUNTEER / PAID STAFF

SECTION B: DETAILS OF FINANCIAL INFORMATION

1. Your organization's bank details:

Account Name: _____

Account type: _____ Acc. No: _____

Bank: _____ Branch: _____

Branch Code: _____ Address: _____

2. List the people who are authorized to approve payments on your account.

Name: _____ Position in Organization: _____

Name: _____ Position in Organization: _____

Name: _____ Position in Organization: _____

3. Please provide your organization'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

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,

- | | |
|--|--|
| <input type="checkbox"/> Sports, Culture & Recreation | <input type="checkbox"/> Social Welfare |
| <input type="checkbox"/> Early Childhood Development | <input type="checkbox"/> Skills Development |
| <input type="checkbox"/> Economic Empowerment | <input type="checkbox"/> Religious/ Faith Based |

4. Date of commencement of programme.

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

- | | |
|--|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Children |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Disabled |

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

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 Grant was spent.

SECTION D: CHECKLIST

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

- Your organizations Constitution/ Trust Deed/ Articles of Association.
- Audited Financial Statement for the past 2 years/ Financial Information and Affidavit.
- Certified copy of NPO Certificate.
- Business and Implementation Plan.
- Bank statement (for the last six {6} months)
- Certified copies of ID book of all members signing the application as per section E {Declaration}
- Detailed Budget breakdown, List of needs, specific to the request for funds.
- Progress report on how previous funding was spent.
- DSD documents confirming members of the organization

SECTION E: DECLARATION

WE, THE UNDERSIGNED, HEREBY CERTIFY THAT:

1. We are duly authorized to sign this declaration and to the best of our knowledge all information supplied in this application is true and accurate in all respects.
2. No changes have been made nor are changes envisaged to the constitution of the organization, which have not been disclosed in this application.
3. We agree that probity inspection may be in respect of the organization.
4. If this application is successful, this organization 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 us to the eThekweni Municipality would nullify this application and that funds received by us based on such false information would have to be refunded.

NAME	ID NO.	POSITION	SIGNATURE

***A minimum of 3 people must sign this section, preferably the Board of Trustees or Executive.**

