

APPLICATION FOR A GRANT FROM THE GAUTENG GAMBLING BOARD



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2018
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GAUTENG PROVINCE
ECONOMIC DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

INSTRUCTIONS

1) Please indicate (with a cross in the relevant box) the type of grant you are applying for:

CSI

Sports Development Fund in terms of Section 100 of the Gauteng Gambling Act.

2) This application form is in five parts:

In section A: Details of the organisation.

In section B: Explanation on the funding required.

In section C: Information of organisational finances.

In section D: Details of at least two contactable Referees.

In section E: Mandatory documents to be submitted with the application form.

NB: If there is not enough space on this form for your answers, please use and attach further sheet of paper

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SECTION A DETAILS OF YOUR ORGANISATION

A1 Name of organisation:.....

A2 Postal address:.....

Postal code:.....

A3 Physical address.....

.....

Province:

A4 Telephone number:

Fax number:.....

A5 E-mail address:.....

A6 When was your organisation formed?.....

A7 What kind of registered organisation are you? (E.g. Non-profit Organisation, Section 21 company, Public benefit Trust):.....

A8 When was your organisation registered?

A9 Registration number:.....(Please attach a copy of your registration certificate)

A10 Details of the main contact person with executive powers (e.g. Manager/Programme Director)
Name:.....Position:.....
South African I.D. Number:(Attach Certified Copy of ID)
Address:.....Tel:.....

A11 Details of a second contact person (e.g. Chairperson):
Name:.....Position:.....
South African I.D. Number:(Attach Certified Copy of ID)
Address:.....Tel:.....

A12 Names and positions of the Members of the Management Committee: (Members are required to attach certified copy of ID):

- 1. Name: Position:
I.D. Number:..... Tel:
- 2. Name: Position:
I.D. Number:..... Tel:
- 3. Name: Position:
I.D. Number:..... Tel:
- 4. Name: Position:
I.D. Number:..... Tel:
- 5. Name: Position:
I.D. Number:..... Tel:

A13 are you affiliated to any organisations? If yes, what organisations are you affiliated to?.....
.....

A14 Are you an umbrella body?If yes, what organisation are you affiliated to?
.....(Attach a list if necessary)

A15 Describe the main purpose of your organisation:
.....
.....
.....

A16 Describe the nature of services and/or products that your organisation provides AND the people who will benefit from the services and/or products:
.....
.....

.....

A17 In which area/areas of the Province do you operate

.....

A18 Please fill in the information below on your staff composition

NUMBER OF PAID STAFF		NUMBER OF VOLUNTEERS	
No of full-time staff	No of part-time staff	No of full-time volunteers	No of part-time volunteers

A19 Please provide current employment equity status / equity plan for your organisation.

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SECTION B THE FUNDS YOU ARE APPLYING FOR, AND HOW YOU WILL USE THEM IF GRANTED

B1 Are you applying for: **(Tick the relevant box?)**

- A grant in support of your overall operations? **OR**
- Funding for specific projects? If yes, they are;
 - Already in existence?
 - An expansion?
 - New?

B2 What amount of money are you requesting?

B3 For what period? (E.G. 1 year, 2 years, multi-year etc)

B4 **Please attach a detailed budget with a motivation on the utilisation of grant. For capital expenditure attach supporting documents such as quotations, architectural and proof of ownership.**

B5 Indicate which groups of people will benefit from the funding, if granted and how many?
[Give numbers]

Children:	Women
Children with disabilities:	Adults with disabilities:
Youths:	The elderly:

People living with HIV/AIDS: The chronically ill:
 Drug Abusers: Criminal Offenders:
 The Unemployed: The homeless:

B6 Indicate the specific areas where the people who will be benefit from the funds reside:

.....

B7 Have you benefited from the fund before? If yes, fill in the box

Project Number	Year	Amount received and what for?	Have you submitted all the progress reports?

B8 If you applied but were not funded, please give reasons

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SECTION C: INFORMATION ON YOUR ORGANISATION'S FINANCIAL DETAILS

C1 Bank Details

Name in which the account is held:
Name of Bank:
Type of account: Account Number:
Branch: Branch Code:

C2 List 3 people who are authorised to sign cheques on your account/s:

Name: Position in Organisation:
Name: Position in Organisation:
Name: Position in Organisation:

SECTION D: REFEREES

Please give the details of three credible referees from the community in support of your application e.g. police commissioner, religious leader, local councillor, etc. (Referees must be independent and may NOT be employees, Committee members or volunteers.)

1 Name: Position.....

Tel:

2 Name: Position.....

Tel:

3 Name: Position.....

Tel:

SECTION E: MANDATORY DOCUMENTS

The following documents should be attached to this form as applicable:

Organisational founding documents

- *Constitution / Articles and Memorandum of Association / Trust Deed*
- *Institutions established by an Act of Parliament must only cite the enabling Act*
- *Proof of registration for non-profit organisations, Section 21 companies, Public Benefit Trusts and Schools registered with the Department of Education (except Private Schools)*
- *(Municipalities and Tertiary Institutions are excluded from this requirement but they must cite the enabling Act).*

Detailed project business plan

Detailed Project Budget (specific line items with unit costs, quantities, total cost per item)

Project motivation

- Most recent Annual Financial Statements of the organisation for two consecutive years signed and dated by a registered and independent Accounting Officer or an Auditor or such other equivalent information acceptable or waiver on good grounds by the Board
- Applications for declared heritage site development / renovations must accompanied by approval from relevant provincial or national authority.

DECLARATION

I confirm, on behalf of:.....
(Name of organisation) that I am authorised to sign this declaration, and that to the best of my knowledge all answers to the questions on this form are accurate. If this application is successful, this organisation will use the grant only for the purpose specified in this application, and will comply with all the terms and conditions attached to the grant. I confirm that the organisation has the power to accept the grant subject to conditions attached to the grant. I confirm that the organisation has the power to accept the grant subject to conditions and repay the grant if the grant conditions are not met.

Name:

South African Identity Number:

Position in organisation:

Date: Signature:.....