APPLICATION FOR A GRANT FROM THE GAUTENG GAMBLING BOARD



125 Corlett Drive Bramley 2018 Republic of South Africa

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Private Bag 15 Bramley 2018 Republic of South Africa

Email info@ggb.org.za

INSTRUCTIONS

1)	Please	indicate tick the type of grant you are applying for:
		CSI
		Sports Development Fund in terms of Section 100 of the Gauteng Gambling Act.
SECT	ION A	DETAILS OF YOUR ORGANISATION
A 1	Name	of organisation:
A2	Postal	address:
	Postal	code:
A 3	•	cal address
		ce:
A4	Teleph	none number:
A 5	E-mail	address:
A6	When	was your organisation formed?
A 7	What I	kind of registered organisation are you? (E.g. Non-profit Organisation, Section 21
	compa	any, Public benefit Trust):
A8	Date o	of registration
A 9	Regist	ration number:(Please attach a copy of your registration certificate)
DETA	ILS OF	THE ORGANISATION
A10	Details	of the main contact person with executive powers (e.g. Manager/Programme Director)
	Name:	Position:
	South A	African I.D. Number:(Attach Certified Copy of ID)
	Addres	s:Tel:Tel:
A11		of a second contact person (e.g. Chairperson):
		Position: (Attach Cartified Cony of ID)
		African I.D. Number:
	Addies	JGI

EXECUTIVE MEMBERS OF THE ORGANISATION

A12	Names and positions of the Members of the Manage certified copy of ID):	ement Committee: (Members are required to attach
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:
AFFIL	LIATION BODIES	
A13	Are you affiliated to any organisations? If yes	s, 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 benefit from the services and/or products:	your organisation provides AND the people who wil
A 17	In which area/areas of the Province do you ope	erate
-		

EMPLOYMENT EQUITY

TION B	TYPE OF FUNDING						
Are yo	u applying for: (Tick the	e 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?						
Δ	nt required						
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B7 Previously Funded

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

SEC	TION C: BANKING DETAILS	
C1		
	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 cheq	ues on your account/s:
	Name: Positio	n in Organisation:
	Name: Positio	n in Organisation:
	Name: Positio	n in Organisation:
SEC	TION D: REFEREES	
Pleas	se give the details of three credible referees from	the community in support of your application
	police commissioner, religious leader, local counc	• • • • • • • • • • • • • • • • • • • •
•	NOT be employees, Committee members or volu	·
1	Name:	Position
	Tel:	
2	Name:	Position
	Tel:	
3	Name:	Position
	Tel:	

SECTION E: MANDATORY DOCUMENTS

The foll	owing 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 10 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.
DECLA	RATION
(Name am sub possess upon requestio are, to updates	confirm, on behalf of:

If this Application is successful, the organisation on whose behalf I am submitting this Application 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.

Date:		Signature:		
Position in orga	anisation:	 	 	
South African I	dentity Number:	 	 	
Name:		 	 	