APPLICATION FOR A GRANT FROM THE GAUTENG GAMBLING BOARD



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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.

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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:
A5	E-mail address:
A6	When was your organisation formed?
A7	What kind of registered organisation are you? (E.g. Non-profit Organisation, Section 10
	company, Public benefit Trust):
A8	Date of registration
A9	Registration number:certificate)

DETAILS OF THE ORGANISATION

A10	10 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:	

EXECUTIVE MEMBERS OF THE ORGANISATION

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:	

AFFILIATION BODIES

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)

TARGET GROUPS

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

EMPLOYMENT EQUITY

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

SECTION B TYPE OF FUNDING

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 Amount required

B3 Duration of the project ? (E.G. 1 month, 2 years, on-going etc)

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No.	Item description	Cost per item
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
ΤΟΤΑΙ		

B4 Please provide a budget breakdown ot the items that funding is required for

In your proposal, 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?

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 Previously Funded

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

SECTION 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 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: Tel:	Position
2	Name: Tel:	Position
3	Name: Tel:	Position

SECTION E: MANDATORY DOCUMENTS

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

- $\sqrt{}$ Prescribed application form
- √ Entity profile
- $\sqrt{}$ Project proposal (including concept, budget and motivational letter)
- $\sqrt{}$ POPIA consent form
- $\sqrt{}$ Signed entity registration 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).
- $\sqrt{}$ Certified ID copies of Trustees/Directors
- 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.
- $\sqrt{}$ SARS Tax registration (VAT number, if applicable)
- $\sqrt{}$ Bank confirmation letter

SECTION F: ADDITIONAL MANDATORY DOCUMENTS

- $\sqrt{}$ Where an application is related to the development or renovation of a heritage site, applicants must submit an approval from the relevant provincial or national authority.
- $\sqrt{}$ Where an application includes the building or upgrading of infrastructure, applicants must provide proof of ownership of the land and/or building or proof of tenure.
- \checkmark Where an application involves the purchase of assets or equipment, quotations must be provided for these items.
- $\sqrt{}$ Where an application require funding towards training and development must provide accreditation certificate by the relevant.

DECLARATION

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.

Name:		
South African Ic	lentity Number:	
Position in orga	nisation:	
Date:		Signature: