



Name of Organisation: _____

Project Name: _____

NPO registration number: _____

Complete one application per organisation:

Tick the discipline that is the main focus of your organisation's project:

<input type="checkbox"/> Music	<input type="checkbox"/> Drama
<input type="checkbox"/> Literary arts	<input type="checkbox"/> Crafts
<input type="checkbox"/> Dance	<input type="checkbox"/> Visual arts
<input type="checkbox"/> Culture	<input type="checkbox"/> Festival
<input type="checkbox"/> Other	

Name of the district in which the project/s will be executed:

<input type="checkbox"/> Cape Winelands	<input type="checkbox"/> Eden
<input type="checkbox"/> Central Karoo	<input type="checkbox"/> Overberg
<input type="checkbox"/> City of Cape Town	<input type="checkbox"/> West Coast

Please note: Application forms must be handed in at the offices of the Department of Cultural Affairs and Sport on or before 16:00 on Thursday, 20 December 2018. No faxed or emailed applications will be accepted.

Assistance is available from the following officials:

Cape Town Head Office Fareedah Hunter tel.: 021 483 9699 email: Fareedah.Hunter@westerncape.gov.za	Oudtshoorn Regional Office April Meiring tel.: 044 279 1766 email: April.Meiring@westerncape.gov.za
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CHECKLIST FOR COMPLIANCE WITH REQUIREMENTS FOR NGO FUNDING

PLEASE NOTE: Please ensure that all the sections of this application form is completed and signed by the appropriate persons. Ensure you are submitting all the necessary documentation so that your application can be processed. Use the checklist below to make sure that you have met all the requirements.

NO.	CONTENT	MARK WITH AN X	
1.	Answered all questions on an original application form and the form is signed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Attached the most recent financial statements, audited financial statements or bank statements. *New organisations are requested to submit a bank statement together with their financial records, in the name of the organisation, should no financial statements be available.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	The form has been signed by the organisation's registered auditor, accountant or bookkeeper.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Organisation's business plan/ proposal is attached.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Attached a signed copy of the constitution or founding articles of the organisation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Attached a copy of the organisation's NPO registration certificate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Attached a certified copy of the applicant's identity document (ID).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Completed and attached the form (Bas Entity Maintenance Bank Details) to verify the banking details of your organisation and the form has been stamped by the bank.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Attached a verification letter, on an organisational letterhead, confirming that effective, efficient and transparent financial management is practised by the organisation and that internal control systems are in place. (This is required by section 38(j) of the Public Finance Management Act (PFMA). Letter to be signed by the bookkeeper/treasurer of the organisation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Attached a signed copy of the latest Annual General Meeting minutes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Attached a list of current executive members and copies of their identity documentation(ID)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS YOU HAVE MET ALL OF THE SUBMISSION REQUIREMENTS.

PLEASE NOTE THAT FUNDING IS LIMITED AND TIMEOUS SUBMISSION OF A COMPLETED APPLICATION DOES NOT GUARANTEE FUNDING.

1. ORGANISATIONAL INFORMATION

NAME OF ORGANISATION

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PHYSICAL ADDRESS:

Postal code

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POSTAL ADDRESS:

Postal code

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1.1 TELEPHONE NUMBER

FAX NUMBER

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1.2 EMAIL ADDRESS

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1.3 CONTACT PERSON AND CONTACT DETAILS

1.3.1 Title First Name Surname

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1.3.2 ID No. (attach certified copy of identity document)

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1.4 PHYSICAL ADDRESS

Postal code

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1.5.1 Telephone number (Office hours) **1.5.2 Telephone number (After hours)**

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1.5.3 Cell number

1.5.4 Fax number

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1.5.5 Email address

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1.6.1 List the key people who will be involved in the organisation

Name	Capacity	Contact

1.6.2 Has an executive member/s been convicted of any criminal offence, if yes provide details

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1.6.3 Have you previously received funding from the Department of Cultural Affairs and Sport?

YES	NO
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1.7 If your answer to 1.6.3 is yes, in which financial year/s did you receive a grant and what were the amounts you received?

YEAR	R
2014/15	
2015/16	
2016/17	
2017/18	
2018/19	

1.8 Indicate the financial year of the organisation? _____

1.9 Indicate the date of the AGM/Board meeting/s. _____

1.10 EMPLOYMENT STATISTICS FOR THE ORGANISATION

Number of female employees	Number of male employees	Number of disabled employees

1.11 TYPE OF ORGANISATION (Tick the relevant box)

<input type="checkbox"/> Non-profit company (NPC)	<input type="checkbox"/> Trust
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Non-profit organisation (NPO)

1.12 DATE ORGANISATION WAS ESTABLISHED

**Please attach a signed and dated copy of the constitution or founding articles of your organisation*

Month

Year

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1.13 FINANCE

Name of registered accountant / auditor/ bookkeeper

Name and surname	
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ID no.	
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Registered practice number	
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Contact address	
Telephone	

SIGNATURE: REGISTERED ACCOUNTANT/ AUDITOR/ BOOKKEEPER

1.14 BANKING DETAILS



PROVINCIAL GOVERNMENT WESTERN CAPE

BAS ENTITY MAINTENANCE
BANK DETAILS

DEPARTMENT

OFFICE

System User Only	
BAS Ref No.	_____
Captured By:	_____
Date Captured:	_____
Authorised By:	_____
Date Authorised:	_____

Bank Details

DETAILS OF FIRM / INSTITUTION:

Name _____

Address _____

E-mail address _____

Contact Person _____ Tel. No. _____

I/We hereby request and authorise you to pay any amounts which any accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorised will be processed by computer through a system know as the "ACB ELECTRONIC BANK TRANSFER SERVICE", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher.(This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account.This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

Initials and Surname

Authorised Signature

	/		/						
Date dd/mm/ccyy									

Name of Bank _____

Name of Branch _____

Branch Code _____

Account Number _____

Type of Account Current Account Other (specify)

Savings Account

Transmission Account

DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT

FOR OFFICE USE ONLY
APPROVED BY HEAD OF OFFICE
Print Name: _____
Signature: _____
Date: _____

2. BUSINESS PLAN

Please attach a detailed business plan for the project you are applying for, ensuring that all the questions below are clearly answered. Also attach a detailed budget for the project you are applying for. The list is a guide and additional information could be attached if it is relevant to the application.

- Name of project
- Briefly describe your project
- Where is the project taking place?
- Who is the target group e.g. youth; disabled; women etc.?
- What are the objectives/ goals of the project?
- Which other stakeholders/ and partners will participate in the project?
- Who will benefit from the project? Describe the benefits.
- What are the timeframes for the project? Include the project start and end date; the planned duration of activities; project milestones and any other relevant information.
- What is the project action plan? Include the main project objectives; planned dates for activities; where activities will take place, and the expected outcomes of these activities.
- Which organisation/s do you envisage collaborating/ twinning with?
- Are any training interventions planned? List these.
- Is the training course accredited?
- How many persons are envisaged to be trained during this project?
- How many participants will be female and how many male?
- What is the project's detailed budget? List the budget as a series of line items with a cost for each item.

2.1 TOTAL BUDGET REQUEST:

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3. SIGNATURE

Completed by:

Title

First name

Surname

Position in organisation

ID Number

Signed

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