



**Western Cape  
Government**

Cultural Affairs and Sport

## APPLICATION FOR FUNDING

### 2017/18 FINANCIAL YEAR

**Name of Organisation:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**NPO registration number:** \_\_\_\_\_

**Complete one application per discipline:**

**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

**Name of the district in which the project 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 Friday, 31 March 2017. No faxed or emailed applications will be accepted.**

**Assistance is available from the following officials:**

<b>Cape Town Head Office</b> Fareedah Hunter tel.: 021 483 9699 email: <a href="mailto:Fareedah.Hunter@westerncape.gov.za">Fareedah.Hunter@westerncape.gov.za</a>	<b>Oudtshoorn Regional Office</b> April Meiring tel.: 044 279 1766 email: <a href="mailto:April.Meiring@westerncape.gov.za">April.Meiring@westerncape.gov.za</a>
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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.

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).	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 their identity numbers.	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**


**PHYSICAL ADDRESS:**

<b>Postal code</b>	

**POSTAL ADDRESS:**

<b>Postal code</b>	

**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**

<b>Postal code</b>	

**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 project**

Name	Capacity	Contact

**1.6.2 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 1.6.2 is yes, in which financial year/s did you receive a grant and what were the amounts you received?**

YEAR	R
2012/13	
2013/14	
2014/15	
2015/16	
2016/17	

**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-governmental organisation	<input type="checkbox"/> Trust
<input type="checkbox"/> Voluntary association	<input type="checkbox"/> Non-profit organisation
<input type="checkbox"/> Community-based organisation	Other (please specify)

**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.	<input type="text"/>
Captured By:	<input type="text"/>
Date Captured:	<input type="text"/>
Authorised By:	<input type="text"/>
Date Authorised:	<input type="text"/>

**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.

<input type="text"/>
<b>Initials and Surname</b>

<input type="text"/>
<b>Authorised Signature</b>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date dd/mm/ccyy</b>									

**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**

<input type="text"/>
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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:**

**R .....**

## 3. SIGNATURE

**Completed by:**

Title

First name

Surname

Position in organisation

ID Number

Signed

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