**COVID-19 WESTERN CAPE SPORT & RECREATION RELIEF FUND**

**APPLICATION FORM**

**INSTRUCTIONS TO APPLICANTS**

1. Eligible to apply are sport federations and recreation entities who directly support the affected athlete (s) as per set criteria. A letter of good standing from the District Sport Council and the relevant Provincial body (where applicable) must accompany the application.
2. Each applicant must complete (blank spaces) this form to be eligible for COVID-19 Relief assistance.
3. Applications must be sent to the attention of the following persons: Sport Federations: Mrs. Crystal Pather, DCAS, [Crystal.Pather@westerncape.gov.za](mailto:Crystal.Pather@westerncape.gov.za) , 021 483 9865 / 071 990 6173. Recreation Entities: Mr Philasande Macwili, DCAS, [Philasande.Macwili@westerncape.gov.za](mailto:Philasande.Macwili@westerncape.gov.za) , 021483 9517/ 082 679 6817.
4. No application will be considered if not sent through the above mentioned channel.
5. Only applicants that meet the above set criteria may apply.
6. Only applicants affected by an event or events cancelled for the period **16 MARCH TO END JUNE 2020**. **(from when the President made a State of Disaster announcement TO JUNE 2020).**
7. Incomplete forms shall result in immediate disqualification.
8. Registered businesses and their employees may not qualify for this Relief. They may explore other Relief Interventions available to businesses and labour.
9. ***Provision of false information will be treated as fraud and dealt with through the appropriate Criminal Justice System.***
10. Application Deadline: 19th May 2020.

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| **FEDERATION/RECREATION ENTITY DETAILS** | | | | | |
| Federation/Recreation Entity Name |  | | | | |
| Federation/Recreation Entity Coordinating Person | | | | | |
| Surname |  | | | | |
| Full names |  | | | | |
| Cell Number |  | | | | |
| **APPLICANT’S DETAILS** | | | | | |
| Surname |  | | | | |
| Full Names |  | | | | |
| Identity Number |  | | | | |
| Tax Reference Number |  | | | | |
| Cell Number |  | | | | |
| Postal Address | | | | | |
| Post Box / Bag |  | | | | |
| Town |  | | | | |
| Postal Code |  | | | | |
| **CRITERIA** | | | | | |
| Category (Sport Federation/Recreation Entity) |  | | | | |
| If you are coach or technical personnel supporting an athlete or athletes and have no other income, list your athlete (s) affected by cancelling | Athlete | Sport/Recreation event cancelled / postponed | | | |
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| List of sport/recreation events cancelled or postponed (April to June 2020) | Sport/Recreation event | Sport/Recreation event date (s) | | | |
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| Indicate the type confirmation of qualification to participate at a sport/recreation event or invitation to a sport/recreation event that has been cancelled or postponed. (This may be provided by the Federation/Recreation Entity, sport/recreation event authority / organisers concerned etc). |  | | | | |
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| List of sport/recreation events from which income was earned in the last 12 months. (historical information) | Sport/Recreation event | | Sport/Recreation event date (s) | | |
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| List other sources of income. If any. |  | | | | |
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| **PLEASE PROVIDE ANY RELEVANT INFORMATION TO BE CONSIDERED WHEN ASSESSING YOUR APPLICATION** | | | | | |
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| **REQUIRED SUPPORTING DOCUMENTS CHECKILIST** | | | | | |
| **DOCUMENT** | | | | **YES** | **NO** |
| COPY OF APPLICANT’S ID | | | |  |  |
| APPLICANT’S BANK ACCOUNT CONFIRMATION | | | |  |  |
| DOCUMENTS CONFIRMING QUALIFICATION TO PARTICIPATE AT A SPORT EVENT OR INVITATION TO A SPORT EVENT THAT HAS BEEN CANCELLED OR POSTPONED. | | | |  |  |
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| **DECLARATION** | | | | | |
| I hereby declare that the information provided is true and correct. I further declare that I understand that if the information provided is proven to be false, incorrect or fraudulent I shall immediately be disqualified and legal action may be taken against me. | | | | | |
|  |  | | | | |
| **NAME AND SURNAME** | **SIGNATURE** | | | | |
| **DATE** |  | | | | |
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| **RECOMMENDATION BY NATIONAL FEDERATION/RECREATION ENTITY** | | | | | |
| **PLEASE PROVIDE ANY RELEVANT INFORMATION TO BE CONSIDERED WHEN ASSESSING THE APPLICATION** | | | | | |
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| I hereby declare that I have verified the application and the information (including supporting documents) provided by the applicant. I further declare that I understand that knowingly colluding on information that is false, incorrect or fraudulent shall lead to legal action against all parties concerned. | | | | | |
| APPLICATION | RECOMMENDED | | NOT RECOMMENDED | | |
|  |  | | | | |
| **NAME AND SURNAME** | **SIGNATURE** | | | | |
| **DATE** |  | | | | |
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| **GENERAL NOTE**  ***The Department/Committee will determine the quantum of relief and reserves the right to conduct verification, due diligence and request additional information prior to providing the relief.*** | | | | | |
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| **FOR OFFICE USE ONLY** | | | | | |
| **RECOMMENDED** | **NOT RECOMMENDED** | | | | |
| **COMMENTS** | **COMMENTS** | | | | |