



GRANT-IN-AID APPLICATION FORM

Name of Organization: _____

INSTRUCTIONS:

Please indicate (mark with an “X”) if your application for funding is in terms of:

<input type="checkbox"/>	Arts and Culture	<input type="checkbox"/>	Educational Institution
<input type="checkbox"/>	Local Economic Development	<input type="checkbox"/>	Sporting Body
<input type="checkbox"/>	Welfare Organization	<input type="checkbox"/>	Other (Specify):

NB: All the questions must be answered and if not applicable, be marked as such.
 Each page of the application must be initialed and the last page must be signed by the applicant. If there is not enough space for answers, please use and attach further sheets of pages which must also be initialed by the applicant.

Applicants desiring assistance with regards to the completion of this form must contact the Community Services Directorate in Clanwilliam.
Incomplete applications will not be forwarded for consideration.

CHECKLIST FOR DOCUMENTATION NEEDED

Please make sure that the following documents are attached to this application form (Tick with an “X” where applicable):

Copy of Organization’s Registration Certificate	<input type="checkbox"/>
organization’s Constitution, Articles of Association or Trust Deed	<input type="checkbox"/>
Detailed Budget with Motivation	<input type="checkbox"/>
Business and Implementation Plan	<input type="checkbox"/>
Detailed Budget - Income and Expenditure for coming financial year	<input type="checkbox"/>
Signed, audited financial statements of the most recent financial statements	<input type="checkbox"/>

DECLARATION

I _____ (ID number) _____
hereby declare under oath, on behalf of _____
(name of organization) as _____ (position in organization) that I
am authorized to sign this declaration, and that to the best of my knowledge all answers to questions on and attachments to this
application form are accurate. In the event that the application is successful, this organization will use the grant only for the
purposes specified in this application, and will comply with all the terms and conditions as set out in the Grant-in-Aid Policy. I
confirm that the organization has the power to accept the grant subject to conditions and to repay the grant if the conditions are
not met. I also confirm that any funds not utilized for the purpose it was granted, must be reimbursed to the Cederberg
Municipality as well as any unspent funds.

Date: _____ Signature: _____

SECTION A: DETAILS OF ORGANISATION

A1 Postal address: _____

Postal code: _____

A2 Street address: _____

A3 Telephone Number: _____ Fax Number: _____

A4 E-mail address: _____

A5 When was the organization formed? (date) _____

A6 Is the organization registered? _____

A7 If yes, what type of registration? (E.g. NPO, Section 21 Company, Trust etc.)

A8 Date of registration? _____

A9 Registration number: _____
(Please attach copy of registration certificate)

A10 Details of main contact person at organization:
Name: _____ Position: _____

South African ID number: _____

Office number: _____ Cell number: _____

A11 Details of second contact person at organization:
Name: _____ Position: _____

South African ID number: _____

Office number: _____ Cell number: _____

A12 Names and Positions of three Members of the Management Committee:

1 Name: _____ Position: _____

South African ID number: _____

2 Name: _____ Position: _____

South African ID number: _____

3 Name: _____ Position: _____

South African ID number: _____

A13 Is the organization affiliated to another organization? _____

If yes, name them: _____

A14 Is the organization an umbrella body? _____

If Yes, what organizations are affiliated to you? (Attach a list if necessary)

A15 Describe the main purpose of the organization:

A16 Describe the types of services that the organization provides and the people who will benefit from the services: _____

A17 Number of staff and voluntary workers presently employed in your organization:

PAID STAFF		VOLUNTEERS	
No of full time staff	No of part-time staff	No. of full-time volunteers	No. of part-time volunteers

SECTION B: DETAILS OF FUNDING APPLIED FOR

B1 What amount of money is the organization requesting? _____

B2 Explain how you will utilize this money, if granted. **Please attach a detailed budget with a motivation.**

B3 Indicate which groups of people will benefit from the funding, if granted and how many?

Children		Unemployed individuals	
Persons with disabilities		Homeless people	
Women		The chronically ill	
Youth		Sport Organizations	
Senior Citizens		Substance abusers	
People living with HIV/AIDS		Other	

B4 Indicate the specific area where the people who will benefit from the funds live, if granted:

B5 Please attach a Business and Implementation plan for this specific application.

B6 Was the organization previously funded by the Cederberg Municipality? _____

If Yes, please complete the table below:

Project name and/or number	Year	Amount	Progress reports submitted (yes/no)

SECTION C: FINANCIAL INFORMATION

C1 Bank Details

Name in which account is held: _____

Name of Bank: _____

Account Type: _____ Account Number: _____

Branch: _____ Branch code: _____

C2 Please provide and attach a detailed budget for the organization’s income and expenditure for the current financial year.

C3 Please provide and attach the organization’s most recent audited financial statements.

SECTION D: CONTACTABLE REFERENCES

Please provide the details of three credible referees from the community in support of your application e.g. commissioner of oaths, police commissioner, religious leader, magistrate etc.

Referees must be independent and may not be employees, committee members or volunteers.

1. Name: _____
Occupation: _____
Tel: _____ Cell number: _____
2. Name: _____
Occupation: _____
Tel: _____ Cell number: _____
3. Name: _____
Occupation: _____
Tel: _____ Cell number: _____