

Government Gazette

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AIDS HELPLINE: 0800-123-22 Prevention is the cure

GOVERNMENT NOTICE

DEPARTMENT OF TRADE AND INDUSTRY

No. 327

3 April 2001

FORM 01/1

APPLICATION FOR FUNDING IN TERMS OF THE LOTTERIES ACT (Act No.57 of 1997)

INST	RUCTIONS			
1.	Please indicate (with a cross in the relevant box) if your application for funding is in terms of:			
	□ Section 28	of the Act (Charities)		
		of the Act (Sport and Recreation)		
		of the Act (Arts, Culture and National Heritage)		
	□ Section 31	of the Act (Miscellaneous Purposes)		
2.	This application form is in three parts:			
	In section A:	You give us details of your organisation. (This document assumes the applicant organisation is		
	In section B:	to be the beneficiary of the funds requested.) You explain what funding you want and why.		
	In section C:	You will find a Checklist to make sure that you send us all the documentation we need		
		to process your application.		
3.	If there is not enough space on this form for your answers to our questions, please use and attach further sheets of paper.			
SECT	TION A: DETAIL	LS OF YOUR ORGANISATION		
A.1.	Name of organisation	on:		
		a body? If so, which organisations are affiliated to you? (Please tist them):		
A.2.1	Are you an umbren	a body? It so, which of gamsations are arritated to your (Flease list ment).		
A.2.2	Are you affiliated to	o an umbrella body/bodies? If so please list them:		

A.3.	Postal address and	post code:		
A 4	Street Address			
A.4.	Street Address			
A.5.	Telephone numbers	s: A.6. Fax number:		
A.7.	E-mail address:			
A.8.	Name and position	of the main person we should contact about your application:		
A.9.	Name and position	of an alternate contact person:		
A.10.	If your main and	alternate contact persons above have contact details that are different from those of the supply these (addresses, telephone and fax numbers, and cmail addresses).		

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A.11.	What kind of an organisation are you 18A, Section 21, Closed Corporation,	? (e.g. Non-profi Community Bas	t Organisation with the Depar sed Organisation, Non-govern	rtment of Welfare, Section mental Organisation, etc):
A.12.	When was your organisation establish	ed or incorporate	ed?	
A.13.	Registration number:			(please attach proof)
A.14.	VAT registration number, if any:			
A.15.	Your organisation's bank details:			
	Account Name:			
	Account Type:		Account number:	
	Bank:		Branch:	
	Branch Code:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address:	
A.16.	Please list all the people who are auth	orised to sign ch	eques on your accounts:	
	Name:	Positio	n in Organisation:	
	Name:	Positio	n in Organisation:	
	Name:	Positio		us others, if more than 3
A.17.	Please describe the main purposes and			
A.18.	Please estimate what percentage of ye	our usual annual	expenditure is of benefit to th	ne following:
	Children	%	The elderly	%
	The disabled	%	Other (specify)	%
	Disadvantaged communities	%	Urban	%
	Women	%	Rural	%
	Youth	%	Informal settlements	%
A.19.	Please indicate what percentage of	your expenditure	e last year went to each of the	provinces:
	Eastern Cape	%	Free State	%
	Gauteng	%	Kwazulu-Natal	%
	Mpumalanga	%	Northern Cape	%
	Northern Province	%	North West	%
	Western Cape	%		•

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A.20.	Please give the numb	pers of your organisation's	staff/voluntary workers:	
	Paid Staff total	Paid full-time:	Paid part-time:	
	Volunteers	Unpaid full-time:	Unpaid part-time:	
A.21.	Please provide a clear showing:	explanation of your orga	anisation's financial affairs over t	he last 3 financial years,
		. ,	sources of this money.	
			question, the better. We requ support of your explanation.	ire copies of audited or
SECT	TION B: THE FUN GRANTEI		NG FOR AND HOW YOU PL	AN TO USE THEM, IF
B.1.	Are you applying for (tick the relevant box)		
	☐ A grant in sup	port of your overall opera	ations? OR,	
	☐ Funding for a	specific project/programi	me?	
		a new project/programme, an existing project/progran		
B.2.	What amount are you r	requesting and for what pe	eriod is it intended?	
В.3.	Please explain how you	u plan to use this money, i	f granted.	
			(Please use a separate sheet of pa	per for this answer, if required)
B.4.	Please indicate (if not funding:	t already covered under	B3) which specific groups of peo	ople will benefit from our
	Children	9	6 The elderly	%
	The disabled	9	Other (specify)	%
	Disadvantaged co	mmunities9	6 Urban	%
	Women	9	6 Rural	%
	Youth	9	6 Informal settlements	%
	It will help us to evaluate benefit from our funds (if		indicate by percentages of funds reques	ted which groups of people will
B.5.	,	•	d) which provinces will benefit fro	om our funding:
	Eastern Cape	9	6 Free State	%
	Gauteng	9	ъ Kwazulu-Natal	%

			,	FORM 01/1				
	Mpumalanga	%	Northern Cape	%				
	Northern Province	%	North West	%				
	Western Cape	%						
B.6.								
B.7.	Please indicate clearly which funder funding which you are asking us for.	s (if any) have	e been or will be approached	for some or all of the same				
	,							
B.8.	Please provide as realistic an assessment as you can of your prospects for achieving your targeted income for the coming year e.g. source A = nearly 100% sure because its our own subscriptions source B = 80% sure because they always funded us before source C = unable to estimate, because they are a new possible source of funds source D = fairly likely since we have received encouraging indications etc							
B.9.	Please declare any reserves, whether	in your own o	rganisation's name, or not, to	which your organisation has				
	access:							
B.10.	Please provide details of your organic	sation's <u>budge</u>	ted-expenditure for the comir	ng year.				
B.11.	If you have replied to B1 by stating detailed Business Plan and Implement							
SEC	TION C: CHECKLIST							
Pleas	e ensure the following documents ac	company this	form					
	Your organisation's Constitution Audited financial statements for Registration certificate. If you are applying for project/p All other information for which	the past three	e years. g, attach your business and in					
DE	CLARATION							
organ quest organ this infor	infirm, on behalf of	is declaration, I agree that ful, this organi I the terms as LDTF would r	and that to the best of my probity inspection may be sation will use the grant only nd conditions attached to the fullify this application and that	knowledge all answers to the conducted in respect of our for the purposes specified in the grant. I accept that false				
Nam	e:							
Ident	ity number:							
Posit	ion held in organisation:							
Date		Sin	nature					