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AIDS HELPLINE: 0800-0123-22 Prevention is the cure

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GENERAL NOTICE

NOTICE 1863 OF 2005**DEPARTMENT OF TRADE AND INDUSTRY****NOTICE TO PRESCRIBE APPLICATION FORM FOR GRANTS FROM
DISTRIBUTION AGENCIES IN TERMS OF THE LOTTERIES ACT,
1997
(ACT NO. 57 OF 1997)**

Notice is hereby given that, I Mandisi Mphahla, Minister of Trade and Industry, with the concurrence of the National Lotteries Board, in terms of section 60(a)(ix) read with section 28, 29, 30 and 31 of the Lotteries Act, 1997, prescribe the attached form for the application for funding.

MANDISI MPAHLWA, MP
MINISTER OF TRADE AND INDUSTRY

FORM 05/1

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

INSTRUCTIONS

1. Please indicate (with a cross in the relevant box) if your application for funding is in terms of:

Charities (Section 28 of the Act)
Sport and Recreation (Section 29 of the Act)
Arts, Culture and National Heritage (Section 30 of the Act)
Miscellaneous Purposes (Section 31 of the Act)

2. This application form is in five parts:

In section **A** You give details of your organisation.
In section **B**: You explain about the funding you are requesting.
In section **C** You provide information about your organisation's finances.
In section **D**: You provide details of contactable Referees.
In section **E**: You will find a Checklist to make sure you send all the documentation needed to process your application.

NB: If there is not enough space on this form for your answers, please use and attach further sheets of paper

SECTION A DETAILS OF YOUR ORGANISATION

- A1** Name of organisation:
- A2** Postal address:
Postal code:
- A3** Street address:
.....
Province:
- A4** Telephone number: **A5** Fax number:
- A6** E-mail address:
- A7** When was your organisation formed?
- A8** What kind of registered organisation are you? (E.g. Non-Profit Organisation, Section-21 Company, Public Benefit Trust):
- A9** When was your organisation registered?
- A10** Registration number: **(Please attach a copy of your registration certificate)**
- A11** Details of the main contact person (e.g. Manager/Programme Co-ordinator Programme Director)
Name: Position:
South African I.D. Number:
- Address: Tel:

FORM 05/1

A12 Details of the second contact person (e.g. Chairperson):

Name: Position:

South African I.D. Number:

Address: Tel:

A13 Names and Positions of five Members of the Management Committee:

1. Name: Position:

I.D. Number:

2. Name: Position:

I.D. Number:

3. Name: Position:

I.D. Number:

4. Name: Position:

I.D. Number:

5. Name: Position:

I.D. Number:

A14 Are you affiliated to any organisations? If Yes, name them:

.....

A15 Are you an umbrella body? If Yes, what organisations are affiliated to you?

..... (Attach a list, if necessary)

A16 Describe the main purpose of your organisation:

.....

.....

.....

.....

.....

.....

.....

.....

A17 Describe the types of services that your organisation provides AND the people who will benefit from the services:

.....

.....

FORM 05/1

.....

A18 In which province/s do you operate? (Tick next to the province/s that apply to you)

- | | | | | | |
|---------------|-------|------------|-------|--------------|-------|
| Eastern Cape | ..... | Free State | ..... | Gauteng | ..... |
| KwaZulu-Natal | ..... | Limpopo | ..... | Mpumalanga | ..... |
| Northern Cape | ..... | North West | ..... | Western Cape | ..... |

A19

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

A20 * Please provide your employment equity plan if applicable

SECTION B: THE FUNDS YOU ARE APPLYING FOR, AND HOW YOU WILL USE THEM, IF GRANTED.

B1 Are you applying for (Tick the relevant box?)

- A grant in support of *your overall operations*? **OR**
 Funding for *specific projects*?
 If **yes**, are they -
 Already in existence?
 An expansion?
 New?

B2 What amount of money are you requesting?

B3 For what period? (E.g. 1 year, 2 years, multi year etc)

B4 Explain how you will use this money, if granted. Please **attach a detailed budget with a motivation**

B5 Indicate which groups of people will benefit from the funding, if granted and **how many?** [Give numbers]

- | | | | |
|------------------------------|-------|---------------------------|-------|
| Children: | ..... | Women: | ..... |
| Children with disabilities: | ..... | Adults with disabilities: | ..... |
| Youths: | ..... | The elderly: | ..... |
| People living with HIV/AIDS: | ..... | The chronically ill: | ..... |
| Drug abusers: | ..... | Criminal offenders: | ..... |

FORM 05/1

The unemployed: The homeless:

Other (specify):

B6 Indicate the specific areas where the people who will benefit from the funds Live, if granted:

.....

Project Number	Year	What was grant for?	Have you submitted all the progress reports?

B9 If you applied but were not funded, please give reasons

.....

SECTION C: INFORMATION ON YOUR ORGANISATION'S FINANCIAL MATTERS

C1 Bank Details

Name in which Account is held:

Name of Bank:

Type of account: Account number:

Branch: Branch Code:

C2 List 3 people **who** are authorised to sign cheques on your account/s:

Name.. Position in Organisation..

Name. Position in Organisation..

Name.. Position in

FORM 05/1

Organisation.

- C3 Provide a **detailed budget of your organisation's income and expenditure** for the coming year.
- C4 Provide full sets of signed, financial statements for the past 2 consecutive years prepared by a qualified and registered Accounting Professional (see guidelines for the list of recommended Professionals).

SECTION D: REFEREES

Please give the details of **three** credible referees from the community in support of your application e.g. police commissioner, religious leader, local councillor, etc. (Referees must be independent and may NOT be employees, Committee members or volunteers)

1. Name: Position:
Tel:

2. Name: Position:
Tel:

3. Name: Position:
Tel:

SECTION E: CHECKLIST

Please make sure that the following documents are attached to this form

- Your organisation's Constitution, Articles of Association or Trust Deed.
- Signed, audited financial statements for the past **two** years.
- A copy of your organisation's registration certificate.
- A detailed budget for funds applied for.
- Your Business/Implementation Plan.

DECLARATION

I confirm, on behalf of **(The name of the organisation)** that I am authorised to sign this declaration, and that to the best of my knowledge all answers to the questions on this form are accurate. If this application is successful, this organisation will use the grant only for the purposes specified in this application, and will comply with all the terms and conditions attached to the grant. I confirm that the organisation has the power to accept the grant subject to conditions and to repay the grant if the grant conditions are not met.

Name:

South African Identity number:

Position in organisation:

Date:

Signature: