



GRANT-IN-AID APPLICATION FORM

Name of Organisation: _____

INSTRUCTIONS:

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

<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	Early Childhood Development
<input type="checkbox"/>	Senior Citizens	<input type="checkbox"/>	Substance Abusers
<input type="checkbox"/>	Disabled People	<input type="checkbox"/>	Youth
<input type="checkbox"/>	Other:		

NB: All the questions must be answered and if not applicable, be marked as such.
Each page of the application must be initialled 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 initialled by the applicant.

Applicants desiring assistance with regards to the completion of this form must contact the Executive Mayor's Office at 54 York Street, George.
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 Organisation’s Registration Certificate	<input type="checkbox"/>
Detailed budget with motivation	<input type="checkbox"/>
Business and implementation plan	<input type="checkbox"/>
Signed, audited financial statements of the most recent financial year	<input type="checkbox"/>

DECLARATION

I _____ (ID number) _____
hereby declare under oath, on behalf of _____
(name of organisation) as _____ (position in organisation) that I
am authorised 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 organisation 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 organisation 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 utilised for the purpose it was granted, must be reimbursed to the Garden Route
District 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 Details of main contact person at organisation:
Name: _____ Position: _____
South African ID number: _____
Office number: _____ Cell number: _____
- A6 Details of second contact person at organisation:
Name: _____ Position: _____
South African ID number: _____
Office number: _____ Cell number: _____

A7 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: _____

A8 Is the organisation affiliated to another organisation? _____

If **Yes**, name them: _____

A9 Is the organisation an umbrella body? _____

If **Yes**, what organisations are affiliated to you? (attach a list if necessary)

A10 Describe the main purpose of the organisation:

A11 Describe the types of services that the organisation provides and the people who will benefit from the services and the impact of your programmes on communities of the Garden Route: _____

SECTION B: DETAILS OF FUNDING APPLIED FOR

B1 Indicate which groups of people will benefit from the funding, if granted and how many?

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

B2 Please attach a Business and Implementation plan for this specific application.

B3 Was the organisation previously funded by the Garden Route District 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 organisation's income and expenditure for the current financial year.

C3 Please provide and attach the organisation's most recent audited financial statements.