

NGO Funding Application

SECTION 01

ORGANISATION INFORMATION

Name of organisation

Income Tax Exemption Reference (if applicable)

Reg No.

 NPO PBO

Section 18A Approval (if applicable)

 Yes No

If yes, reference no.

Physical Address:

Postal Address:

CONTACT PERSON INFORMATION

Name and Surname

Email

Position

 Phone +27

Website (if applicable):

 www.

SECTION 02

ORGANISATION BACKGROUND

Date established

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Mission statement

Vision statement

Areas of operation (Geographic focus)	<input type="checkbox"/> Gauteng	<input type="checkbox"/> Eastern Cape	<input type="checkbox"/> North West
	<input type="checkbox"/> Western Cape	<input type="checkbox"/> Limpopo	<input type="checkbox"/> Free State
	<input type="checkbox"/> KwaZulu-Natal	<input type="checkbox"/> Mpumalanga	<input type="checkbox"/> Northern Cape
	<input type="checkbox"/> Other	Please specify	

Core focus areas	<input type="checkbox"/> Education	<input type="checkbox"/> Health	<input type="checkbox"/> Skills Development
	<input type="checkbox"/> Environment	<input type="checkbox"/> Gender Equality	<input type="checkbox"/> Youth Development
	<input type="checkbox"/> Other	Please specify	

SECTION 03

PROJECT OR PROGRAMME PROPOSAL

Title of Proposed Project/Programme		
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Brief Summary		
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Objectives (What do you aim to achieve?):		
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Target beneficiaries (Who will benefit?)	Number of beneficiaries	
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Location of project		
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Project dates	Start	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	End	<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
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Detailed activities & Implementation plan		
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Expected outcomes & Impact		
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How will you measure success? (Monitoring & evaluation)

SECTION 04

FINANCIAL INFORMATION

Amount requested	ZAR		
Total project budget	ZAR		
Other funding sources (if any)	Yes	No	Please specify
Is this a once-off request or ongoing?	Once-off	Ongoing	Please specify
Has your organisation received funding from this donor before?	Yes	No	If yes, how much? ZAR
Are your financial statements audited?	Yes	No	If yes, attach most recent audited financials

SECTION 05

DOCUMENTS TO ATTACH

<input checked="" type="checkbox"/> Copy of NP0/PB0 registration certificate	<input checked="" type="checkbox"/> Tax Clearance Certificate / SARS Letter confirming exemption
<input checked="" type="checkbox"/> Section 18A approval (if applicable)	<input checked="" type="checkbox"/> Constitution / Founding documents
<input checked="" type="checkbox"/> Audited Financial Statements (latest)	<input checked="" type="checkbox"/> Budget for proposed project
<input checked="" type="checkbox"/> Bank confirmation letter	<input checked="" type="checkbox"/> IDs of board members / directors

SECTION 06

DECLARATION

I hereby declare that the information provided in this application is true and correct to the best of my knowledge.

Name & Surname

Date

Designation

Signature